

Bundle Health Board 7 November 2019
9.30am Porth Eirias, Colwyn Bay LL29 8HH

- 1 OPENING BUSINESS AND EFFECTIVE GOVERNANCE
- 1.1 09:30 - 19.153 Chair's Introductory Remarks - Mr Mark Polin
- 1.2 19.154 Apologies for Absence
- 1.3 19.155 Declarations of Interest
- 1.4 09:32 - 19.156 Draft Minutes of the Health Board Meeting held in public on 5.9.19 for accuracy and review of Summary Action Log
[19.156a Minutes Board 5.9.19 Public V0.03.docx](#)
[19.156b Summary Action Log Public v184 31.10.19.doc](#)
- 1.5 09:42 - 19.157 Special Measures Task & Finish Group Chair's Assurance Report 10.10.19 - Mr M Polin
[19.157 SMIF Chair's Assurance Report 10.10.19 V1.0.docx](#)
- 1.6 09:52 - 19.158 Draft Minutes of the Annual General Meeting Held on 25.7.19 for Accuracy
[19.158 Minutes AGM 25.7.19 V0.02.docx](#)
- 2 ITEMS FOR CONSENT
- 2.1 09:57 - 19.159 Standing Orders / Scheme of Reservation & Delegation of Powers - Ms Dawn Sharp
Recommendations:
The Board is asked to :
1. Note the documents presented, and the fact that they have been subject to prior scrutiny and approval by the Audit Committee
2. Ratify the adoption of the model SOs, SoRD and other documents presented
3. Note that the BCU SOs and SoRD are subject to ongoing annual review as a minimum, the outcomes of which will continue to be submitted to the Audit Committee
4. Note that for each Corporate Department, Division, Area and District General Hospital, operational SoRDs will be updated, detailing delegation of powers to the level of authority directly beneath that shown in the master SoRD. The updated operational SoRDs will be submitted to the December Audit Committee for scrutiny and approval.
[19.159a Model SOs_coversheet.docx](#)
[19.159b Welsh Health Circular 2019 - 027 - English.pdf](#)
[19.159c Table of amendments LHB_Trust_WHSSC and EASC Model Standing Orders inc Glossary of Terms Amendments September 20192.pdf](#)
[19.159d LHB Model Standing Orders Reservation and Delegation of Powers September 2019 v4 - PDF.pdf](#)
[19.159e NHS Trusts Model Standing Orders, Reservation and Delegation of Powers 1819 Review September 2019 v4 - PDF.pdf](#)
[19.159f WHSSC Model Standing Orders Reservation and Delegation of Powers September 2019 v4 - PDF.pdf](#)
[19.159g EASC Model SOs Reservation and Delegation of Powers September 2019 v4 - PDF.pdf](#)
[19.159h LHB SOs - Glossary of Terms - PDF.pdf](#)
[19.159i Trust SOs - Glossary of Terms - PDF.pdf](#)
[19.159j TRACKED CHANGES BCUHB Model Standing Orders Reservation and Delegation of Powers September 2019 v4.doc](#)
[19.159k Summary of Standing Orders and Scheme of Reservation Changes Oct 2019 Subsequently amended re Director of Ops.docx](#)
[19.159l Updated Master SoRD October 2019 v0.04 draft.docx](#)
[19.159m SOs EqIA Screening Template v11.docx](#)
- 2.2 10:12 - 19.160 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) - Mr Gary Doherty
Recommendation:
The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.
[19.160 AC & s12 Report.docx](#)
- 2.3 10:14 - 19.161 Child Adolescent Mental Health Services - Response to Delivery Unit Report on Primary Care Mental Health Services (Part 1 of the Measure)

Recommendation:

The Board is asked to note and endorse the actions identified

19.161a CAMHS DU Report_coversheet.docx

19.161b CAMHS DU Report_BCU response.docx

19.161c CAMHS DU report July 2019_Appendix 1.pdf

- 2.4 10:24 - 19.179 Vascular Update - Dr David Fearnley

Recommendation:

The Board is asked to note this report for information and assurance.

19.179 Vascular services.docx

- 3 FOR DISCUSSION

- 3.1 10:39 - 19.162 Ambulance Performance - Mrs Deborah Carter

Recommendation:

The Board is asked to note the attached report for information

19.162a WAST Performance & Quality Report _coversheet.doc

19.162b WAST Performance & Quality Report v5.pdf

- 3.2 10:59 - 19.163 Annual Plan Monitoring Progress Report - Mr Mark Wilkinson

Recommendation:

The Health Board is asked to note the report and to assist in addressing the governance issues raised.

19.163a Annual Plan Progress Monitoring Report_Coversheet.docx

19.163b Annual Plan Progress Monitoring Report - September FINAL.pdf

- 3.3 11:09 - 19.164 Integrated Quality & Performance Report - Mr Mark Wilkinson

Recommendation:

The Board is asked to note the report and to assist in addressing the governance issues raised.

19.164a IQPR coversheet.docx

19.164b IQPR.pdf

- 3.4 11:29 - Comfort Break

- 3.5 11:39 - 19.165 Finance Report Month 5 - Ms Sue Hill

Recommendation:

It is asked that the report is noted, with particular reference to the forecast position which is of a £35m deficit and the specific actions in progress to improve the expenditure run rate.

19.165 Finance Report M5.docx

- 3.6 11:44 - 19.166 Finance Report Month 6 - Ms Sue Hill

Recommendation:

It is asked that the report is noted, with particular reference to the forecast deficit of £35m deficit and the specific actions in progress to achieve plan.

19.166 Finance Report M6.docx

- 3.7 11:59 - 19.167 Committee and Advisory Group Chair's Assurance Reports

19.167.1 Audit Committee 12.9.19 (Cllr M Hughes)

19.167.2 Quality, Safety & Experience Committee 24.9.19 (Mrs L Reid)

19.167.3 Finance & Performance Committee 30.9.19 (Mr M Polin)

19.167.4 Charitable Funds Committee 4.10.19 (Mrs J Hughes)

19.167.5 Mental Health Act Committee 27.9.19 (Mrs M W Jones)

19.167.6 Remuneration & Terms of Service Committee 29.8.19 (Mr M Polin)

19.167.7 Strategy, Partnerships & Population Health Committee 1.10.19 (Mrs M W Jones)

19.167.8 Digital & Information Governance Committee 27.9.19 (Mr J Cunliffe)

19.167.9 Stakeholder Reference Group 10.9.19 (Mr Ff Williams)

19.167.10 Healthcare Professionals Forum 13.9.19 (Mr G Evans)

19.167.1 Chair's Assurance Report Audit 12.09.19 V1.0.docx

19.167.2 Chair's Assurance Report QSE 24.9.19 V1.0.docx

19.167.3 Chair's Assurance Report FPC 30.9.19 V1.0.docx

19.167.4 Chair's Assurance report CFC 04.10.19.docx

19.167.5 Chair's Assurance Report MHAC 27.9.19 V1.0.docx

19.167.6 Chair's Assurance Report RTS 29.8.19 v1.0 Approved.docx

19.167.7 Chair's assurance report SPPHC 1.10.19 v1.0.docx

19.167.8 Chair's Assurance Report DIGC 27.9.19 v1.0.docx

19.167.9 Chair's Report to Board SRG 10.09.19 v1.0.doc

19.167.10 Chair's Report HPF 13.9.19 V1.0.doc

- 3.8 12:19 - 19.168 Primary Care and Care Closer to Home

Recommendation:

The Board is asked to note the considerable progress that has been made in Primary and Community Service transformation during the last year. The Board is also asked to consider the governance and financial implications of the transformation programme as it moves further forwards, outlined within the paper.

19.168a Primary Care and CCTH_coversheet.docx

19.168b Primary Care and CCTH.pdf

3.9 12:39 - 19.169 Seasonal Plan - Mrs Deborah Carter

Recommendation:

The Board is asked to note the work being done to strengthen delivery over Winter 2019/20 through initiatives developed partnership with agreed WG allocations of funding and in conjunction with the Building Better Care improvement programme

19.169 Seasonal plan_v4 FINAL.docx

3.10 12:59 - Lunch Break

3.11 13:29 - 19.170 Corporate Risk Register and Assurance Framework Report - Mrs Deborah Carter

Paper reloaded to include update to CRR13

Recommendations:

The Board is asked to:

- 1. Note and approve the report.*
- 2. Gain assurance that risks on the CRR are appropriately managed.*

19.170 Corporate Risk Register and Assurance Framework_5.11.19.docx

3.12 13:49 - 19.171 "Protect and Prosper" Executive Director of Public Health Annual Report 2019 - Miss Teresa Owen

Recommendation:

The Board is asked to discuss the Annual Report and note the content

19.171a Director of Public Health Annual Report_coversheet.docx

19.171b Director of Public Health Annual Report.pdf

3.13 14:04 - 19.172 Annual Plan 2019-20 - Mr Mark Wilkinson

Recommendations:

That the Board:

- 1. Receives this report and approves the proposed changes to the plan as set out within this paper.*
- 2. Note the risks associated with RTT / diagnostics, and the work on-going to secure our plan working closely with the support of Welsh Government*

19.172a Annual Plan_coversheet.docx

19.172b Annual Plan v4.docx

4 FOR DECISION

4.1 14:24 - 19.173 A Strategy for Research & Innovation 2020-2025 - Dr David Fearnley & Mr Adrian Thomas

Recommendation:

The Board is asked to:

- 1. Approve this Research and Innovation Strategy*
- 2. Approve working with the Regional Partnership Board and the newly formed Research, Innovation and Improvement Hub to develop a Regional Research & Innovation Strategy for the future.*

19.173a R&I Strategy_Coversheet.docx

19.173b R&I Strategy November 2019 v1.0.docx

5 14:39 - FOR INFORMATION

5.1 19.174 Summary of In Committee Board business to be reported in public

Recommendation:

The Board is asked to note the paper.

19.174 In Committee Items to be reported in public.docx

5.2 19.175 All Wales and Other Forums

There are no significant issues to highlight to board members

5.2.1 19.175.1 Collaborative Leadership Forum Minutes of Meeting Held 13.5.19

19.175.1 Collaborative Leadership Forum Minutes 130519 v1 - Approved.docx

5.2.2 19.175.2 Welsh Health Specialised Services Committee Joint Briefing 16.9.19

19.175.2 WHSCC Joint Committee Briefing 16.9.19 v1.0.pdf

5.2.3 19.175.3 Shared Services Partnership Committee Assurance Report 18.9.19

19.175.3 Shared Services Partnership Committee assurance report 18.9.19.doc

6 CLOSING BUSINESS

6.1 19.176 Date of Next Meeting

Thursday 9th January 2020, Preswylfa, Mold.

- 6.2 19.177 Committee Meetings to be held in public before the next Board Meeting
Quality, Safety & Experience Committee 19.11.19; Digital Information & Governance Committee 21.11.19; Finance & Performance Committee 28.11.19; Strategy, Partnerships & Population Health Committee 3.12.19; Charitable Funds Committee 10.2.19; Audit Committee 12.12.19; Mental Health Act Committee 20.12.19.
- 6.3 19.178 Exclusion of Press and Public
Resolution to Exclude the Press and Public - "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



Betsi Cadwaladr University Health Board (BCUHB)
Draft Minutes of the Health Board Meeting Held in Public on 5.9.19
in Conwy Business Centre, Llandudno Junction

Present:

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Prof N Callow	Independent Member - University
Cllr C Carlisle	Independent Member
Mr J Cunliffe	Independent Member
Mrs M Edwards	Associate Member ~ Director of Social Services
Mr G Evans	Chair of Healthcare Professionals Forum
Dr D Fearnley	Executive Medical Director
Mrs G Harris	Executive Director of Nursing & Midwifery
Mrs S Hill	Acting Executive Director of Finance
Mrs J Hughes	Independent Member
Mr E Jones	Independent Member
Mrs M W Jones	Vice Chair
Mrs L Meadows	Independent Member
Miss T Owen	Executive Director of Public Health
Mr A Roach	Director of Mental Health & Learning Disabilities
Ms D Sharp	Acting Board Secretary
Mr C Stockport	Executive Director of Primary Care & Community Services
Mr A Thomas	Executive Director of Therapies & Health Sciences
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance
Mr Ff Williams	Chair of Stakeholder Reference Group

In Attendance:

Mr P Burns	Interim Recovery Director (<i>part meeting</i>)
Mrs K Dunn	Head of Corporate Affairs
Ms L Hall	Associate Director (Workforce) - Deputy for Mrs S Green

Translator, members
of the public,
observers

Agenda Item	Action By
19.128 Chair's Introductory Remarks	
19.128.1 The Chair welcomed everyone to the meeting and all board members introduced themselves bilingually. A warm welcome was extended to Dr David Fearnley and Mr Eifion Jones to their first board meeting, and the Chair wished to record how pleased the Board were to see Mrs Gill Harris return.	
19.128.2 The Chair made reference to the publication of the Health Board meeting papers and explained that three presentations had been added at a late stage at his specific direction to ensure that the Board had an opportunity to discuss key issues around planned care, unscheduled care and the clinical services strategy at the meeting. He	

<p>also noted that papers previously submitted to the Finance & Performance (F&P) Committee had also been shared to support a discussion on financial recovery. The bilingual presentations would be loaded to the website following the meeting.</p>	
<p>19.129 Special Measures Task & Finish Group Chair's Assurance Report 9.8.19</p> <p>19.129.1 The Chair indicated that the Task and Finish Group had requested further work to the improvement log, and to quality assure what was currently in place whilst a revised framework document was awaited from Welsh Government.</p>	
<p>19.130 Apologies for Absence</p> <p>Apologies were received from Mrs Sue Green and Mrs Lucy Reid.</p>	
<p>19.131 Declarations of Interest</p> <p>Mrs Helen Wilkinson and Mr Gareth Evans declared expressions of interest in item 19.145 (Ruthin) in that they were the Chief Executive of Denbighshire Voluntary Council and the Project Director respectively.</p>	
<p>19.132 Draft Minutes of the Health Board Meeting held in public on 25th July 2019 for accuracy and review of Summary Action Log</p> <p>19.132.1 The minutes were approved as an accurate record pending noting that Cllr M Hughes was present.</p> <p>19.132.2 Updates were provided to the summary action log.</p> <p>19.132.3 A range of briefing notes circulated to the board members were noted.</p>	
<p>19.133 Committee and Advisory Group Chair's Assurance Reports</p> <p>19.133.1 Quality, Safety & Experience Committee 16.7.19</p> <p>19.133.1.1 The Committee Vice Chair presented the report and drew attention to the key assurances and risks as set out. In response to a question regarding plans to address the recruitment issues in breast radiology the Chief Executive reported that the waiting lists were being worked through and choices offered to individual patients. It was also noted that negotiations with other providers regarding additional capacity were due to conclude within the next couple of weeks when Board members would be updated on the outcome. With regards to mental health reporting to the Committee, the Director of Mental Health and Learning Disabilities confirmed that agreement had been reached with the Committee Chair regarding format and frequency. The Chair noted that a matter regarding postponed procedures had been referred to the Audit Committee as part of a wider Wales Audit Office review of planned care.</p> <p>19.133.1.2 It was resolved that the Board note the report.</p> <p>19.133.2 Finance & Performance Committee 22.8.19, 29.7.19 and 25.6.19</p> <p>19.133.2.1 The Chair presented the report and confirmed that the September meeting of the Committee would focus solely on finance and performance. It was also noted that Mr</p>	AT

<p>Simon Dean had attended the previous meeting and had acknowledged the efforts being made within BCUHB.</p> <p>19.133.2.2 It was resolved that the Board note the report.</p> <p>19.133.3 Local Partnership Forum 9.7.19</p> <p>19.133.1 It was resolved that the Board note the report.</p>	
<p>19.134 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>19.134.1 It was resolved that the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians</p>	
<p>19.135 Annual Report 2018/19 Infection Prevention Control (IPC)</p> <p>19.135.1 The Executive Director of Nursing & Midwifery presented the report. She reminded members that the Board had invited Ms Jan Stevens back to undertake a follow up review which had now concluded, and agreed that a copy of the full report would be provided to board members. She highlighted that work was now ongoing to separate out community and hospital acquired infections and that whilst antimicrobial prescribing had improved there remained further work to do. The work of staff in improving standards and better understanding their roles in terms of infection prevention was acknowledged.</p> <p>19.135.2 A discussion ensued. A member raised a concern that the policy of prioritising the cleaning of clinical areas over non-clinical areas may give mixed messages to staff and that the culture should encourage staff in all areas to recognise the need to demonstrate good practice in terms of infection prevention. The Executive Director of Nursing & Midwifery accepted this point but explained that the evidence supported that the highest risks were around clinical areas. The Vice-Chair acknowledged the improvements in c-difficile and MRSA rates but noted it was disappointing to see an increase in other infection rates despite the significant amount of work that had been undertaken. She would wish to better understand the organisation's level of ambition for addressing this and suggested that the areas of primary and community care were key to ensuring messages around infection prevention and control were cascaded and understood. The Executive Director of Public Health added that the Third Sector also had an important role to play, and it was also stated that community engagement was key. The Executive Director of Nursing & Midwifery accepted that delivery of the IPC agenda within care homes could be stronger and that a multi-agency approach was essential. A member raised the issue of flu vaccination targets and that staff groups in particular could have had a much better uptake last year. The Executive Director of Public Health reported that the focus would continue to be on frontline staff but that more sophisticated messages were being utilised this year to encourage other cohorts of staff to take up the offer of vaccination. The Chair summarised that the Board acknowledged the progress made in certain areas and the focus as set out in section 6 of the paper. He asked that discreet consideration be given to a multiagency approach to meeting the Health Care Acquired Infection reduction targets through Safe Clean Care.</p> <p>19.135.3 It was resolved that the Board:</p>	<p>GH</p> <p>GH</p>

<p>1. Note the continued progress with the Safe Clean Care programme, and the positive impact seen to date across the Health Board.</p> <p>2. Note the annual position relating to key infections in 2018/19.</p> <p>3. Endorse and Support the continued actions required to successfully implement the quarterly programmes as part of the Infection Prevention Strategy and Safe Clean Care.</p>	
<p>19.136 Finance Report M3</p> <p>19.136.1 It was resolved that the Board note the report and would concentrate the discussion on the month 4 report.</p>	
<p>19.137 Finance Report M4</p> <p>19.137.1 The Acting Executive Director of Finance presented the report which confirmed that at the end of Month 4 the Health Board was overspent by £14.6m which was £3.0m higher than the year to date deficit reflected in the draft annual plan. The draft annual plan aimed to deliver a £35m deficit, however, Welsh Government (WG) had set a control total of £25m and a recovery plan had been developed to move towards the control total. Members were reminded of the statutory duty to breakeven and the challenges facing the Health Board in terms of meeting this. The Acting Executive Director of Finance drew the Board's attention to the recovery programme which focused on transformation in line with the organisation's strategic objectives and A Healthier Wales, and that the challenge was to ensure more schemes turned from red to green. She highlighted that financial performance by division was set out in section 3.3 within the paper.</p> <p>19.137.2 A discussion ensued. The Chair stated that the current situation remained indefensible and that it was of great concern that the Board was not on target to deliver its own target, notwithstanding the more challenging WG control total, and that it was essential to create an upward trajectory and an increased level of confidence. He reported that the Finance & Performance (F&P) Committee had recently considered an action plan against the Price Waterhouse Cooper (PWC) findings and had requested that there be a more consolidated checklist to ensure there was sufficient assurance to close off actions. The Committee had also expressed concerns around the Improvement Groups and the Chair suggested that this, coupled with an increasing run rate and failure to deliver on savings plans, failed to provide the Board with assurance that the position would improve. He requested that further assurances around the effectiveness of the Improvement Groups be provided to the next F&P Committee. The Vice Chair recalled a discussion at the July Board meeting where it was agreed that communication across the organisation regarding the seriousness of the financial position needed to be sharpened. She felt that the Month 4 figures did not indicate this had been successful. The F&P Committee Vice Chair made a number of comments to which the Chief Executive responded. He agreed that there was a connection between under-performance within secondary care, mental health and acute care as BCU was an integrated organisation, but that this also provided opportunities to improve capacity which was a good driver for cost. In terms of the consequences of some savings plans the Chief Executive reminded members there were systems in place to assess the impact of schemes but that in general terms it was likely there would be impacts upon health and social care. A question was raised around a risk set out in section 8.1 pertaining to junior doctor employment contracts and it was noted there were no associated financial estimates against this risk. The Associate Director (Workforce) indicated that this related to a very recent legal case and BCU would be looking to learn from the outcome.</p> <p>19.137.3 It was resolved that the report be noted, including the forecast position of</p>	SH

£35.0m deficit.	
<p>19.138 Financial Recovery <i>[Mr Phillip Burns joined the meeting]</i></p> <p>19.138.1 The Interim Recovery Director indicated to members that the paper which had been circulated had been prepared for the F&P Committee. He described the key elements to his role which were around ensuring adequate processes and procedures were in place to improve grip and control; to work with divisions, corporate departments and area teams and lastly around service redesign. He stated that he was seeing evidence of greater grip and control together with a better understanding of expectations within areas and divisions. He described the elements of work around non-pay and discretionary spend and also further measures with regards to strengthening the business case process and vacancy reviews.</p> <p>19.138.2 A discussion ensued. A question was asked regarding the appetite for recovery across the organisation and the Interim Recovery Director indicated this did vary and there were some difficult conversations regarding structures and staffing, however, there was a general acceptance of the absolute requirement to save money and to reduce the run rate. The Chair suggested that there was still much room for improvement in terms of raising cost-consciousness across the organisation and improving the granularity around unnecessary expenditure. He requested that the F&P Committee be updated in terms of communications and engagement for financial recovery. The Chair also requested that work continue to ensure better handling of business cases from a financial perspective to ensure a more robust process before their submission to the Executive Team or Committee structure, with an improved ability to track the planned improvements and outcomes. A concern was raised around the potential impact on patients from the implications of financial recovery. The Interim Recovery Director assured members that all Cost Improvement Plans were quality impact assessed and signed off locally and by Area before scrutiny by the Programme Management Office and Executive Team. The Chief Executive added that there was approximately £4m worth of plans not yet progressed which needed further review as to whether the risks could be mitigated sufficiently to allow them to progress. The Chair of the Healthcare Professionals Forum felt that there would sometimes be unforeseen consequences that it would not always be possible to measure and he would welcome further activity to capture adverse implications from a quality and safety perspective. In response to questions regarding the longer term plans for financial recovery once the Interim Recovery Director's work had concluded, it was reported that transformation and service change would be key to sustaining financial recovery. The Vice Chair suggested that learning be embedded from service redesign within mental health where the forecast overspend had been tempered through management changes. The Associate Board Member (Director of Social Services) acknowledged the difficult situation that the Board was in and the need to balance transformation, budgets and maintaining safe and quality services.</p> <p>19.138.3 The Interim Recovery Director summarised that there were a number of new schemes coming through and there was a good basis on which to start managing some movement against the £35m savings profile. He was pleased with the level of engagement from Directors with the recovery programme and that the work of the Improvement Groups would start to demonstrate benefits.</p> <p><i>[Mr P Burns left the meeting]</i></p>	<p>SH / PB</p> <p>SH/ PB</p> <p>SH/ AR</p>

19.139 Planned Care presentation

19.139.1 The Chief Executive delivered a presentation which incorporated:

- Internal improvement to Referral to Treatment (RTT) delivery - two thirds
- External support for RTT delivery - one third
- Assessment of governance process
- Changes to scheduling process
- Focus on effective use of core capacity
- Additional insourcing and outsourcing
- Validation and pathway changes

19.139.2 The Chief Executive summarised the next steps as ensuring demonstrable results in all areas of the plan; delivering those components that were within the Board's gift; addressing the challenge of delivering the profile in the annual plan; reviewing all actions to seek to drive further internal improvements as well as considering the potential for further additional activity (eg; outsourcing).

19.139.3 A discussion ensued. The Chair of the Digital Information & Governance Committee noted that there was reference to 'improved information management and governance' and the Chief Executive clarified this related to ensuring data sources were joined up to enable the right information to get to the right people, and to avoid silo working. In response to a comment regarding working outside of job plans, the Chief Executive accepted there was a need for the organisation to be assured that there wasn't a detrimental effect to core productivity. Members were keen to understand how the plans and trajectories this year would be different to and deliver more than previous years, and also to see clearer accountability through the identification of owners and timescales for each action. The Chair requested that the next F&P Committee receive 1) a clear trajectory for RTT with firm year-end target; 2) specialty and locality specific trajectories within the IQPR which would allow delivery to be tracked; and 3) a comprehensive action plan with identified owners and timescales to underpin RTT improvement. In addition the Chair requested that a paper be prepared for F&P and for Executive Team on RTT lessons learnt and what would be different next year, along with trajectories beyond 2019/20 when available.

MW

MW

19.142 Clinical Services Strategy presentation

[Agenda item taken out of order at Chair's discretion]

19.142.1 The Executive Medical Director and the Executive Director of Nursing & Midwifery delivered a presentation which incorporated:

- The vision
- Local context eg; Living Healthier : Staying Well and A Healthier Wales
- A new digital focus for clinical services
- A digital health and social care approach
- Engagement
- Opportunities including addressing ongoing pathway issues eg; vascular services

19.142.2 A discussion ensued. It was suggested that rurality would need to be taken into account when thinking about connectivity and digital solutions. The Executive Director of Public Health flagged a potential risk that if the strategy was not delivered appropriately there could be an adverse impact upon the inequalities gap. The comment was made that the BCU workforce had become accustomed to coping with a lack of digital capability and this needed to be addressed. Overall, members were supportive of the direction of travel and welcomed the opportunities that the strategy could provide in terms of driving

<p>innovation. They were keen to see that the existing infrastructure was utilised and that staff were meaningfully engaged and involved with the development and further shaping of the strategy. The Chair requested that the presentation be aligned with work already undertaken and a proposed timeline for completion be developed.</p> <p><i>[Mrs M Edwards left the meeting]</i></p>	GH / DF
<p>19.144 HASCAS and Ockenden Recommendations Progress Report <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>19.144.1 The Executive Director of Nursing & Midwifery presented the progress report and highlighted that there was now evidence of positive feedback from partners and the Stakeholder Group. The Chair acknowledged the amount of work in preparing the report but was concerned at the length of the narrative. He asked that officers reflect further on the format to reduce the length of the narrative and to interpret more clearly what actions were required in order to complete a recommendation.</p> <p>19.144.2 It was resolved that progress against the recommendations be noted <i>[Mrs G Harris left the meeting]</i></p>	GH
<p>19.140 Unscheduled Care presentation</p> <p>19.140.1 The Chief Executive delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> • The Building Better Care 'plan on a page' summary across areas of Demand, Flow and Discharge • Update on the unscheduled care programme workstreams • Performance in terms of waiting times, response times, delayed transfers of care <p>19.140.2 A concern was raised that clinical coding issues had meant some information was not available. The Chief Executive reported that previous issues relating to coding had much improved generally but there had been a recent deterioration.</p>	
<p>19.141 Annual Plan Monitoring Report</p> <p>19.141.1 The Executive Director of Planning & Performance confirmed that the paper had been scrutinised at both the Strategy, Partnerships & Population Health (SPPH) Committee and by the F&P Committee. He confirmed that the report was based on a self assessment process which was signed off by Executives. A discussion took place regarding justifying the amber ratings and it was suggested that two random indicators from the end of Q2 be taken and reassessed.</p> <p>19.141.2 It was resolved that progress in implementing the operational plan be noted</p>	MW
<p>19.143 Integrated Quality & Performance Report</p> <p>19.143.1 The Chair invited members to raise issues on areas of the IQPR that had not already been discussed as part of earlier agenda items. Child & Adolescent Mental Health (CAMHS) performance was raised and the Executive Director of Primary & Community Services commended the work within the teams that brought the organisation to the brink of the 80% target set by WG under the Mental Health Measure, and indicated that he expected to see continued growth. The Executive Director of Therapies & Health Sciences also highlighted that as at July 2019 BCU was second in Wales in terms of the Single Cancer Pathway performance at 78%. The Vice-Chair noted that despite the</p>	

<p>focus, sickness absence rates appeared to be deteriorating. The Associate Director (Workforce) suggested that there was a timing issue with the data and that by November any trend would be clearer. It was noted that the format of the IQPR continued to evolve with a summary version being trialled for the September F&P Committee.</p> <p>19.143.2 It was resolved that the Board note the current performance and consider the actions being taken to deliver improved performance.</p>	
<p>19.145 Reprovision of Services from The Clinic, Mount Street, Ruthin and the Redevelopment of Ruthin Community Hospital</p> <p>19.145.1 The Executive Director of Primary & Community Services presented the paper which sought approval to proceed to WG for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary. He provided some background to the practice concerned, highlighting a range of environmental and capacity issues with the site. He also drew members' attention to a primary care estates survey undertaken in 2016. In terms of the financial implications of the options set out within the paper it was confirmed that a significant part of revenue would be picked up through General Medical Services with the remainder falling to the area team – thus making the scheme revenue neutral.</p> <p>19.145.2 It was resolved that the Board approve the Business Case to enable progress to the Welsh Government.</p>	
<p>19.146 Wrexham Maelor Hospital Continuity Programme Business Case</p> <p>19.146.1 The Executive Director of Planning & Performance indicated that the Programme Business Case (PBC) was being presented to Board as part of the scrutiny and approval process for major capital projects seeking funding from the all-Wales Capital Programme, and had been supported at F&P Committee. The PBC addressed some of the Board's highest and most immediate risks and was deemed to be revenue neutral. The question was raised regarding an associated equality impact assessment (EQIA) and it was confirmed that this wasn't required for a PBC but that the subsequent business case elements would be subject to EQIA.</p> <p>19.146.2 It was resolved that the Board approve the Programme Business Case for submission to Welsh Government.</p> <p><i>[Dr C Stockport left the meeting]</i></p>	
<p>19.147 Development of New isolation Facilities – Critical Care Unit Wrexham Maelor Hospital</p> <p>19.147.1 The Executive Director of Planning & Performance indicated that the business case addressed the issue of the lack of adequate isolation facilities within the Critical Care Unit of Wrexham Maelor Hospital. The business case had been supported by the F&P Committee and related to the discretionary capital allocation.</p> <p>19.147.2 It was resolved that the Board approve the preferred option which was the provision of 2 isolation suites which would meet modern standards in terms of layout and ventilation systems and thus avoid any restriction on the type of patients who could be cared for within that environment.</p>	

<p>19.148 Summary of In Committee Board business to be reported in public</p> <p>19.148.1 It was resolved that the paper be noted.</p>	
<p>19.149 All Wales and Other Forums</p>	
<p>19.149.1 Emergency Ambulance Services Committee Minutes 26.3.19</p> <p>It was resolved that the minutes be noted.</p>	
<p>19.149.2 Emergency Ambulance Services Committee Minutes 14.5.19</p> <p>It was resolved that the minutes be noted.</p>	
<p>19.149.3 Shared Services Partnership Committee Assurance Report 18.7.19</p> <p>It was resolved that the report be noted.</p>	
<p>19.150 Annual Summary of Consultations</p> <p>It was resolved that the Board note the external consultations responded to by the Health Board and the associated monitoring arrangements.</p>	
<p>19.151 Date of Next Meeting</p> <p>7th November 2019 @ 10.00am in Porth Eirias, Colwyn Bay</p>	
<p>19.152 Committee Meetings to be held in public before the next Board Meeting</p> <p>Audit Committee 12.9.19; Quality, Safety & Experience Committee 24.9.19; Mental Health Act Committee 27.9.19; Finance & Performance Committee 30.9.19 and 24.10.19; Strategy, Partnerships & Population Health Committee 1.10.19; Remuneration & Terms of Service Committee 4.11.19; Joint Audit and QSE Committee 5.11.19.</p>	

HEALTH BOARD SUMMARY ACTION LOG – ARISING FROM MEETINGS HELD IN PUBLIC

Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Action to be closed
Actions from Health Board 1.11.18				
R Favager (S Baxter G Lang)	18/234.2 Work with officers in Strategy & Planning and Turnaround to develop a paper for the January Board meeting on change capacity.	Jan 2019	<p>12.12.18 Executive Team agreed that this will be covered as part of the Three Year Plan paper going to Board on 24.1.19</p> <p>24.1.19 The Executive Director of Planning & Performance confirmed that a stocktake paper had been to Executive Team exploring capacity and capability to implement change. A further paper was scheduled for Executive Team within the next two to three weeks, therefore the Board requested the action be reopened.</p> <p>13.2.19 Three Year Plan on Board agenda 28.2.19</p> <p>28.3.19 The Chairman requested that this item be re-opened as the Board had not yet seen what change capacity will be used for in keeping with delivery of the work plan.</p> <p>18.4.19 This work is underway but is not yet complete and will be progressed as part of the realigning of executive portfolios.</p> <p>2.5.19 The Executive Director of Workforce & OD reported that a paper was being prepared on executive portfolios for the Remuneration & Terms of Service Committee on the 13th May. The Executive Director of Planning &</p>	
M Wilkinson S Green				

S Green			<p>Performance added that improvement capacity had been strengthened through the PMO. It was agreed to keep this action open until final assurances could be given that actions had been completed.</p> <p>8.5.19 The Executive Director of Planning & Performance has indicated that a report will be submitted to the Savings Sub Group in May.</p> <p>12.07.19 Service and Productivity Team and DMO now transferred to Executive Director of WOD. Structure in place; vacancies mapped and recruitment underway. Interim support identified and will be in place by 31st July. Interim Associate Director commenced 8th July.</p> <p>25.07.19 The Chair asked that the Executive Director of Workforce & OD work with the Acting Executive Director of Finance and the Chief Executive to provide a further briefing.</p> <p>29.8.19 Following the decision of the Financial Recovery Group in July, the Service Improvement Team and DMO development has been paused and the resource realigned under the Recovery Director for a temporary period. Recruitment already underway to the funded vacancies within the structure has continued as agreed in order to support transition from the additional capacity brought in from PWC to the internal team. Date for transfer back to Executive Director of WOD to be agreed.</p> <p>31.10.19 No further update received at time of agenda publication</p>	<p>Closed</p> <p>Sept 2019</p> <p>Nov 2019</p>
Actions from Health Board 2.5.19				
D Carter	19/78.2	June	A further e-mail has been sent to the Stakeholder Group	

	Raise again with the HASCAS Ockenden Stakeholder Group how they will provide their evaluation and feedback formally to the Board.		asking for their feedback and will be shared accordingly. 25.7.19 Matter remains outstanding. 29.8.19 Chair attended Stakeholder Group meeting on 30 th July to seek Stakeholder views on progress to date and experience of engagement. Stakeholder evaluation and feedback to continue through the combined reports and escalate any issues of significance.	Closed
T Owen	19/80.2 Ensure clarity for BCU staff on the personal implications of the Smoke Free legislation, and invite TU partners to participate in the Tobacco Control Group.	In advance of legislation September	11.7.19 The detailed guidance to support the smoke free site work is still awaited. Policies etc will be updated when received. Arrangements for the next Tobacco Control Group meeting will include an invite to TU partners. 25.7.19 Agreed to keep action open as discussions were still ongoing. 28.8.19 Welsh Government have now published the summary consultation document on the proposed Smoke Free Regulations. This can be found here The document highlights areas where further consideration by Government will be required. This includes the aspect of enforcement. (Page 24 and 25 provides the detail). A WG statement was issued during recess to provide an update. This includes the statement: "The consultation process highlighted some specific issues with the draft Regulations which are currently being addressed by Welsh Government officials. A final version of the draft Regulations will need to be notified to the EU and other Member States under the Technical Standards Directive 2015/1535/EU. Once notified there is a standstill period of three months during which no further action may be taken on the draft Regulations. It is our intention that the draft Regulations will come into force by early 2020". The BCUHB Task & Finish Group is being reconvened in light of this publication – with a monthly schedule of meetings planned. 5.9.19 Executive Director of Public Health confirmed that	Closed

			work was progressing. 30.10.19 – BCU meeting held on 14.10.19 (with Local Authority representation). Guidance still awaited, and BCUHB will join a forthcoming national call to discuss the potential approaches to enforcement.	
Actions from Health Board 25.7.19				
C Stockport	19/105.2 Suggest when it would be timely for the Board to have a discussion around the development of primary care	Sept Nov 2019	CS will work with the Office of the Board Secretary to schedule an item as part of a forthcoming Board Workshop before the end of 2019. 5.9.19 Chair requested that date be confirmed asap. Also agreed that update on Care Closer to Home be provided to November Board. 30.10.19 Primary Care and Care Closer to Home paper on agenda for Board 7.11.19	Closed
S Hill	19/106.3 Agree a timeline for sharing piece of work on understanding financial drivers undertaken by PWC with another organisation	Sept 2019	29.8.19 The Executive Director of Finance will provide an update at the meeting on 5.9.19 28.10.19 The Executive Director of Finance is meeting with the Director of the Finance Delivery Unit in November to review the draft paper and will then confirm when the Drivers of the Deficit report will be presented to F & P and Board, but the expectation is that it will be December.	December
D Carter	19/111.3 Ensure that the PTR annual report is submitted to WG and published to BCU website	Aug 2019 Nov 2019	29.8.19 confirmed as actioned 5.9.19 Re-opened as PTR annual report did not appear to be available on website 30.10.19 Confirmation that annual report is available at https://bcuhb.nhs.wales/about-us/governance-and-assurance1/concerns/concerns/putting-things-right-annual-report-2018-19/	Closed
C Carlisle	19/114.3 RE-send form of words regarding children with complex needs and unpaid carers, in relation to comments on the	Aug 2019	5.9.19 Confirmed as actioned and agreed to close.	Closed

	Three Year Outlook			
D Carter	19/115.2 Work with performance team on more granular reporting for infection prevention.	Sept 2019	29.8.19 Ongoing 30.10.19 Assistant Director of Nursing for Infection Prevention has agreed way forward with Director of Performance to ensure that an increased level of data is included within the QSE Committee reporting processes on IPC to ensure scrutiny at that level ahead of submission to the following Board meeting	Closed
D Carter (M Wilkinson)	19/115.4 Ensure that information on DTOC within the IQPR be presented by Area in future and include narrative on work ongoing to reduce.	Sept 2019 Nov 2019	29.8.19 Work ongoing within performance team to ensure that information will be split by site and area. 5.9.19 Agreed that Exec Director of Planning & Performance liaise with Committee Chairs to determine future frequency and route. 23.10.19 graphs for DTOCs by area of residence incorporated into IQPR for November Board.	Closed
C Stockport	19/115.4 Ensure that narrative on dentistry is included within primary care indicators as part of IQPR	Sept 2019 Nov 2019	28.8.19 Discussions are ongoing between the North Wales Community Dental Service and the Performance Team to identify appropriate metrics that can be used as key performance indicators. 5.9.19 Exec Director of Primary & Community Services confirmed a draft narrative was being finalised and he expected to see this within the November report. 31.10.19 No further update received at time of agenda publication	
Actions from Health Board 5.9.19				
A Thomas	19/133.1.1 Update board members on outcome of discussions with providers for additional capacity re breast radiology	Oct 2019	23.10.19 Briefing note circulated to IMs 24.10.19 Briefing note circulated to Execs	Closed
G Harris	19/135.1 Share copy of Jan Stevens report	Oct 2019	5.9.19 Jan Stevens' reports from 2017 and 2019 circulated to IMs	Closed

G Harris	19/135.2 Consider a multiagency approach to meeting the Health Care Acquired Infection reduction targets through Safe Clean Care.	Nov 2019	30.10.19 The IPC team continues to work with members of the multi-agency teams to support this area	Closed
S Hill	19/137.2 Provide further assurances around the effectiveness of the Improvement Groups to next F&P Committee	Sept 2019	28.10.19 The Acting Executive Director of Finance confirmed this was included in the financial recovery report provided to the F&P Committee on 30.9.19.	Closed
P Burns S Hill	19/138.2 Update F&P Committee in terms of communications and engagement for financial recovery.	Sept 2019	28.10.19 The Acting Executive Director of Finance confirmed this was covered at the F&P Committee on 30.9.19.	Closed
P Burns S Hill	19/138.2 Work to continue to ensure better handling of business cases from a financial perspective to ensure a more robust process before their submission to the Executive Team or Committee structure, with an improved ability to track the planned improvements and outcomes.	Nov 2019	28.10.19 The new business case process has been presented to the F&P Committee in October and was approved. The process has been extended to cover all decision with a financial consequence for the Health Board.	Closed
S Hill A Roach	19/138.2 Work to embed learning from service redesign within mental health where the forecast overspend had been tempered through management changes	Nov 2019	28.10.19 The Director of MHLD will prepare a concise lessons learnt report which will be shared with the improvement groups, the PMO and the Divisional lead, ahead of the November Board meeting.	
M Wilkinson	19/139.3	Sept 2019	22.10.19 The September F&P Committee received clear	

	Provide paper to next F&P Committee 1) a clear trajectory for RTT with firm year-end target; 2) specialty and locality specific trajectories within the IQPR which would allow delivery to be tracked; and 3) a comprehensive action plan with identified owners and timescales to underpin RTT improvement.		<p>activity targets by specialty by month to deliver a firm year end position of no over 52 week waiters and 5475 over 36 week waiters as set out to the July Board. There were known issues with this plan:</p> <ul style="list-style-type: none"> • It exceeded confirmed available resources at that time. • Diagnostics, principally endoscopy, were excluded. • The assumed benefit from a higher proportion of 'treatment in turn' was acknowledged to be both highly desirable but challenging to deliver (particularly in year). <p>An update provided to the October F&P set out the current position on the plan, funding discussions, and risks, together with a timetable for their resolution. Notwithstanding this uncertainty, monitoring continues (including via November accountability review meetings) against the numbers previously shared with Board / F&P Committee.</p>	
M Wilkinson	19/139.3 Provide paper to Exec Team and F&P Committee on RTT lessons learnt and what would be different next year, along with trajectories beyond 2019/20 when available.	Oct 2019	22.10.19 Draft health economy plans will be received for 2020/21 on 5 November. There will have been some work on demand and capacity that will be developed into detailed RTT trajectories.	
G Harris D Fearnley	19/142.2 Consider how the clinical services strategy would align with work already undertaken and develop a proposal and timeline for completion.	Nov 2019	<p>30.10.19 The Board Workshop on 9.10.19 included a presentation on 'A digitally enabled clinical strategy' setting out the following timeline:</p> <ul style="list-style-type: none"> • Review feedback from Public Board, SPPH, EMG, DIGC – September 2019 • Appoint external support for engagement and strategy development – October 2019 • Board Development session- October 2019 • Fieldwork and engagement October and November 2019 • Initial update to Board – November 2019 (this is deferred) 	Closed

			<ul style="list-style-type: none"> • Draft strategy for review by Board– December 2019 • Engagement on draft with WG -December 2019 • Final Strategy to Board – January 2019 <p>A draft report will be presented to the Digital and Information Governance Committee on 21 November ahead of the Board Workshop in December</p>	
G Harris	19/144.1 Reflect further on the format of the HASCAS and Ockenden update reports to reduce the length of the narrative and to interpret more clearly what actions were required in order to complete a recommendation	Nov 2019	31.10.19 Work in progress to reformat the progress reports in line with this request and will be reflected in the update report that will be presented to Health Board meeting in January.	January
M Wilkinson	19/141.1 Reassess two random indicators from the end of Q2 within the Annual Plan Monitoring Report.	Nov 2019	22.10.19 This is now part of the routine monitoring of the Annual Plan having been delivered for the last two quarter ends.	Closed

V184 31.10.19

Health Board 7.11.19	 <p> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </p> <p><i>To improve health and provide excellent care</i></p>
Chair's Report	

Name of Committee:	Special Measures Improvement Framework Task & Finish Group (SMIF T&F)
Meeting date:	10.10.19
Name of Chair:	Mr Mark Polin, Chair
Responsible Director:	Mrs Gill Harris, Deputy Chief Executive
Summary of business discussed:	<ul style="list-style-type: none"> • A further draft revised special measures improvement framework was received, and the new expectations and format noted • A draft self-assessment baseline position, as measured against the new framework, was received and the evidence provided discussed in detail. • It was agreed to adopt the principles of Executive Team 'confirm and challenge' and 'key lines of enquiry' evidence scrutiny for future self-assessments
Key assurances provided at this meeting:	The Group acknowledged that the recent work done represented a step forward and a more thoughtful approach. There was agreement that, for strengthened assurance, additional focus was required on definitions, measures and identification of the gap between the current position and satisfactory achievement of expectations
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • There is a risk that the Health Board is not deemed by Welsh Government to be in a position that merits the lifting of special measures. This is mitigated by strengthened governance arrangements and additional rigour introduced by the Chair and the draft revised improvement framework.
Special Measures Improvement Framework Theme/Expectation addressed	All.
Issues to be referred to another Committee	-

Matters requiring escalation to the Board:	None.
Well-being of Future Generations Act Sustainable Development Principle	Achieving the special measures expectations is approached from the perspective of sustaining service improvements in the longer term, for the well-being of patients and the wider population in the future. Much of the work underway is being carried out in partnership with colleagues from other organisations, with service users and members of the public.
Planned business for the next meeting:	Review of the outputs of the Executive Team confirm and challenge and updated reports on each of the improvement framework areas
Date of next meeting:	9.12.19



Betsi Cadwaladr University Health Board (BCUHB)
Draft Minutes of the Annual General Meeting (AGM) Held on 25.7.19
in Neuadd Reichel, Bangor

Present:

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Cllr C Carlisle	Independent Member
Mrs D Carter	Acting Executive Director of Nursing & Midwifery
Mr J Cunliffe	Independent Member
Mrs M Edwards	Associate Member ~ Director of Social Services
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs S Hill	Acting Executive Director of Finance
Mrs J Hughes	Independent Member
Mrs M W Jones	Vice Chair
Mrs G Lewis-Parry	Board Secretary
Mrs L Meadows	Independent Member
Dr E Moore	Executive Medical Director
Miss T Owen	Executive Director of Public Health
Prof M Rees	Vice Chair of Healthcare Professionals Forum
Mrs L Reid	Independent Member
Mr C Stockport	Executive Director of Primary Care & Community Services
Mr A Thomas	Executive Director of Therapies & Health Sciences
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance

In Attendance:

Mrs K Dunn	Head of Corporate Affairs
Mrs L Singleton	Director of Partnerships, Mental Health & Learning Disabilities (<i>Deputy for Mr A Roach</i>)

Translator, members of public and observers

Agenda Item	Action By
<p>A19.1 Welcome and Introductions</p> <p>A19.1.1 The Chair welcomed everyone to the AGM of the Health Board. Each member introduced themselves bilingually and the Chair thanked them for their commitment to promoting the use of the Welsh Language. He then read a prepared statement as follows:</p> <p>A19.1.2 “Good Morning and welcome to the annual general meeting of Betsi Cadwaladr University Health Board. I am Mark Polin, Chair of the Board. This is my first Annual General Meeting, having taken up this role on 1st September last year. A number of important changes have occurred between then and now and these include:</p> <ul style="list-style-type: none"> The appointment of new Independent Members and a Vice Chair, and the development of a focus within the entire group of Independent Members on ensuring the right governance, scrutiny and assurance processes exist and where they do not, that this is addressed. 	

- The appointment of two new Directors - Planning and Performance, and Primary and Community Care, and more recently new appointments to the existing roles of Medical Director and Director of Finance.
- In recent weeks we have brought in expertise to assist with financial recovery, a need that was recognised by the Public Accounts Committee too.
- We have altered the way this Board carries out its business, here in this forum, and also across our Committee structure; something that has been positively commented upon by the Wales Audit Office. This has included a move to bi-monthly Board meetings so as to provide for workshops in the intervening months which enable us to examine important topics in depth, and agree the actions required.
- We have continued to pursue the development of the Board, with work underway with the Kings Fund, so as to ensure the Board can operate at its optimum level.
- We have sharpened our focus in terms of performance reporting, concentrating on priority areas and including those aspects of performance that are obstacles to the organisation exiting from Special Measures; and
- We have devoted a great deal of time to the being clear as to our priorities, what we need to do to achieve them, and what outcomes will be measured to demonstrate improvement.

Whilst much has been achieved by the organisation over the last year, which I will leave Gary to describe as he has been here for the full term, there is still much more to do if the organisation is to move onto a sustainable road to improvement, and in this regard, the importance of the business of the Board meeting that follows this AGM should not be underestimated. For that business addresses aspects of leadership and direction, performance (including quality and patient and staff safety), and also the management of our finances which are the key areas requiring our attention and concerted action. With regard to leadership and direction, following our work with Price Waterhouse Coopers and with the Welsh Government Finance Delivery Unit, a revised Plan is being presented today which should clearly describe our priorities for this financial year as well as looking forward, and set out the actions to be taken to deliver. Performance improvement targets for both planned and unplanned care, will be presented for discussion and approval at the same time. Alongside the Plan, progress will be reported on work that is underway to devise a Clinical Services Strategy which will more clearly articulate our future vision as to the configuration and model of delivery of all our key services. The Board intends that clinicians, and all other elements of the workforce, will be engaged in the design of this Strategy, for there can be no doubt that change will be required moving forward and we want that change to be formulated and led by those who deliver the services in question. Turning to finance, change is underway here too as I may have already alluded to. The appointment of an experienced financial Recovery Director from outside the organisation, coupled with a new interim Director of Finance, will be accompanied by much greater rigour in our approach to financial management and improvement. As I say in my introduction to the Annual Report, the Board also recognises that everyone wishes to work in conditions that are conducive to enjoying their work and to providing the best service, and to be assisted by technology that makes their lives easier and safeguards those we care for. In this regard, the Board has arrived at a clear sense of where our priorities lie in terms of investment in, and rationalisation of, the properties we occupy, and plan to arrive at a similar determination shortly in terms of information technology. We believe there is scope to reduce unnecessary expenditure thus allowing for investment in improvements that will help us all to work better. The onus will be on us to turn these aspirations into delivery. Efforts are also being stepped up in terms of determining the skills and roles we need within our workforce, both today and going forward, to better drive our recruitment activities, which should in turn lessen our call on securing staff through agencies. The Board recognises that these planned

improvements, and more, will not be delivered without the continuing dedication, resilience and professionalism of those who work in the organisation, and we are most grateful for all they have achieved over the last year. Thank you for attending, and for your interest in the Health Board and its work."

A19.2 Annual Report 2018/19 Incorporating Annual Governance Statement and Special Measures Update

A19.2.1 The Chief Executive delivered a presentation which:

- Provided a reflection on the past year – highlighting it had been a time of challenge but also improvements such as de-escalation of primary care out of hours from Special Measures, improvements in quality and safety, positive outcomes from the staff survey and achievement of platinum standard for the Corporate Health at Work Standard.
- Included a summary of progress against all Special Measures themes.
- Set out how engagement with key partners had been addressed.
- Described the principles of A Healthier Wales.
- Detailed improvements in mental health services and responding to the HASCAS and Ockenden recommendations.
- Described a range of assurances from Healthcare Inspectorate Wales.
- Set out new models of care.
- Highlighted sustained reductions in ambulance delays.
- Detailed progress made with regards to GP clusters.
- Noted a sustained improvement in infection prevention control.
- Described the preventative work being progressed within a community setting.
- Confirmed a reduction in delayed transfers of care.
- Highlighted a reduction in mortality rates.
- Set out the development and investment in estates, equipment and services.
- Described a range of ongoing challenges including planned care, unscheduled care and finance
- Set out the Board's priorities moving forward

A19.2.2 The Chief Executive commended the annual report to the meeting and invited members and observers to review the published document.

A19.3 Annual Quality Statement (AQS)

A19.3.1 The Acting Executive Director of Nursing and Midwifery delivered a presentation which:

- Confirmed that the AQS was a key document written for the public
- Highlighted that the AQS was aligned to the healthcare standards under the leadership of the three clinical executives
- Referenced the Quality Improvement Strategy (QIS) as the main over-arching strategic document
- Described the achievements against the Board's priorities for 2018-19
- Set out the priorities for 2019-20 which included the delivery of safe, effective and compassionate care; engagement of patients and service users in making improvements; and the provision of care in line with the QIS.

A19.4 Annual Financial Accounts

A19.4.1 The Acting Executive Director of Finance delivered a presentation which described:

- Statutory and other financial targets and BCU's performance against them
- The organisation's revenue expenditure
- A breakdown of expenditure by Division
- Expenditure by category (pay, non-pay, primary care and care from other providers)
- Agency staff use
- A range of capital investments
- The audit of accounts by the Wales Audit Office which confirmed there were no material misstatements or reporting inconsistencies
- A forward look for 2019-20 against a local and national context
- Revenue and savings targets

A19.5 Forward Look

No specific comments were raised.

A19.6 Open Forum

A19.6.1 Mr M Joyce (member of public) raised a question as to whether the Health Board had a statutory duty to provide clinically effectively safe and dignified patient care, and how it would ensure that any service transformation was effective and safe.

A19.6.2 The Chief Executive responded that whilst there were statutory duties around finance, the Board did indeed have a duty to provide clinically safe services to its population. He alluded to a range of areas where there was demonstrable progress but also acknowledged the remaining challenges which had also been described by Mr Joyce. He confirmed that the Board's Annual Plan and Three Year Outlook did have a level of associated risk. In terms of the Service Strategy whilst this was not yet fully comprehensive there was progress across various strands of work, and there was a commitment to ensuring that staff, patients and stakeholders were listened to as part of any service transformation. The Executive Medical Director also made reference to examples where service change had been successfully and positively implemented such as Primary Percutaneous Coronary Intervention (PPCI) and vascular care. In respect of ensuring services were safe he added that data from complaints, outcomes, legal cases and patient feedback were all triangulated.

A19.6.3 Mr Joyce commented further that he had raised similar issues for the past seven years and had not been assured by the responses. The Chair acknowledged the undesirable situation that the Board was in in that it was being asked to consider a Plan that was not finalised and he indicated it would not be his intention to be in the same situation next year. He made reference to the ongoing work regarding financial recovery and recognised the significant scope for improvement around planned and unscheduled care. He was however assured that there was a far more robust focus on developing the Plan, and that benefits of service improvements would be more clearly described within future business cases. He concluded by supporting the view that whether or not the duty to provide safe care was a statutory duty, it remained the Board's focus in all that it did.

A19.7 Concluding Remarks

<p>A19.7.1 The Chair wished to acknowledge that progress had been made and the Board was beginning to focus on the right things to ensure a sustainable improvement journey. He was keen to also see a focus on areas that would enable the Board to be taken out of special measures.</p>	
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Health Board

7.11.19



GIG
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Adoption of Model Standing Orders, Reservation and Delegation of Powers.
Report Author:	Liz Jones (Assistant Director, Corporate Governance) Dawn Sharp (Acting Board Secretary)
Responsible Director:	Dawn Sharp (Acting Board Secretary)
Public or In Committee	Public
Purpose of Report:	<p>A national exercise to update the Model Standing Orders (SOs) and Scheme of Reservation & Delegation (SoRD) for Local Health Boards (LHBs), NHS Trusts, Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) has concluded. A Welsh Health Circular requiring compliance with the newly issued documents was issued by the Minister for Health & Social Services on 12.19.19.</p> <p>In adopting the Model, it is permissible to make minor amendments to the SOs in sections where local resolution is appropriate. Presented herewith for information and ratification, having already been approved by the Audit Committee, are the following:</p> <ul style="list-style-type: none"> • Copy of Welsh Health Circular WHC2019/027 and letter to Chairs 12.9.19 • Table of amendments to the national model SOs, cross-reference to legislation and confirmation of sections which are not for variation by NHS body • Model SOs, Reservation & Delegation of Powers for LHBs • Model SOs, Reservation & Delegation of Powers for NHS Trusts (for information) • Model SOs, Reservation & Delegation of Powers for WHSSC – to be incorporated as an addendum to BCU SOs (for information) • Model SOs, Reservation & Delegation of Powers for EASC - to be incorporated as an addendum to BCU SOs (for information) • Glossary of terms – LHBs • Glossary of terms – NHS Trusts (for information) • Updated version of BCU SOs based on the model, with local amendments/additions highlighted • Table of local amendments included in the BCU SOs & SoRD • Updated version of the BCU master SoRD with highlighted amendments (to be incorporated into the SOs).

	<p>Terms of reference for BCU committees have not been included; they have only recently been reviewed, but memberships now need re-visiting in light of recent changes therefore they will be submitted separately in due course. The committee terms of reference may also require revision to take account of any decisions made regarding the routing of policy approvals, which is currently under consideration.</p> <p>The previous version of the BCU SOs included a 'section 3 – financial delegations' within its SoRD section. This has not been included in the updated version, as this does not feature in the model SOs and it will be more appropriate for financial delegations to form part of the updated Standing Financial Instructions in due course.</p>
Approval / Scrutiny Route Prior to Presentation:	The model documents have had prior scrutiny by the All Wales Board Secretaries, Welsh Government, WAO and Acting Board Secretary, and have been approved on behalf of the Board by the Audit Committee.
Governance issues / risks:	Failure to adopt the model will result in the Health Board being non-compliant with a regulatory and Ministerial governance requirement.
Financial Implications:	Model Standing Financial Instructions (SFIs) are being updated via a separate national process.
Recommendation:	<p>The Board is asked to :</p> <ol style="list-style-type: none"> 1. Note the documents presented, and the fact that they have been subject to prior scrutiny and approval by the Audit Committee 2. Ratify the adoption of the model SOs, SoRD and other documents presented 3. Note that the BCU SOs and SoRD are subject to ongoing annual review as a minimum, the outcomes of which will continue to be submitted to the Audit Committee 4. Note that for each Corporate Department, Division, Area and District General Hospital, operational SoRDs will be updated, detailing delegation of powers to the level of authority directly beneath that shown in the master SoRD. The updated operational SoRDs will be submitted to the December Audit Committee for scrutiny and approval.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
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1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Leadership and Governance			
Equality Impact Assessment			
An EQIA impact assessment screening has been carried out; no impacts or issues were identified. Copy attached.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 12 September 2019

STATUS: COMPLIANCE

CATEGORY: GOVERNANCE

Title: Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the Emergency Ambulances Services Committee

Date of Expiry / Review: September 2022

For Action by:

Chairs of Local Health Boards and NHS Trusts

Directors of Corporate Governance/Board and Joint Committee Secretaries

Action required by:

In accordance with Board and Committee timetable but no later than 30 November 2019

Sender:

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

HSSG Welsh Government Contact(s) :

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

Enclosure(s):

Letter to Chairs of Local Health Boards, Trusts, WHSSC and EASC

[Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body](#)

[Model Standing Orders, Reservation and Delegation of Powers for Local Health Boards](#)

[Model Standing Orders, Reservation and Delegation of Powers for NHS Trusts](#)

[Model Standing Orders, Reservation and Delegation of Powers for the Welsh Health Specialised Services Committee \(WHSSC\)](#)

[Model Standing Orders, Reservation and Delegation of Powers for the Emergency Ambulance Services Committee](#)

[Glossary of Terms – Local Health Board Model Standing Orders](#)

[Glossary of Terms – NHS Trusts Model Standing Orders](#)

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/VG/2347/19

Chairs of Local Health Boards
Chairs of NHS Trusts
Chair of Welsh Health Specialised Services Committee
Chair of the Emergency Ambulances Services Committee

12 September 2019

Dear Chairs,

Review of Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the issuing of Model Standing Orders for the Emergency Ambulance Services Committee

As previously advised my officers have been revising the Model Standing Orders for Local Health Boards, NHS Trusts and the Welsh Health Specialised Services Committee (WHSSC). As part of this review Model Standing Orders have also now been produced for EASC.

These model documents are issued in accordance with my powers of direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) of the National Health Service (Wales) Act 2006.

The full suite of Model documents were most recently issued in 2014. As part of this latest review consideration has been given to those sections which may be for local resolution and those which are subject to ministerial direction or are a legislative requirement. This information, together with any amendments made during this latest review are detailed in [Annex 1](#).

Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders, Reservation and Delegation of Powers. The WHSSC and EASC Standing Orders form Schedule 4.1 and 4.2 of the Local Health Board Standing Orders. Health Boards must also ensure that these schedules have been formally adopted by the respective Joint Committee.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

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CF99 1NA

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Yours faithfully,

A handwritten signature in dark ink, reading 'Vaughan Gething'. The signature is written in a cursive, flowing style.

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

CC.

Chief Executives of Local Health Boards

Chief Executives of NHS Trusts

Managing Director, Welsh Health Specialised Services Committee

Chief Ambulance Services Commissioner, Emergency Ambulance Services Committee

Board Secretaries, Local Health Boards and NHS Trusts

Committee Secretary, Welsh Health Specialised Services Committee

Review of NHS Wales Local Health Board Model Standing Orders – September 2019
Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

* = The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009

Page Number	Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation	Requirement of legislation – local amendment not permissible	Issued under Direction – local amendment not permissible
2	1	1	Forward	To reflect regulations	*Part 3, Regulation 15(6)	✓	
2	2	2	Forward	LHB to add title of their local Standards of Behaviour Framework/Policy	n/a		
8	Section A						
8	i)	i)	Statutory Framework	To reflect different position of Powys Teaching Local Health Board	The Local Health Boards (Establishment and Dissolution) (Wales) Order 2003	✓	
8	v)	v)	Statutory Framework	Amendment to better reflect legislative position	NHS (Wales) Act 2006, para 4 of Schedule 2	✓	
8	v)	vi)	Statutory Framework	Paragraph v) split to form two paragraphs.	NHS (Wales) Act 2006, Sections 12 and 13/Local Health Boards (Directed Functions) (Wales) Regulations 2009		
8	vi)	n/a deleted	Statutory Framework	Paragraph deleted and moved relocated as reader has already been to the direction making powers in para v) so for clarity subsequent paragraphs set out the directions issued for joint working			
9	vii)	vii)	Statutory Framework	Joint Committee amended to read 'WHSSC' – previous SOs only referred to one joint committee	The Welsh Health Specialised Services Committee (Wales) Directions 2009	✓	

9	n/a	viii)	Statutory Framework	New paragraph added to include EASC in SOs	The Emergency Ambulance Services Committee (Wales) Directions 2014	✓	
9	viii)	ix)	Statutory Framework	Paragraph renumbered and new sentence added to capture deleted section vi)			
9	x)	xi)	Statutory Framework	Paragraph renumbered and amendment to better reflect legal position with regard to the 2000 Regulations which predate the power in the 2006 Act but the NHS (Consequential Provisions) Act 2006 provides for the continuity of the law as if made under the NHSWA 2006	National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000/NHS (Wales) Act 2006	✓	
9	x)	xi)	Statutory Framework	Sentence added to reflect change in legislation	Social Services and Well-being (Wales) Act 2014	✓	
10	xii)	xii)	Statutory Framework	Paragraph renumbered and sentence added by legal services to recognise this also includes working with English bodies.	NHS Act 2006, Section 72	✓	
10	n/a	xiv)	Statutory Framework	New paragraph added by to reflect new legislative requirement.	Social Services and Well-being (Wales) Act 2014/The Partnership Arrangements (Wales) Regulations 2015	✓	
10	n/a	xv)	Statutory Framework	New paragraph added by to reflect new legislative requirement.	Well-being of Future Generations (Wales) Act 2015	✓	
10	xiii)	xvi)	Statutory Framework	Paragraph renumbered and replaced to reflect new Welsh language requirements	The Welsh Language Standards (No.7) Regulations 2018	✓	

Previously on page 9	xv)	n/a moved to new para 1.4.4	Statutory Framework	Paragraph regarding indemnity moved to new para 1.4.4 under Responsibilities of Board Members			
11	xvi)	xviii)	NHS Framework	Paragraph renumbered and amendment to reflect current name of Welsh Government and to improve grammar			
11	xviii)	xx)	NHS Framework	Main paragraph renumbered and new paragraph with link to Governance eManual inserted to ensure clarity re what is meant by the NHS Wales Values and Standards of Behaviour Framework			
11	xix)	xxi)	NHS Framework	Paragraph renumbered and amended and reference added to the Well-being of Future Generations Act (WBFGA)			
11	xx)	xxii)	NHS Framework	Paragraph renumbered and amended to reflect change from Ministerial Letters to Welsh Health Circulars in 2014			
12	xxi)	xxiii)	Local Health Board Framework	Paragraph renumbered and reference added to SFI's forming part of SOs and Schedule 2.1			
12	xxii)-xxiv)	xxiv)-xxvi)	Local Health Board Framework	Paragraphs renumbered due to additional paragraphs being added			
12	xxv)	xxvii)	Applying Standing Orders	Paragraph renumbered and LHB to add title of their local Standards of Behaviour Framework/Policy.	*Part 3, Regulation 15(5)	✓	
				Wording also added to re-enforce need for individual LHB to agree arrangements for Joint Committees			
13	n/a	xxix)	Applying Standing Orders	Final paragraph regarding failure to comply with standing orders separated from previous paragraph to give emphasis.			
13	xxvii)	xxx)	Variation and Amendment of Standing Orders	Paragraph renumbered and cross reference in bullet point 3 amended from 6.5.14 to 7.5.14			

13 - 14	xxx)	xxxiii)	The role of the Board Secretary	Paragraph renumbered and additional sentence added to improve grammar			
13 - 14	xxx)	xxxiii)	The role of the Board Secretary	Paragraph renumbered and amended to reflect provisions within Model Role Profile issued in 2009			
14	xxxii)	xxxiv)	The role of the Board Secretary	Paragraph renumbered due to additional paragraphs being added			
15	Section B : Standing Orders						
15	1.0.2	1.0.2	The Local Health Board	To reflect different position of Powys Teaching Local Health Board	The Local Health Boards (Establishment and Dissolution) (Wales) Order 2003	✓	
15	1.1.1	1.1.1	Membership of Local Health Boards	Amendments regarding appointment of board members to better reflect regulations	*Part 2, Regulations 4(1), 4(2) and 4(6)	✓	
15	1.1.2	1.1.2	Membership of Local Health Boards	Amendment to delete typographical error			
16	1.1.3	1.1.3	Membership of Local Health Boards	<u>Officer Members [to be known as Executive Directors]</u> - No amendments	*Part 2, Regulation 3(2)	✓	
16	1.1.4	1.1.4	Membership of Local Health Boards	<u>Non Officer Members [to be known as Independent Members]</u> - No amendments			✓
16	n/a	1.1.5	Membership of Local Health Boards	<u>Associate Members</u> – new paragraph added to help clarify position with regard total number of Associate Members that may be appointed	*Part 2, Regulation s 4(3) and 4(4)		

16	1.1.5	1.1.6	Membership of Local Health Boards	Paragraph renumbered and amended to reflect legislation as Minister “may” appoint and therefore has a choice in the matter.	*Part 2, Regulation 4(4)	✓	✓
				Regulations are not specific re post holders but current arrangements have previously been determined.			
				To remain current until directed otherwise by the Minister.			
16	1.1.6	1.1.7	Membership of Local Health Boards	Paragraph renumbered	*Part 2, Regulation 4(4) and 4(5)	✓	
16	1.1.7	1.1.8	Membership of Local Health Boards	<u>Use of term “independent members”</u> - paragraph renumbered			
17	1.3.1	1.3.1	Tenure of Board Members	Amendment to make clearer that time served relates positions held on the Board even if these are different positions. It should also be noted that different arrangements are in place for Associate Members who are Chairs of the Stakeholder Reference Group and Health Professionals Forum who serve a shorter term. Refer to Schedule 5.1, Paragraph 1.4.6 for SRG and Schedule 5.2, Paragraph 1.4.6 for HPE.	*Part 2, Regulation 6 (5)	✓	
17	1.3.2	1.3.2	Tenure of Board Members	Amended to reflect reasons for appointment = necessary or expedient and to better reflect wording regarding holding a position on the same board and the total tenure that an individual can serve (which includes time appointed by Minister if relevant).	*Part 2, Regulations 4(4) and 7(5)	✓	
18	n/a	New 1.4.4	Responsibilities of Board Members	Paragraph moved from page 10, xiii) (see above)			

18 - 19	1.4.4-1.4.11	1.4.5-1.4.12	Responsibilities of Board Members	Paragraphs renumbered due to above insertion.			
20	2.0.3	2.0.3	Reservation and Delegation of LHB Functions	Sentences removed to ensure information is high level. Reference to SO 2.0.4 amended to SO 4.			
Previously on page 18	2.0.4	n/a	NHS Wales Shared Services	Information updated, deleted from this section and moved to Section 4			
20	2.2.1	2.2.1	Delegation of Board functions	'shall' replaced with 'may' as 'shall' implies that the board must delegate.			
				Sentence added to re-enforce that some functions cannot be delegated as issued under direction			
20	2.2.2	2.2.2	Delegation of Board functions	'shall' replaced with 'may' as 'shall' implies that the board must delegate.			
21	2.3.1	2.3.1	Delegation to officers	'will' replaced with 'may' as 'will' implies that the board musts delegate.			
21	2.3.2	2.3.2	Delegation to officers	Correction of typographical error			
21	3	3	Committees	No amendments	*Part 3, Regulation 14		
22	n/a	3.2.2	Joint Committees	Information moved from 3.5 – Joint Committees established by the LHB to ensure better flow within document.			
22	3.5.2	3.2.3	Joint Committees	Previously para 3.5.2 – reference to EASC added	The Welsh Health Specialised Services Committee (Wales) Directions 2009 and The Emergency Ambulance Services Committee (Wales) Directions 2014	✓	
22	3.5.3	3.2.4	Joint Committees	Previously para 3.5.3	*Part 3, Regulation 15(5)	✓	

23	3.3	3.3	Sub-Committees	No amendments	*Part 3, Regulation 14(a), Regulation 15(4)	✓	
23	3.4	3.4	Committees	No amendments	*Part 3, Regulation 14(a), Regulation 15(4)	✓	✓
							regarding committees to be established as a minimum in 3.4.1
23	3.4.2	3.4.2	Committees	Deleted paragraph relating to structures to reduce duplication			
23	3.4.3	3.4.3	Committees	No amendments except correction of typographical error - each Committee must have SOs	*Schedule 3	✓	
23	3.4.3	3.4.3	Committees	Deleted paragraph relating to structures to reduce duplication			
24	3.4.6	3.4.6	Committees	'normally' removed after discussion with Board Secretaries to avoid confusion Paragraphs deleted in 3.4.2 and 3.4.3 added to this section			
Previously on page 22	3.5	n/a moved	Joint Committees	Section deleted and moved to 3.2 above			
24	3.6 - 3.8	3.5 - 3.7	Other Committees, Confidentiality & Reporting to the Board	Paragraphs renumbered			
24 - 25	2.0.4	4	Shared Services	Section moved to improve flow and some historical information removed.			
25	4	5	Advisory Groups	All subsequent paragraphs renumbered as NHS Wales Shared Services Partnership moved to section 4.			✓ - requirement for 3 Advisory Groups
25	4.0.1	5.0.1	Advisory Groups	Paragraph renumbered and 'organisations' added following comments from WAO	*Schedule 3, 4(2)		
25	4.0.2	5.0.2	Advisory Groups	Paragraph renumbered			
25	4.0.3	5.0.3	Advisory Groups	Paragraph renumbered. No amendments - refers to requirement to meet in public	*Schedule 3, 8(1)		

25 - 26	4.1	5.1	Advisory Groups	Paragraph renumbered and information common to all Advisory Groups amended to ensure consistency and brought together in one section to avoid duplication			
26	n/a	5.2.1	Advisory Groups	Advice and Feedback - as above.			
27	4.3	5.6	Stakeholder Reference Group	Section renumbered and main body of text moved to Schedule 5.1 with Terms of Reference			
28	4.10.1	5.8.1	Relationship between SRG and others	Paragraph renumbered and Local Service Boards replaced with Regional Partnership Boards			
29			Stakeholder Reference Group	Line added regarding need to refer to Schedule 5.1 for detailed Terms of Reference			
29	4.13	5.10	Healthcare Professionals Forum	Main body of text moved to Schedule 5.2 with Terms of Reference			
30	4.20.2	5.13.2	Healthcare Professionals Forum	Paragraph renumbered and cross reference amended from 6.5.7 to 7.5.7			
30			Healthcare Professionals Forum	Line added regarding need to refer to Schedule 5.2 for detailed Terms of Reference			
30	4.23	5.15	Local Partnership Forum	Main body of text moved to Schedule 5.3 with Terms of Reference			
31			Local Partnership Forum	Line added regarding need to refer to Schedule 5.3 for detailed Terms of Reference			
31	5.0.1	6.0.1	Working in Partnership	Paragraph renumbered and language modernised to compliment <i>A Healthier Wales</i> and changes in legislation re plans			
31	5.0.2	6.0.2	Working in Partnership	Paragraph renumbered and Local Service Boards replaced with Regional Partnership Boards			

31 - 32	n/a	6.0.3	Working in Partnership	New paragraph added to reflect the SSWB and WBFG requirements			
32	5.0.3	6.0.4	Working in Partnership	Paragraph renumbered due to additional paragraph being added			
32	5.1.1	6.1.1	Community Health Councils	Paragraph renumbered and amended to reflect updated legislation	Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010/Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010 Amended by Community Health Councils (Constitution, Membership and Procedures) (Wales) (Amendment) Regulations 2015	✓	
33	5.1.5	6.1.5	Community Health Councils	Paragraph renumbered - Board shall make arrangements to meet with CHC	Community Health Councils (Constitution, Membership and Procedure) (Wales) Regulations 2010, Regulation 30	✓	
33	6.1.1	7.1.1	Putting the Citizen First	Paragraph renumbered and wording amended in response to comments from WAO and new Welsh Language requirements	Section 44, Welsh Language (Wales) Measure 2011	✓	
34	6.2.4	7.2.4	Annual Plan of Board Business	Paragraph renumbered and amended to include need to publish on website. Original intention to remove need to publish at organisations offices but this is required by legislation so not permitted.	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4	✓	

34	6.2.5	7.2.5	Annual General Meeting	Section amended to include need to publish on website			
34	n/a	7.2.6	Annual General Meeting	Added paragraph re information which must be presented to AGM to ensure consistency with Manual for Accounts			
34	6.3	7.3	Calling Meetings	Paragraph renumbered - 7.3.2 specifies timescale for notice when calling a meeting which is applicable under some circumstances	*Schedule 3, 2(1)	✓	
35	6.4.3	7.4.3	Notifying and Equipping Board members	Paragraph renumbered and 'calendar' added to clarify number of days for advance publication of papers. Regulations specify 'clear' days but Board Secretaries preferred term 'calendar'	*Schedule 3, 2(3)	✓	
35	6.4.4	7.4.4	Notifying and Equipping Board members	Paragraph renumbered and amended to reflect need for additional impact assessments. Previously only referred to equality			
36	6.4.6	7.4.6	Notifying and Equipping Board members	Paragraph renumbered - Board members calling meetings	*Schedule 3, 2(5)	✓	
36	6.4.7	7.4.7	Notifying the public and others	Paragraph renumbered, ref to para 6.3 amended to 7.3 'calendar' added to clarify number of days for advance notice papers and ensure consistency with 7.4.3.	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4	✓	
36	6.5.1	7.5.1	Admission of the public, press and observers	Paragraph renumbered - Deleted reference to induction loop - there are a number of alternative means for improving accessibility and adding this reference does not reflect this	Public Bodies (Admission to meetings) Act 1960, Section 1	✓	

36	6.5.2	7.5.2	Admission of the public, press and observers	Paragraph renumbered and Committees added to reflect legislation Note: Letter issued in November 2009 advising that Audit Committees should 'operate in private'	* Schedule 3, 8 & Public Bodies (Admission to meetings) Act 1960, Section 1	✓	
37	6.5.7	7.5.7	Addressing the Board	Paragraph renumbered and correction of typographical error			
38	6.5.10	7.5.10	Quorum	Paragraph renumbered	*Schedule 3, 6	✓	
40	6.5.24	7.5.24	Voting	Paragraph renumbered and 'organisations' added following comments from WAO	*Schedule 3, 4(2)	✓	
40	6.5.25	7.5.25	Voting	Paragraph renumbered - refers to majority voting	*Schedule 3, 4(1)	✓	
40	6.6	7.6	Record of Proceedings	Paragraph renumbered - Amendments to some sub-sections	*Schedule 3, 5 and 7	✓	
40	6.6.2	7.6.2	Record of Proceedings	Paragraph renumbered - Data Protection Legislation updated			
40 - 41	6.7.1	7.7.1	Confidentiality	Paragraph renumbered - LHB to add title of their local Standards of Behaviour Framework/Policy			
41	7.0.1	8.0.1	Values and Standards of Behaviour	Paragraph renumbered - LHB to add title of their local Standards of Behaviour Framework/Policy			
41	7.1.1	8.1.1	Declaration of Interests	Paragraph renumbered - LHB to add title of their local Standards of Behaviour Framework/Policy and reference to reporting to Chair and Board Secretary added to reflect practice			
43	7.2.8	8.2.8	Members with pecuniary (financial) interests	Paragraph renumbered	*Regulation 17	✓	
44	7.5	8.5	Dealing with offers of gifts, hospitality and sponsorship	Paragraph renumbered and extended to include reference to sponsorship following discussions with Board Secretaries Network			

44	7.5.1	8.5.1	Dealing with offers of gifts, hospitality and sponsorship	Paragraph renumbered - LHB to add title of their local Standards of Behaviour Framework/Policy and requirement for Board to 'approve' rather than 'adopt'			
44	7.5.3	8.5.3	Dealing with offers of gifts and hospitality	Paragraph renumbered and reference to sport removed as specifically prohibited in LHB policies			
45	n/a	8.6	Sponsorship	New section added			
45 - 46	7.6, 7.6.1 and 7.6.2	8.7, 8.7.1 and 8.7.2	Register of Gifts, Hospitality and Sponsorship	Paragraphs renumbered and reference to sponsorship added			
46	7.6.3	8.7.3	Register of Gifts and Hospitality	Paragraph renumbered and wording added to ensure clear paragraph refers gifts and hospitality only. Cross reference to 7.5.3 amended to 8.5.3			
46	7.6.5	8.7.5	Register of Gifts and Hospitality	Paragraph renumbered and wording added to refer to sponsorship			
46	8.0.1	9.0.1	Signing and Sealing of Documents	Paragraph renumbered and reference to Committees removed as they do not have authority to seal documents	Schedule 3, Part 4, Para 33 of NHS (Wales) Act 2006 re Trusts. Does not appear to be a corresponding requirement for LHBs	✓	
47	8.0.2	9.0.2	Signing and Sealing of Documents	Paragraph renumbered	Schedule 3, Part 4, Para 33(1) of NHS (Wales) Act 2006 re Trusts	Reflects requirement for Trusts	
47	8.2.1	9.2.1	Signature of documents	Paragraph renumbered and removed word 'normally' after discussions with Board Secretaries Network			
47	9.0.3	10.0.3	Gaining Assurance on Conduct of LHB Business	Paragraph renumbered and reference to Shared Services amended with correct title of NWSSP			

48	n/a	10.0.4 and 10.0.5	Gaining Assurance on Conduct of LHB Business	Paragraphs added to strengthen need to gain assurance from EASC and WHSSC			
48	9.2.3	10.2.3	Reviewing the performance of the Board, its Committees and Advisory Groups	Paragraph renumbered and title of Welsh Government updated			
49	9.3.1	10.3.1	External Assurance	Paragraph renumbered and amended to provide correct terminology for Audit General for Wales			
49	9.3.3	10.3.3	External Assurance	Paragraph renumbered and amended to reflect correct title of Public Accounts Committee			
49	9.3.4	10.3.4	External Assurance	Paragraph renumbered and reference to legislation removed on advice of WAO			
50	11.0.1	12.0.1	Review of Standing Orders	Paragraph renumbered and reference to equality removed to reflect widening of impact assessments			
50	11.0.2	12.0.2	Review of Standing Orders	As above			
55			Individuals to who powers have been delegated	Paragraph 3 - 'normally' removed after discussions with Board Secretaries Network			
57	5	5	Schedule of Matters Reserved for the Board	LHB to add title of their local Standards of Behaviour Framework/Policy			
58	16	16	Schedule of Matters Reserved for the Board	Amended to say Board 'approves' appointment of Chief Executive in accordance with regulations	*Part 2, Regulation 4(2) and 4(6) (must have regard to guidance issued by WG)	✓	
64			Schedule 2	Reference to SFIs forming Schedule 2.1 added together with page for addition of SFIs			
64			NHS Framework	Amended to reflect re-introduction of Welsh Health Circulars in 2014			

67	Schedule 4	Schedule 4	Terms of Reference Joint Committees	Reference added to Schedule 4.1 - WHSSC and Schedule 4.2 - EASC			
68 - 89	Schedule 5	Schedule 5	Advisory Groups	Text added from main SOs to strengthen Terms of Reference and avoid duplication			✓ - requirement for 3 Advisory Groups
69 - 75	n/a	Schedule 5.1	Stakeholder Reference Group	See above			
76 - 81	n/a	Schedule 5.2	Health Professionals' Forum	See above			
82 - 89	n/a	Schedule 5.3	Local Partnership Forum	See above and Model Terms of Reference for Local Partnership Forum incorporated			

Review of NHS Wales Trust Model Standing Orders – September 2019
Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

Page Number	Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation - Velindre NHS Trust	Cross reference to legislation - Welsh Ambulance Service NHS Trust	Cross reference to legislation - Public Health Wales NHS Trust	Requirement of legislation – local amendment not permissible	Issued under Direction – local amendment not permissible
2	1	1	Forward	Reference added to ability of Ministers to issue Directions and to ensure consistency with wording of LHB SOs					
2 onwards		2 onwards	Forward	Various amendments to ensure legislation references and citations are correct.					
2	2	2	Forward	Trust to add title of their local Standards of Behaviour Framework/Policy	n/a				
7	Section A								
7	i)	i)	Statutory Framework	Trusts to select appropriate paragraph	Velindre National Health Service Trust (Establishment) Order 1993	Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998	The Public Health Wales National Health Service Trust (Establishment) Order 2009		
7	iv)	iv)	Statutory Framework	Legislation citation amended	NHS Act 2006 and NHS (Wales) Act 2006	NHS Act 2006 and NHS (Wales) Act 2006	NHS Act 2006 and NHS (Wales) Act 2006		
8	v)	v)	Statutory Framework	Minor amendments and Trusts to select appropriate paragraph	The National Health Service Trusts (Membership and Procedure) Regulations 1990 as amended	The National Health Service Trusts (Membership and Procedure) Regulations 1990 as amended	The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009 as amended		
8	vi)	vi)	Statutory Framework	Some words amended	Sections 18 & 19 & Schedule 3 of the NHS (Wales) Act 2006	Sections 18 & 19 & Schedule 3 of the NHS (Wales) Act 2006	Sections 18 & 19 & Schedule 3 of the NHS (Wales) Act 2006		
8	n/a	vii)	Statutory Framework	New paragraph added referencing the Well-being of Future Generations (Wales) Act 2015	Well-being of Future Generations (Wales) Act 2015	Well-being of Future Generations (Wales) Act 2015	Well-being of Future Generations (Wales) Act 2015		
8	vii)	viii)	Statutory Framework	Paragraph re numbered due to above insertion. No amendments to paragraph	n/a	n/a	n/a		
8	viii)	ix)	Statutory Framework	Paragraph renumbered due to addition of vii). No amendments to paragraph	n/a	n/a	n/a		
8	n/a	x)	Statutory Framework	New paragraph added introducing the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC)	The Welsh Health Specialised Services Committee (Wales) Directions 2009 & The Emergency Ambulance Services Committee (Wales) Directions 2014	The Welsh Health Specialised Services Committee (Wales) Directions 2009 & The Emergency Ambulance Services Committee (Wales) Directions 2014	The Welsh Health Specialised Services Committee (Wales) Directions 2009 & The Emergency Ambulance Services Committee (Wales) Directions 2014		

8	n/a	xi)	Statutory Framework	New paragraph added referring to establishment of WHSSC.	The Welsh Health Specialised Services Committee (Wales) Directions 2009	The Welsh Health Specialised Services Committee (Wales) Directions 2009	The Welsh Health Specialised Services Committee (Wales) Directions 2009		
9	n/a	xii)	Statutory Framework	New paragraph added referring to establishment of EASC.	The Emergency Ambulance Services Committee (Wales) Directions 2014	The Emergency Ambulance Services Committee (Wales) Directions 2014	The Emergency Ambulance Services Committee (Wales) Directions 2014		
9	n/a	xiii)	Statutory Framework	New paragraph added referring to the required for Velindre to establish a Shared Services Committee	The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012	The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012	The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012		
previously page 8	ix) Deleted	n/a	Statutory Framework	Paragraph deleted as repetition of information contained in iii) and iv)					
9	x)	xiv)	Statutory Framework	Amendment to better reflect legal position with regard to the 2000 Regulations which predate the power in the 2006 Act but the NHS (Consequential Provisions) Act 2006 provides for the continuity of the law as if made under the NHSWA 2006	National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000/NHS (Wales) Act 2006				
9	xi)	xv)	Statutory Framework	Sentence added by legal services to recognise this also includes working with English bodies.	NHS Act 2006, Section 72				
10	xiii)	xvii)	Statutory Framework	Paragraph renumbered and amended to reflect new Welsh Language legislation	The Welsh Language Standards (No.7) Regulations 2018				
Previously page 9	xvi)	1.4.4 (page 21)	Statutory Framework	Paragraph relating to indemnity moved to new para 1.4.4 under Responsibilities of Board Members					
10	xvii)	xx)	NHS Framework	Paragraph renumbered and amendment to reflect current name of Welsh Government and to improve grammar					
10	xix)	xxii)	NHS Framework	Paragraph renumbered and link to Governance eManual inserted to ensure clarity re what is meant by the NHS Wales Values and Standards of Behaviour Framework					
11	xx)	xxiii)	NHS Framework	Paragraph renumbered and amended and reference added to the Well-being of Future Generations Act (WBFGA)	Well-being of Future Generations (Wales) Act 2015	Well-being of Future Generations (Wales) Act 2015	Well-being of Future Generations (Wales) Act 2015		
11	n/a	xxiv)	NHS Framework	New paragraph to reflect status of individual organisations as "public bodies" under the Act.	Well-being of Future Generations (Wales) Act 2015	Well-being of Future Generations (Wales) Act 2015	Well-being of Future Generations (Wales) Act 2015		

11	xxi)	xxv)	NHS Framework	Paragraph renumbered and amended to reflect change from Ministerial Letters to Welsh Health Circulars in 2014					
11	xxii)	xxv)	NHS Trust Framework	Paragraph renumbered and reference added to SFI's forming part of SOs and Schedule 2.1					
12	xxiv)	xxvii)	NHS Trust Framework	Paragraph renumbered and reference to para relating to role of Board Secretary updated to xxxv)					
12	xxvi)	xxix)	Applying Standing Orders	Paragraph renumbered and Trust to add title of their local Standards of Behaviour Framework/Policy.					
12	n/a	xxxi)	Applying Standing Orders	Final paragraph regarding failure to comply with standing orders separated from previous paragraph to give emphasis.					
13	xxvii)	xxxv)	The role of the Board Secretary	Additional sentence added to improve grammar					
13	xxvii)	xxxv)	The role of the Board Secretary	Paragraph amended to reflect provisions within Model Role Profile issued in 2009					
15	Section B : Standing Orders								
15	1.0.1	1.0.1	The Trust	Velindre - additional paragraph to reflect addition of Wales Infected Blood Support Scheme [article 3(2)(f) amendment]	Velindre NHS Trust (Establishment) Amendment Order 1999, Article 3 (2)(a) & (b), amended 2002 and Article 3(2) (c) added, amended 2012, and Article 3(2)(d) & (e) added, amended 2017 and Article 3(2)(f) added			✓	
15	1.0.1	1.0.1	The Trust	WAST - additional paragraphs to reflect status as National Contact Point under EU legislation and access to information and triage services.		WAST (Establishment) Order 1998 (as amended)		✓	
16	1.0.1	1.0.1	The Trust	PHW - no amendments			Public Health Wales (Establishment Order) 2009	✓	
17	1.0.2	1.0.2	The Trust	Minor amendments to reflect citation of legislation	Velindre NHS Trust (Establishment) Amendment Order 1999 (as amended)	WAST (Establishment) Order 1998 (as amended)	Public Health Wales (Establishment Order) 2009	✓	

17	1.1.1	1.1.1	Membership of the Trust	No amendments	The National Health Service Trusts (Membership and Procedure) Regulations 1990, amended Velindre National Health Service Trust (Establishment) Order 1993, Amendment Order 2002, Amendment (No. 2) Order 2002 and Amendment) Order 2018	The National Health Service Trusts (Membership and Procedure) Regulations 1990, amended by Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998 and (Amendment) Order 2009	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, as amended in 2011 and 2016	✓	
17	1.1.3	1.1.3	Membership of the Trust	Amendment to reflect arrangements for appointment of all non-officer members only.	NHS Trust (Membership and Procedure)Regulations 1990, Reg 3(2)	NHS Trust (Membership and Procedure)Regulations 1990, Reg 3(2)	PHW Public Health Wales Membership Regs 2009, Regulation 3(1)	✓	
18	n/a	1.1.4	Membership of the Trust	New paragraph to confirm appointment arrangements for Chief Executive	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 3(2) and 17	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 3(2) and 17	PHW Public Health Wales Membership Regs 2009, Regulation 3(1) and 21	✓	
18	n/a	1.1.5	Membership of the Trust	New paragraph to confirm appointment arrangements for Executive Directors	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 3(2) and 18	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 3(2) and 18	PHW Public Health Wales Membership Regs 2009, Regulation 3(1) and 22	✓	
18	1.1.4	1.1.6	Membership of the Trust	<i>Executive Directors</i> - Paragraph renumbered and minor amendments to improve grammar	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 4(1)	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 4(1)	PHW Public Health Wales Membership Regs 2009, Regulation 4	✓	
18	1.1.5	1.1.7	Membership of the Trust	<i>Non-Executive Directors (to be known as Independent Members)</i> - Paragraph renumbered and amendments to reflect changes numbers or designation of Non-Executive Directors	Velindre NHS Trust (Establishment) Order, Article 4, as amended in 2002 and 2018	Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998, Article 4, as amended in 2009	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, as amended in 2011 and 2016	✓	
19	1.1.6	1.1.8	Membership of the Trust	Use of Term Independent Member - paragraph renumbered and correction of minor typographical correction					

19	1.2	1.2	Joint Directors	No amendments	The National Health Service Trusts (Membership and Procedure) Regulations 1990, Part 2 Regulation 6	The National Health Service Trusts (Membership and Procedure) Regulations 1990, Part 2 Regulation 6	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Part 2 Regulation 7	✓	
19	1.3	1.3	Tenure of Board Members	Amendments to sections as specified below, otherwise no change.	See below			✓	
19	1.3.1	1.3.1	Tenure of Board Members	Public Health Wales - Amendment to make clearer that time served relates to positions held on the Board even if these are different positions. Note: Limitation of 8 years does not apply under the NHS (Membership and Procedure Regulations 1990, therefore no limitation for Velindre and WAST	The National Health Service Trusts (Membership and Procedure) Regulations 1990, Part 2 Regulation 6	The National Health Service Trusts (Membership and Procedure) Regulations 1990, Part 2 Regulation 6	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Part 2, Regulation 8(1) and 14(3)	✓	
20	1.3.2	1.3.2	Tenure of Board Members	No amendments	NHS Trust (Membership and Procedure) Regulations 1990, Regulation 7(2)	NHS Trust (Membership and Procedure) Regulations 1990, Regulation 7(2)	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Part 2, Regulation 8(2)	✓	
20	1.3.3	1.3.3	Tenure of Board Members	Reference to Regulations deleted as these are only specific to Non-Executive Directors					
21	n/a	1.4.4	Responsibilities of Board Members	Paragraph moved from page 9, xvi) (see above)					
21	1.4.3-1.4.8	1.4.5-1.4.10	Responsibilities of Board Members	Paragraphs renumbered due to above insertion.					
22	2.0.3	2.0.3	Reservation and Delegation of Trust Functions	Paragraph re-worded to reflect responsibilities when working with other Trusts and Local Health boards					
Previously page 22	2.0.4	4	NHS Wales Shared Services	Information updated, deleted from this section and moved to Section 4, page 26.					
23	2.2.1	2.2.1	Delegation of Board functions	'shall' replaced with 'may' as 'shall' implies that the board must delegate.					
				Sentence added to re-enforce that some functions cannot be delegated as issued under direction					
23	2.2.2	2.2.2	Delegation of Board functions	'shall' replaced with 'may' as 'shall' implies that the board must delegate.					
24	2.3.1	2.3.1	Delegation to officers	'will' replaced with 'may' as 'will' implies that the board must delegate.					
24	2.3.2	2.3.2	Delegation to officers	Correction of typographical error					

24	3	3	Committees		NHS Trust (Membership and Procedure)Regulation s 1990, Part 3, Regulation 15	NHS Trust (Membership and Procedure)Regulation s 1990, Part 3, Regulation 15	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Part 3 Regulation 19	✓	
25	3.4.1	3.3.1	Committees	Paragraph renumbered and inserted [as appropriate] after Charitable Funds Committee as PHW do not have a charity					
25	3.4.2	3.3.2	Committees	Paragraph renumbered and sub-paragraph deleted to avoid duplication.					
25	3.4.3	3.3.3	Committees	Paragraph renumbered and sentence deleted to avoid duplication.					
25 - 26	3.4.4 & 3.4.5	3.3.4 & 3.3.5	Committees	Paragraphs renumbered					
26	3.4.6	3.3.6	Committees	Paragraph renumbered and 'normally' removed after discussion with Board Secretaries to avoid confusion Paragraphs deleted in 3.4.2 and 3.4.3 added to this section					
26	3.6.1	3.4.1	Other Committees	Paragraph renumbered					
26	3.7.1	3.5.1	Confidentiality	Paragraph renumbered					
26	3.8.1	3.6.1	Reporting activity to the Board	Paragraph renumbered					
26 - 27	2.0.4	4	Shared Services	Section moved from earlier in SOs to improve flow					
27	4	5	Advisory Groups	All subsequent paragraphs renumbered as NHS Wales Shared Services Partnership moved to section 4.					✓ - requirement for Local Partnership Forum
27	4.1.1	5.1.1	Advisory Groups	Paragraph renumbered and 'Local Partnership Forum added as the only Advisory Group relevant to Trusts					
28 - 30	4.2 - 4.12	5.2 - 5.8.3	Terms of Reference and Operating Arrangements	Section amended to avoid duplication with Terms of Reference and to ensure consistency with flow of LHB SOs					
30	4.12.4	5.8.4	Advisory Groups	Paragraph renumbered and correction of typographical error - LPG to LPF					
30	n/a	5.8.5	Local Partnership Forum	Line added regarding need to refer to Schedule 4 for detailed Terms of Reference					
30	5.0.1	6.0.1	Working in Partnership	Paragraph renumbered and language modernised to compliment A Healthier Wales and changes in legislation re plans					
30	5.0.2	6.0.2	Working in Partnership	Paragraph renumbered and Local Service Boards replaced with Regional Partnership Boards					

31	n/a	6.0.3	Working in Partnership	New paragraph added to reflect the SSWB and WBFG requirements					
31	5.1.1	6.1.1	Community Health Councils	Paragraph renumbered and amended to reflect updated legislation	Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010/Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010 Amended by Community Health Councils (Constitution, Membership and Procedures) (Wales) (Amendment) Regulations 2015			✓	
32	5.1.5	6.1.5	Community Health Councils	Paragraph renumbered No amendment - Board shall make arrangements to meet with CHC Note - Trusts are not under a requirement to meet under Regulation 30 - this applies to LHBs only				✓	
32	6.1.1	7.1.1	Putting the Citizen First	Paragraph renumbered and wording amended in response to comments from WAO and new Welsh Language requirements	Section 44, Welsh Language (Wales) Measure 2011			✓	
33	6.2.4	7.2.4	Annual Plan of Board Business	Paragraph renumbered and amended to say that plan should be published on internet and not as part of SOs					
33	6.2.5	7.2.5	Annual General Meeting	Paragraph renumbered and amended to include need to publish on website. Original intention to remove need to publish at organisations offices but this is required by legislation so not permitted.	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4	✓			
33	n/a	7.2.6	Annual General Meeting	Added paragraph re information which must be presented to AGM to ensure consistency with Manual for Accounts					
34	n/a	7.2.7	Annual General Meeting	New paragraph added re submitting record of meeting to next ordinary meeting of Board to ensure consistency with LHB SOs					

34	6.3	7.3	Calling Meetings	Paragraph renumbered - 7.3.2 specifies timescale for notice when calling a meeting which is applicable under some circumstances	NHS Trust (Membership and Procedure)Regulations 1990, Schedule	NHS Trust (Membership and Procedure)Regulations 1990, Schedule	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Schedule 2, 2(1)	✓	
34	6.4.3	7.4.3	Notifying and Equipping Board members	Paragraph renumbered and 'calendar' added to clarify number of days for advance publication of papers. Regulations specify 'clear' days but Board Secretaries preferred term 'calendar' Note - Trust Regs state 3 days, PHW Regs state 10 days	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 2(3)	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 2(3)	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Schedule 2, 2(3)	✓	
35	6.4.4	7.4.4	Notifying and Equipping Board members	Paragraph renumbered and amended to reflect need for additional impact assessments. Previously only referred to equality					
35	6.4.6	7.4.6	Notifying and Equipping Board members	Paragraph renumbered - Paragraph relates to Board members calling meetings	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 2(5)	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 2(5)	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Schedule 2, 2(5)	✓	
35	6.4.7	7.4.7	Notifying the public and others	Paragraph renumbered and 'calendar' added to clarify number of days for advance notice papers and ensure consistency with 6.4.3.	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4	✓	
35	6.5.1	7.5.1	Admission of the public, press and observers	Paragraph renumbered and deleted reference to induction loop - there are a number of alternative means for improving accessibility and adding this reference does not reflect this					
36	6.5.2	7.5.2	Admission of the public, press and observers	Paragraph renumbered and committees added to reflect legislation Note: Letter issued in November 2009 advising that Audit Committees should 'operate in private'	Public Bodies (Admission to meetings) Act 1960, Section 1	Public Bodies (Admission to meetings) Act 1960, Section 1	Public Bodies (Admission to meetings) Act 1960, Section 1	✓	
37	6.5.10	7.5.10	Quorum	Paragraph renumbered	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 3(5)	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 3(5)	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Schedule 2, 3(5)	✓	
39	6.5.24	7.5.24	Voting	Paragraph renumbered and 'organisations' added following comments from WAO Note: Legislation does not require Trusts to take account of views					

40	6.5.25	7.5.25	Voting	Paragraph renumbered. Paragraph refers to majority voting	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 3(3)	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 3(3)	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Schedule 2, 3(3)	✓	
40	6.6	7.6	Record of Proceedings	Paragraph renumbered and some amendments to some sub-sections	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 3(4) and 3(6)	NHS Trust (Membership and Procedure)Regulations 1990, Schedule, 3(4) and 3(6)	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Schedule 2, 3(4) and 3(6)		
40	6.6.2	7.6.2	Record of Proceedings	Paragraph renumbered and Data Protection Legislation updated					
40	6.7.1	7.7.1	Confidentiality	Paragraph renumbered. Trust to add title of their local Standards of Behaviour Framework/Policy					
40	7.0.1	8.0.1	Values and Standards of Behaviour	Paragraph renumbered. Trust to add title of their local Standards of Behaviour Framework/Policy					
41	7.1.1	8.1.1	Declaration of Interests	Paragraph renumbered and Trust to add title of their local Standards of Behaviour Framework/Policy and reference to reporting to Chair and Board Secretary added to reflect practice					
43	7.2.8	8.2.8	Members with pecuniary (financial) interests	Paragraph renumbered	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 20	NHS Trust (Membership and Procedure)Regulations 1990, Regulation 20	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Regulation 24	✓	
44	7.5	8.5	Dealing with offers of gifts, hospitality and sponsorship	Paragraph renumbered and extended to include reference to sponsorship following discussions with Board Secretaries Network					
44	7.5.1	8.5.1	Dealing with offers of gifts, hospitality and sponsorship	Trust to add title of their local Standards of Behaviour Framework/Policy and requirement for Board to 'approve' rather than 'adopt'					
44	7.5.3	8.5.3	Dealing with offers of gifts and hospitality	Paragraph renumbered and re Frequency - Additional paragraph added to ensure consistency with LHB SOs					
45	n/a	8.6	Sponsorship	New section added					
45	7.6, 7.6.1 and 7.6.2	8.7, 8.7.1 and 8.7.2	Register of Gifts, Hospitality and Sponsorship	Paragraphs renumbered and reference to sponsorship added					
46	7.6.3	8.7.3	Register of Gifts and Hospitality	Paragraph renumbered and wording added to ensure clear paragraph refers gifts and hospitality only and cross reference updated from 7.5.3 to 8.5.3					

46	7.6.5	8.7.5	Register of Gifts and Hospitality	Paragraph renumbered and wording added to refer to Sponsorship					
46	8.0.1	9.0.1	Signing and Sealing of Documents	Paragraph renumbered and reference to Committees removed as they do not have authority to seal documents	Schedule 3, Part 4, Para 33 of NHS (Wales) Act 2006 re Trusts. Does not appear to be a corresponding requirement for LHBs			✓	
47	8.0.2	9.0.2	Signing and Sealing of Documents	Paragraph renumbered	Schedule 3, Part 4, Para 33(1) of NHS (Wales) Act 2006 re Trusts			✓	
47	8.2.1	9.2.1	Signature of documents	Paragraph renumbered and removed word 'normally' after discussions with Board Secretaries Network					
47	9.0.3	10.0.3	Gaining Assurance on Conduct of Trust Business	Paragraph renumbered and reference to Shared Services amended with correct title of NWSSP					
48	n/a	10.0.4	Gaining Assurance on Conduct of Trust Business	Paragraph added to reference arrangements with WHSSC and EASC as an attendee					
48	n/a	10.0.5	Gaining Assurance on Conduct of Trust Business	Paragraphs added to strengthen need to gain assurance when services delivered by others on behalf of the Trust					
49	9.2.3	10.2.3	Reviewing the performance of the Board, its Committees and Advisory Groups	Paragraph renumbered and title of Welsh Government updated					
49	9.3.1	10.3.1	External Assurance	Paragraph renumbered and amended to provide correct terminology for Audit General for Wales					
49	9.3.3	10.3.3	External Assurance	Paragraph renumbered and amended to reflect correct title of Public Accounts Committee					
49	9.3.4	10.3.4	External Assurance	Paragraph renumbered and reference to legislation removed on advice of WAO					
50	11.0.1	12.0.1	Review of Standing Orders	Paragraph renumbered and reference to equality removed to reflect widening of impact assessments					
50	11.0.2	12.0.2	Review of Standing Orders	As above					
55			Individuals to who powers have been delegated	'normally' removed after discussions with Board Secretaries Network					
57		5	Schedule of Matters Reserved for the Board	LHB to add title of their local Standards of Behaviour Framework/Policy					

58		17	Schedule of Matters Reserved for the Board	Amended to say Board will 'ratify' appointment etc. of Executive Directors in accordance with regulations	NHS Trust (Membership and Procedure)Regulation s 1990, Regulation 3(3)	NHS Trust (Membership and Procedure)Regulation s 1990, Regulation 3(3)	The Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009, Regulation 3(2)	✓	
64			NHS Framework	Amended to reflect re-introduction of Welsh Health Circulars in 2014					
64			Schedule 2	Reference to SFIs forming Schedule 2.1 added together with page for addition of SFIs					
67 - 75		Schedule 4	Advisory Groups	Text added from main SOs and Model Terms of Reference to strengthen Terms of Reference and avoid duplication					✓ - requirement for Local Partnership Forum

Review of Welsh Health Specialised Services Standing Orders, Schedule 4.1, Local Health Board Model Standing Orders – September 2019
Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

Page Number	Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation	Requirement of legislation – local amendment not permissible	Issued under Direction – local amendment not permissible
2	1	1	Forward	Paragraph added to reflect need to make SOs in accordance with Directions issued by Ministers - to ensure consistency with LHB/Trust SOs Change to legal citation to ensure consistent style across SOs Correction of typographical error Note: When making SOs must also be regard to legislation	WHSSC (Wales) Regulations, Part 3, Regulation 12 and The LHB (Constitution, Membership and Procedures) Regulations, Regulation 14(b) and 15(5)	✓	
2	2	2	Forward	Name of host body changed throughout to Cwm Taf Morgannwg University Local Health Board (CTMUHB)			
7	Section A - Introduction						
7	i)	i)	Statutory Framework	Amendment made to reflect the establishment of Emergency Ambulance Services Committee which led to amendment of the WHSSC Directions	Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014	✓	
7	iv) & v)	iv) & v)	Statutory Framework	Amendment to ensure consistency of legal citation	NHS (Wales) Act 2006, para 4 of Schedule 2	✓	
8	viii)	viii)	Statutory Framework	As above			
8	xi)	xi)	NHS Framework	Amendment to reflect current name of Welsh Government and to improve grammar			

8	xiv)	xiv)	NHS Framework	Paragraph amended and reference added to the Well-being of Future Generations Act (WBFGA) Removed reference to "restructured" NHS	Well-being of Future Generations (Wales) Act 2015	✓	
9	n/a	xv)	NHS Framework	New paragraph to reflect the need to meet the requirements of the WBFGA	Well-being of Future Generations (Wales) Act 2015	✓	
9	xv)	xvi)	NHS Framework	Paragraph renumbered due to above insertion and amended to reflect change from Ministerial Letters to Welsh Health Circulars in 2014			
9 to 11	xvi) to xxv)	xvii) to xxv)	Joint Committee Framework	Paragraphs renumbered following addition of new paragraph above.			
11	xxv)	xxvi)	Role of Committee Secretary	Italics removed for the 'Committee Secretary' as this does not require emphasis.			
12	Section B : WHSSC Standing Orders						
12	1.1	1.1	Purpose and Delegated Functions	Refer to legislation before making amendments	The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009	✓	
12	n/a	1.1.3	Purpose and Delegated Functions	Added new paragraph to ensure LHBs ensure Chief Executive is equipped to represent the views of the Board and has the relevant delegated authority			
13	1.1.4	1.1.5	Purpose and Delegated Functions	Paragraph renumbered and amendment following issuing of Ministerial Direction re no-longer a requirement to ensure unanimous decision for funding decisions			✓ MA-P /VG/3794/18 - 121118
13	1.1.5 & 1.1.6	1.1.6 & 1.1.7	Purpose and Delegated Functions	Paragraphs renumbered due to above insertion.			

13	1.2	1.2	Membership of Joint Committee	Refer to legislation before making amendments	The WHSSC (Wales) Directions 2009, 5.1 and The WHSSC (Wales) Regulations 2009, Part 2	✓	
13	1.2.1	1.2.1	Membership of Joint Committee	Refer to legislation before making amendments	The WHSSC (Wales) Regulations 2009 Regulation 4(1) & 4(2)	✓	
13	1.2.2	1.2.2	Membership of Joint Committee	<u>Non Officer Members [to be known as Independent Members]</u> - No amendments, refer to legislation before making amendments	The WHSSC (Wales) Regulations 2009 Regulation 4(3)	✓	
13	1.2.3	1.2.3	Membership of Joint Committee	<u>Chief Executives</u> - No amendments, refer to legislation before making amendments	The WHSSC (Wales) Regulations 2009 Regulation 3(1)	✓	
14	1.2.4 & 1.2.5	1.2.4 & 1.2.5	Membership of Joint Committee	<u>Officer Members</u> - No amendments, refer to legislation before making amendments	The WHSSC (Wales) Regulations 2009 Regulation 3(1)(d) & 3(2)	✓	
14	1.2.6	1.2.6	Membership of Joint Committee	<u>Associate Members</u> - No amendments, refer to legislation before making amendments	The WHSSC (Wales) Regulations 2009 Regulation 3(3)	✓	
14	1.2.7	1.2.7	Membership of Joint Committee	<u>In Attendance</u> - correction of typographical error			
14	1.2.8	1.2.8	Membership of Joint Committee	<u>Use of term independent member</u> - correction of typographical error			
15 - 16	1.3.7 & 1.3.8	1.3.7 & 1.3.8	Membership responsibilities and accountabilities	<u>Vice-Chair</u> - correction of typographical error	The WHSSC (Wales) Regulations 2009 Regulation 13	✓	
16	1.3.9	1.3.9	Membership responsibilities and accountabilities	<u>Non-Officer Members</u> - correction of typographical error			

16	1.3.11	1.3.11	Membership responsibilities and accountabilities	Correction of typographical error			
16	1.4.1	1.4.1	Appointment and Tenure of Joint Committee Members	<u>Chair</u> - No amendments	The WHSSC (Wales) Regulations 2009 Regulation 6	✓	
16	1.4.2	1.4.2	Appointment and Tenure of Joint Committee Members	<u>Vice Chair and Independent Members</u> - No amendments	The WHSSC (Wales) Regulations 2009 Regulation 7	✓	
17	1.4.4	1.4.4	Appointment and Tenure of Joint Committee Members	<u>WHSSC Directors</u> - no amendments	The WHSSC (Wales) Regulations 2009 Regulation 4 (3)	✓	
17	1.4.5	1.4.5	Appointment and Tenure of Joint Committee Members	Correction of typographical error			
17	1.4.6	1.4.6	Tenure of Board Members	Refer to legislation before making amendments	The WHSSC (Wales) Regulations 2009, Regulations 6, 7, 8 & 11	✓	
17	2	2	Responsibilities and Relationships with each LHB Board and the Host LHB and Others	Refer to legislation before making amendments	The WHSSC (Wales) Directions 2009, 3		
17	2.0.1	2.0.1	Responsibilities and Relationships with each LHB Board and the Host LHB and Others	Amendment to reflect current name of Welsh Government and to improve grammar			
21	4.1 - 3.6.1	4.1, 4.1.1	Joint Sub-Committees	Numbering amended to correct previous error			
21	4.2.2	4.2.2	Joint Sub-Committees	Amended from 3 months to 6 weeks to ensure consistency with para 8.2.2			

22	5.1.2	5.1.2	Reporting Activity	Amended from 1 month to 6 weeks to ensure consistency with paras 4.2.2 and 8.2.2			
23	6.1.1	6.1.1	Putting the Citizen First	Wording amended in response to comments from WAO and new Welsh Language requirements	Section 44, Welsh Language (Wales) Measure 2011	✓	
23	6.2.1	6.2.1	Working with Community Health Councils	Amended as the responsibility rests with the LHB and not the Joint Committee – CHC members are not invited to attend Joint Committee meetings			
24	6.3.4	6.3.4	Annual Plan of Committee Business	Amended to say that plan should be published on internet and not as part of SOs			
24	6.5.3	6.5.3	Notifying and Equipping Board members	'calendar' added to clarify number of days for advance publication of papers. Regulations specify 'clear' days but Board Secretaries preferred term 'calendar'	The LHB (Constitution, Membership and Procedures) Regulations 2009, Schedule 3, 2(3)	✓	
25	6.5.4	6.5.4	Notifying and Equipping Board members	Paragraph amended to reflect need for additional impact assessments. Previously only referred to equality		✓	
25	6.5.7	6.5.7	Notifying the public and others	'calendar' added to clarify number of days for advance notice papers and ensure consistency with 6.5.3. Requirements of SO and not Regulations	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4		
26	6.6.1	6.6.1	Admission of the public, press and observers	Deleted reference to induction loop - there are a number of alternative means for improving accessibility and adding this reference does not reflect this			
26	6.6.2	6.6.2	Admission of the public, press and observers	Paragraph centred	The LHB (Constitution, Membership and Procedures) Regulations 2009, Schedule 3, 8	✓	

27	6.6.8	6.6.8	Conducting Joint Committee Meetings	Correction of typographical errors			
27	6.6.11	6.6.11	Quorum	Amendment following issuing of Ministerial Direction re ability of Chief Executive to nominate a deputy to represent them and vote on their behalf. To contribute towards quorum and exercise vote the deputy must be an Executive Director.			✓ MA-P /VG/3794/18 - 121118
28	6.6.11	6.6.12	Quorum	Due to above revision necessary to split paragraph to reflect different arrangements for Officers of WHSST			✓ MA-P /VG/3794/18 - 121118
28	6.6.12	6.6.13	Quorum	Amendment to reflect above revised arrangements and paragraph renumbered			✓ MA-P /VG/3794/18 - 121118
28 - 29	6.6.13-6.6.16	6.6.14-6.6.17	Dealing with Motions	Amendments to paragraph numbering			
29	6.6.17	6.6.18	Dealing with Motions	Correction of typographical errors			
29	6.6.18-6.6.22	6.6.19-6.6.23	Dealing with Motions	Amendments to paragraph numbering			
29	6.6.23	6.6.24	Voting	Correction of typographical errors			
30	6.6.24	6.6.25	Voting	organisations' added following comments from WAO and to ensure consistency with LHB SOs Reference to CHC representatives removed as responsibility rests with the LHB and not the Joint Committee – CHC members are also not invited			
30	6.6.25 & 6.6.26	6.6.26 & 6.6.27	Voting	Amendments to reflect above revised arrangements and paragraph renumbered			✓ MA-P /VG/3794/18 - 121118

30	6.7	6.7	Record of Proceedings	No amendments	The LHB (Constitution, Membership and Procedures) Regulations 2009, Schedule 3, 5 & 7	✓	
31	6.8.1	6.8.1	Confidentiality	WHSSC to add title of their local Standards of Behaviour Framework/Policy			
32	7.1.5	7.1.5	Register of Interests	Amended to say the register 'may' be published to ensure consistency with LHB and Trust SOs			
33	7.2.3	7.2.3	Dealing with members interests during Joint Committee meetings	Correction to ensure correct terminology for Welsh Ministers			
34	7.2.8	7.2.8	Dealing with members interests during Joint Committee meetings	Full title of regulations added for clarity	The LHB (Constitution, Membership and Procedures) Regulations 2009, Part 3, Regulation 17	✓	
34	7.5	7.5	Dealing with offers of gifts, hospitality and sponsorship	Extended to include reference to sponsorship following discussions with Board Secretaries Network			
34	7.5.1	7.5.1	Dealing with offers of gifts, hospitality and sponsorship	WHSST to add title of their local Standards of Behaviour Framework/Policy			
35	7.5.3	7.5.3	Dealing with offers of gifts and hospitality	Frequency - reference to sport removed as specifically prohibited in LHB policies			
36	n/a	7.6	Sponsorship	New section added			
36	7.6	7.7, 7.7.1 and 7.7.2	Register of Gifts, Hospitality and Sponsorship	Reference to sponsorship added			
36	7.6.3	7.7.3	Register of Gifts and Hospitality	Wording added to ensure clear paragraph refers gifts and hospitality only			
37	7.6.5	7.7.5	Register of Gifts and Hospitality	Wording added to refer to sponsorship			

38	8.2.1	8.2.1	Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups	Number 6 replaced with word 'six' as below ten			
38	8.2.3	8.2.3	Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups	Title of Welsh Government updated			
38	8.3.1	8.3.1	External Assurance	Amended to provide correct terminology for Audit General for Wales			
39	8.3.3	8.3.3	External Assurance	Amended to reflect correct titles for organisations.			
39	8.3.4	8.3.4	External Assurance	Reference to legislation removed on advice of WAO			
40	10.0.1	10.0.1	Review of Standing Orders	Added need for LHBS to "approve" and not only consider WHSSC SOs. Reference to equality removed to reflect widening of impact assessments			
42	i) & ii)	i) & ii)	Model Scheme of Reservation of Powers	Reference to Joint Committee and Advisory Groups added to reflect arrangements for WHSSC			
42	Bullet Point 2	Bullet Point 2	Model Scheme of Reservation of Powers	Amended to refer to sub-Committees and sub-Groups			
43	Bullet Point 2	Bullet Point 2	Deciding What to Retain and What to Delegate	Title of Welsh Government updated			

43	Bullet Point 7	n/a	Deciding What to Retain and What to Delegate	Sentence deleted as WHSSC is not a statutory body in its own right but a joint committee of the LHBs			
46	4	4	Schedule of Matters Reserved for the Committee	Amended arrangements for approval of SOs etc. as these are for approval by the LHBs and not WHSSC			
51	34 & 35	34 & 35	Schedule of Matters Reserved for the Committee	Title of Welsh Government updated			
52	n/a	n/a	Delegation to sub-Committees and others	Heading amended to read sub-Committees			
54	n/a	n/a	NHS Wales Framework	Amended to reflect re-introduction of Welsh Health Circulars in 2014			
55	n/a	n/a	Annex 3	Amended to refer to sub-Committees			

Review of Emergency Ambulance Services Committee Standing Orders, Schedule 4.2, Local Health Board Model Standing Orders – September 2019

Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

***NOTE: Model SOs not previously issued by WG. Amendments reflect changes to SOs previously adapted by EASC from WHSSC SOs**

Page Number	*Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation	Requirement of legislation – local amendment not permissible	Issued under Direction – local amendment not permissible
2	1	1	Forward	Paragraph added to reflect need to make SOs in accordance with Directions issued by Ministers - to ensure consistency with LHB/Trust SOs Change to legal citation to ensure consistent style across SOs Correction of typographical error Note: When making SOs must also be regard to legislation	EASC (Wales) Regulations, Part 3, Regulation 10 and The LHB (Constitution, Membership and Procedures) Regulations, Regulation 14(b) and 15(5)	✓	
2	2	2	Forward	Name of host body to be inserted			
7	Section A - Introduction						
7	i)	i)	Statutory Framework	Legislation updated to ensure includes reference to 2016 amendments	EASC (Wales) Directions 2014, EASC (Wales) (Amendment) Directions 2016 and EASC (Wales) Regulations 2014	✓	
7	iv) & v)	iv) & v)	Statutory Framework	Amendment to ensure consistency of legal citation and reference to Ministers and not Cabinet Secretaries	NHS (Wales) Act 2006, para 4 of Schedule 2	✓	

8	viii)	viii)	Statutory Framework	Amendment to ensure consistency of legal citation and correction as Directions previously referred to when should have been Regulations.	EASC (Wales) Regulations 2014 and The LHB (Constitution, Membership and Procedures) Regulation 2009	✓	
8	x)	x)	Statutory Framework	Name of host body to be inserted			
8	xi)	xi)	NHS Framework	Amendment to reflect current name of Welsh Government and to improve grammar			
8	xiv)	xiv)	NHS Framework	Paragraph amended and reference added to the Well-being of Future Generations Act (WBFGA) Removed reference to "restructured" NHS	Well-being of Future Generations (Wales) Act 2015	✓	
8	n/a	xv)	NHS Framework	New paragraph to reflect the need to met the requirements of the WBFGA	Well-being of Future Generations (Wales) Act 2015	✓	
9	xv)	xvi)	NHS Framework	Paragraph amended to reflect change from Ministerial Letters to Welsh Health Circulars in 2014			
9	xvi)	xvii)	Joint Committee Framework	Change of name of host body			
9	xvii)	xviii)	Joint Committee Framework	Paragraph renumbered following addition of new paragraph above			
9	xviii)	xix)	Joint Committee Framework	Amended to refer to team of EASC and not Committee			
9	xix)	xx)	Applying EASC Standing Orders	Removed reference to "as per host body" as this is CTM specific and another host may choose different arrangements			
10	xx)	xxi)	Applying EASC Standing Orders	Name of host body to be inserted			
10&11	xxi)-xxv)	xxii)-xxvi)	Applying EASC Standing Orders	Paragraphs renumbered			
11	xxvi)	xxvii)	Role of Committee Secretary	Italics removed for the 'Committee Secretary' as this does not require emphasis.			

12	Section B : EASC Standing Orders						
12	1.1	1.1	Purpose and Delegated Functions	Refer to legislation before making amendments	EASC (Wales) Directions 2014, EASC (Wales) (Amendment) Directions 2016 and EASC (Wales) Regulations 2014	✓	
12	n/a	1.1.3	Purpose and Delegated Functions	Added new paragraph to ensure LHBs ensure Chief Executive is equipped to represent the views of the Board and has the relevant delegated authority			
12	1.1.3	1.1.4	Purpose and Delegated Functions	Paragraph renumbered following addition of new paragraph above			
13	1.1.4	1.1.5	Purpose and Delegated Functions	Amendment following issuing of Ministerial Direction re no-longer a requirement to ensure unanimous decision for funding decisions			✓ MA-P /VG/3794/18 - 121118
13	1.1.5 & 1.1.6	1.1.6 & 1.1.7	Purpose and Delegated Functions	Paragraphs renumbered due to above insertion.			
13	1.2	1.2	Membership of Joint Committee	Refer to legislation before making amendments	EASC (Wales) Directions 2014, 5(1), EASC (Wales) (Amendment) Directions 2016 and EASC (Wales) Regulations 2014, Part 2, Regulation 3	✓	
13	1.2.1	1.2.1	Membership of Joint Committee	Added reference to Chief Executive alongside Chief Officer also typographical error for Vice-Chair	EASC (Wales) Regulations 2014, Regulation 3(1)	✓	

13	1.2.2	1.2.2	Membership of Joint Committee	<u>Chief Officer or Nominated Deputy</u> - amendment to specify that nominated deputy should be an Executive Director	The EASC (Wales) Regulations 2014, Regulation 3(1)(a) and 3(4)	✓	✓ MA-P /VG/3794/18 - 121118
13	1.2.3	1.2.3	Membership of Joint Committee	Name of host body to be inserted			
13	n/a	1.2.4	Membership of Joint Committee	New paragraph added regarding arrangements if the Chief Ambulance Services Commissioner is shared to ensure consistency with LHB arrangements and equality legislation			
14	1.2.4	1.2.5	Membership of Joint Committee	<u>Associate Members</u> - Amendments to ensure consistency with wording within WHSC SOs and paragraph renumbered due to additional paragraph above	The EASC (Wales) Regulations 2014, Regulation 3(3)	✓	
14	1.2.5	1.2.6	Membership of Joint Committee	<u>In Attendance</u> - correction of typographical error and paragraph renumbered			
14	1.3.5	1.3.5	Membership responsibilities and accountabilities	Cabinet Secretary changed to Minister for Health and Social Services	The EASC (Wales) Regulations 2014, Regulation 4(1)	✓	
15	1.3.6 & 1.3.7	1.3.6 & 1.3.7	Membership responsibilities and accountabilities	<u>Vice-Chair</u> - correction of typographical error	The EASC (Wales) Regulations 2014, Regulation 4(2)	✓	
15	1.4.1	1.4.1	Appointment and Tenure of Joint Committee Members	<u>Chair</u> - Title of Cabinet Secretary changed to Minister	The EASC (Wales) Regulations 2014, Regulation 4(1)	✓	
15	1.4.2	1.4.2	Appointment and Tenure of Joint Committee Members	<u>Vice-Chair</u> - amended to ensure consistency with Regulations	The EASC (Wales) Regulations 2014, Regulation 4(2) and 7	✓	

15	n/a	1.4.3	Appointment and Tenure of Joint Committee Members	<u>Vice-Chair</u> - paragraph added to reflect tenure of Vice-Chair due to unique position of them also being a Chief Officer.	The EASC (Wales) Regulations 2014, Regulation 7(5)	✓	
15	1.4.3	1.4.4	Appointment and Tenure of Joint Committee Members	Paragraph renumbered following addition of new paragraph above			
15	1.4.4	1.4.5	Appointment and Tenure of Joint Committee Members	Paragraph renumbered following addition of new paragraph above	The WHSSC (Wales) Regulations 2009, Regulation 5	✓	
16	2	2	Responsibilities and Relationships with each LHB Board and the Host LHB and Others	Refer to legislation before making amendments	EASC (Wales) Directions 2014, EASC (Wales) (Amendment) Directions 2016 and EASC (Wales) Regulations 2014	✓	
16	2.0.1	2.0.1	Responsibilities and Relationships with each LHB Board and the Host LHB and Others	Amendment to reflect current name of Welsh Government and to improve grammar			
17	3.1.2	3.1.2	Chairs Action on Urgent Matters	Original text was contradictory as the Lead Chief Officer is also the Vice-Chair. Amended to recognise role of Assistant Chief Ambulance Services Commissioner in these circumstances.			
17	3.2	3.2	Delegation to Joint Committee Sub-Committees and others	Amended to ensure consistency with WHSSC SOs			
17	3.2.1 & 3.2.2	3.2.1 & 3.2.2	Delegation to Joint Committee Sub-Committees and others	As above			
18	4	4	Joint Committee Sub-Committees and Sub-Groups	Amended to ensure consistency with WHSSC SOs			

18	4.0.1	4.0.1	Joint Committee Sub-Committees and Sub-Groups	Sub-committees added and paragraph numbering added			
18	n/a	4.0.2	Joint Committee Sub-Committees and Sub-Groups	Paragraph numbering added			
18	n/a	4.0.3	Joint Committee Sub-Committees and Sub-Groups	Paragraph numbering added, reference to sub-Committees and need to ensure Quality and Safety and Audit Committee			
18	n/a	4.0.4-4.0.6	Joint Committee Sub-Committees and Sub-Groups	Paragraph numbering added, reference to sub-Committees			
19	n/a	4.0.7	Joint Committee Sub-Committees and Sub-Groups	Paragraph numbering added			
19	n/a	4.0.8	Joint Committee Sub-Committees and Sub-Groups	Added categories of individuals who can be invited to join sub-Committees or sub-Groups and to ensure consistency with WHSSC SOs			
19	n/a	4.0.9	Joint Committee Sub-Committees and Sub-Groups	Paragraph added to ensure consistency with WHSSC and LHB SOs			
19	4.2.1	4.2.1	Reporting Activity to Joint Committee	Reference to sub-Committee added			
19	4.2.2	4.2.2	Reporting Activity to Joint Committee	Reference to sub-Committee added and amended from 3 months to 6 weeks to ensure consistency with WHSSC SOs. Para 5.1.2 also amended.			
20	5.1.2	5.1.2	Reporting Activity	Reference to sub-Committee added and amended from month to 6 weeks to ensure consistency with WHSSC SOs. Para 4.2.2 also amended.			
21	6.1.1	6.1.1	Putting the Citizen First	Wording amended in response to comments from WAO and new Welsh Language requirements	Section 44, Welsh Language (Wales) Measure 2011	✓	
22	6.2.3	6.2.3	Annual Plan of Committee Business	Reference to sub-Committee added			

22	6.2.4	6.2.4	Annual Plan of Committee Business	Amended to say that plan should be published on internet and not as part of SOs			
22	6.4.3	6.4.3	Notifying and Equipping Joint Committee members	10 days in accordance with Regulations. 'calendar' added to clarify number of days for advance publication of papers. Regulations specify 'clear' days but Board Secretaries preferred term 'calendar'	The LHB (Constitution, Membership and Procedures) Regulations 2009, Schedule 3, 2(3)	✓	
23	6.4.4	6.4.4	Notifying and Equipping Joint Committee members	Paragraph amended to reflect need for additional impact assessments. Previously only referred to equality			
23	6.4.7	6.4.7	Notifying the public and others	'calendar' added to clarify number of days for advance notice papers and ensure consistency with 6.4.3.	Public Bodies (Admission to meetings) Act 1960, Section 1, subparagraph 4		
24	6.6.1	6.5.1	Admission of the public, press and observers	Paragraph number corrected and deleted reference to induction loop - there are a number of alternative means for improving accessibility and adding this reference does not reflect this			
24	6.6.2	6.5.2	Admission of the public, press and observers	Paragraph number corrected and reference to representatives of the press leaving centred	The LHB (Constitution, Membership and Procedures) Regulations 2009, Schedule 3, 8	✓	
24	6.6.3 - 6.6.6	6.5.3 - 6.5.6	Admission of the public, press and observers	Paragraph numbers corrected			
25	6.6.7	6.5.7	Admission of the public, press and observers	Reference to sub-committees added			
25	6.6.8	6.5.8	Joint Committee Meetings	Correction of typographical errors			
25	6.6.9	6.5.9	Joint Committee Meetings	Paragraph number corrected			

25	6.6.10	6.5.10	Quorum	Paragraph number corrected and word "four" added as number below ten			
25	6.6.11	6.5.11	Quorum	Amendment of paragraph number and amendment following issuing of Ministerial Direction re ability of Chief Executive to nominate a deputy to represent them and vote on their behalf. To contribute towards quorum and exercise vote the deputy must be an Executive Director.			✓ MA-P /VG/3794/18 - 121118
25	6.6.11	6.5.12	Quorum	Due to above revision necessary to split paragraph to and make minor amendment to reflect different arrangements for Emergency Ambulance Services Commissioner and his staff			✓ MA-P /VG/3794/18 - 121118
26	6.6.12	6.5.13	Quorum	Amendment to reflect above revised arrangements and paragraph renumbered			✓ MA-P /VG/3794/18 - 121118
26	6.6.13	6.5.14	Dealing with Motions	Amendment to reflect above revised arrangements and paragraph renumbered			✓ MA-P /VG/3794/18 - 121118
26	6.6.14	6.5.15	Dealing with Motions	"calendar" added to ensure consistency with number of days mentioned elsewhere and paragraph renumbered			
26	6.6.15	6.5.16	Dealing with Motions	Amendments to paragraph numbering			
27	6.6.16	6.5.17	Dealing with Motions	Amendment to reflect above revised arrangements and paragraph renumbered			✓ MA-P /VG/3794/18 - 121118
27	6.6.17	6.5.18	Dealing with Motions	Correction of typographical errors and paragraph renumbered			
27	6.6.18	6.5.19	Dealing with Motions	Amendment to reflect above revised arrangements and paragraph renumbered			✓ MA-P /VG/3794/18 - 121118
27	6.6.19 - 6.6.21	6.5.20 - 6.5.22	Dealing with Motions	Paragraphs renumbered			

27	6.6.22	6.5.23	Dealing with Motions	Correction of typographical error, addition of sub-committee and paragraph renumbered			
27	6.6.23	6.5.24	Voting	Paragraph renumbered			
28	6.6.24	6.5.25	Voting	organisations' added following comments from WAO and to ensure consistency with LHB SOs			
28	6.6.25 & 6.6.26	6.5.26 & 6.5.27	Voting	Amendments to reflect above revised arrangements and paragraph renumbered			✓ MA-P /VG/3794/18 - 121118
28	6.6	6.6	Record of Proceedings	No amendments	The LHB (Constitution, Membership and Procedures) Regulations 2009, Schedule 3, 5 & 7	✓	
28	6.7.1	6.7.1	Confidentiality	Reference to sub-Committees added			
30	7.2.3	7.2.3	Dealing with members interests during Joint Committee meetings	Correction to ensure correct terminology for Welsh Ministers			
31	7.2.8	7.2.8	Dealing with members interests during Joint Committee meetings	Full title of regulations added for clarity	The LHB (Constitution, Membership and Procedures) Regulations 2009, Part 3, Regulation 17	✓	
32	7.5	7.5	Dealing with offers of gifts, hospitality and sponsorship	Extended to include reference to sponsorship following discussions with Board Secretaries Network			
32	7.5.1	7.5.1	Dealing with offers of gifts, hospitality and sponsorship	EAS Team to add title of their local Standards of Behaviour Framework/Policy			
33	7.5.3	7.5.3	Dealing with offers of gifts and hospitality	Frequency - reference to sport removed as specifically prohibited in LHB policies			
33	n/a	7.6	Sponsorship	New section added			

34	7.6, 7.6.1 & 7.6.2	7.7, 7.7.1 & 7.7.2	Register of Gifts, Hospitality and Sponsorship	Reference to sponsorship added and renumbered due to additional section above.			
34	7.6.3	7.7.3	Register of Gifts and Hospitality	Wording added to ensure clear paragraph refers gifts and hospitality only			
35	7.6.5	7.7.5	Register of Gifts and Hospitality	Wording added to refer to sponsorship			
35	8.2.1	8.2.1	Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups	Number 6 replaced with word 'six' as below ten			
36	8.2.3	8.2.3	Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups	Title of Welsh Government updated			
36	8.3.1	8.3.1	External Assurance	Amended to provide correct terminology for Audit General for Wales			
36	8.3.3	8.3.3	External Assurance	Amended to reflect correct titles for organisations.			
36	8.3.4	8.3.4	External Assurance	Reference to legislation removed on advice of WAO			
37	10.0.1	10.0.1	Review of Standing Orders	Added need for LHBs to "approve" and not only consider EASC SOs. Reference to equality removed to reflect widening of impact assessments			
39	i) & ii)	i) & ii)	Model Scheme of Reservation of Powers	Reference to Joint Committee and Advisory Groups added to reflect arrangements for EASC			

39	Bullet Point 2	Bullet Point 2	Model Scheme of Reservation of Powers	Amended to refer to sub-Committees and sub-Groups			
40	Bullet Point 2	Bullet Point 2	Deciding What to Retain and What to Delegate	Title of Welsh Government updated			
40	Bullet Point 7	n/a	Deciding What to Retain and What to Delegate	Sentence deleted as EASC is not a statutory body in its own right but a joint committee of the LHBs			
42	n/a	n/a	Quality and Safety Committee	Inserted by EASC - no comparable paragraph for WHSSC. Amended to mirror requirements for LHBs and Trusts to establish Quality and Safety Committees but determine name and role.			
44	4	4	Schedule of Matters Reserved for the Committee	Amended arrangements for approval of SOs etc. as these are for approval by the LHBs and not WHSSC			
48	n/a	34 & 35	Schedule of Matters Reserved for the Committee	Title of Welsh Government updated			
49	n/a	n/a	Delegation to sub-Committees and others	Heading amended to read sub-Committees			
51	n/a	n/a	NHS Wales Framework	Amended to reflect re-introduction of Welsh Health Circulars in 2014			
52	n/a	n/a	Annex 3	Amended to refer to sub-Committees			

Review of NHS Wales Local Health Board Model Standing Orders Glossary of Terms – September 2019

Page Number	Term	Amendment	Reason for Amendment (if applicable)	Cross reference to legislation/Guidance
2	Introductory Paragraph	Reference to EASC added	To include reference to EASC	EASC (Wales) Directions 2014, EASC (Wales) (Amendment) Directions 2016 and EASC (Wales) Regulations 2014
2	Accountable Officer	Added reference to Accountable Officer Memorandum being issued, status of Director of Shared Services	To ensure consistency with Trust Glossary of Terms	Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 Managing Welsh Public Money, January 2016
2	Additional Accounting Officer	Term "Additional" added to reflect arrangements for Director General and NHS Wales Chief Executive. Reference added to legislation and role of Permanent Secretary, Welsh Government	To reflect accountability arrangements in Wales	Managing Welsh Public Money, January 2016
3	Annual Plan of Board Business	Sentence added re need to publish on website.	To compliment Standing Orders	NHS Wales Model Standing Orders
	Assembly Government	Deleted due to change in name of body.		
3	Associate Member	EASC added	Reference to EASC	Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 The WHSSC (Wales) Regulations 2009 The EASC (Wales) Regulations 2014
3	Audit Committee	Role of Audit Committee added. EASC added	To provide information regarding the role of the Audit Committee and reference to EASC	NHS Wales Audit Committee Handbook, June 2012
3	Chair	Reference added to EASC and joint-Committee chair amended	To include reference to EASC	Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 The WHSSC (Wales) Regulations 2009 The EASC (Wales) Regulations 2014
4	Chief Executive	Reference to EASC added	To include reference to EASC	Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 The WHSSC (Wales) Regulations 2009 The EASC (Wales) Regulations 2014
4	NHS Wales Chief Executive	Title amended	Amended to ensure current title	
4	Committee	added "one which is"	Amended to ensure paragraph makes sense.	
4	Committee Members	WHSSC deleted	WHSSC removed and added to a later section	
4	Committee Secretary	EASC added	Reference to EASC	WHSSC (Wales) Regulations 2009 EASC (Wales) Regulations 2014
4	Community Health Councils	New section	Reference to Community Health Councils added to ensure consistency with Trust Glossary	Paragraph 1, Schedule 10, National Health Service (Wales) Act 2006
4	Constitution Regulations	WHSSC and EASC Regulations added	Legislation not previously included	Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 The WHSSC (Wales) Regulations 2009 The EASC (Wales) Regulations 2014

4	Director General, Health and Social Services	NHS Wales Chief Executive title corrected	Amended for accuracy	
5	Director of Shared Services	New section	Amended to include reference to role	
5	EASC	New section	Amended to include reference to abbreviation	EASC (Wales) Directions 2014, EASC (Wales) (Amendment) Directions 2016 and EASC (Wales) Regulations 2014
5	EASC Directions	New section	Amended to include reference to Directions	EASC (Wales) Directions 2014, EASC (Wales) (Amendment) Directions 2016
5	EASC Regulations	New section	Amended to include reference to Regulations	EASC (Wales) Regulations 2014
5	EASC SFIs	New section	Amended to include reference to EASC Standing Financial Instructions	
5	EASC SOs	New section	Amended to include reference to EASC Standing Orders	
5	EASC - Officer member employed by LHB	New section	Amended to include reference to new role due to EASC sections added	EASC (Wales) Regulations 2014
5	Functions	Reference to EASC added	Reference to EASC	Local Health Boards (Directed Functions) (Wales) Regulations 2009 (2009/1511 (W.147)) Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35 (W.35)) The Emergency Ambulance Services (Wales) Directions 2014 as amended (2014/8 (W8))
5	Host LHB	Reference to EASC and NWSSP added. Name changed for Cwm Taf Morgannwg and Velindre added	Amended to include EASC and NWSSP. Cwm Taf changed name following boundary change to Cwm Taf Morgannwg and Velindre added as host of NWSSP	EASC (Wales) Directions 2014 NWSSP (Wales) Directions 2009 Velindre NHS Trust (Establishment) (Amendment) Order 2012
6	Joint-Committee	Reference to EASC added	Amended to include reference to EASC	WHSSC (Wales) Regulations 2009 EASC (Wales) Regulations 2014
6	Joint-Committee Audit Committee	Reference to EASC added	Amended to include reference to EASC	Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35 (W.35)) The Emergency Ambulance Services (Wales) Directions (2014/8 (W8))
6	Joint-Committee Members	New section added to include membership of WHSSC and EASC.	Amended to reflect legislation and removal of WHSSC within Committee Members section	WHSSC (Wales) Regulations 2009 EASC (Wales) Regulations 2014
6	Lead Director/Officer	Reference to EASC added		WHSSC (Wales) Regulations 2009 EASC (Wales) Regulations 2014
7	National Assembly for Wales	Amended to reflect correct title and role of the Assembly	To reflect name change and to update reference to role	
7	NHS Finance (Wales) Act 2014	Citation added	Citation added to ensure consistency	NHS Finance (Wales) Act 2014
7	NWSSP	New section added	To include reference to organisation	Velindre NHS Trust (Establishment) (Amendment) Order 2012
7	Officer	Reference to EASC added	To include reference to EASC	
7	Public Services Board (PSB)	New section added	To include reference to new group	Well-being and Future Generations (Wales) Act 2015 (2015/2)
8	Regional Partnership Board (RPB)	New section added	To include reference to new group	Well-being and Social Services (Wales) Act 2014 (2014/4)
8	Shared Services Regulations	New section added	To include reference to Shared Services Regulations	The Velindre NHS Shared Services Committee (Wales) Regulations 2012

8	Shared Services Partnership Committee	New section added	To include reference to form a committee under the Shared Services Regulations	The Velindre NHS Shared Services Committee (Wales) Regulations 2012
8	Welsh Government	Change from Assembly Government to Welsh Government	Amended to reflect up to date name of Welsh Government	
8	WHSSC Regulations	Citation amended	Citation amended to ensure consistency	The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097)

Review of NHS Wales Trust Model Standing Orders Glossary of Terms – September 2019
Table of Amendments and Cross Reference to Legislation

Page Number	Term	Amendment	Reason for Amendment (if applicable)	Cross reference to legislation/Guidance
2	Accountable Officer	Added reference to Accountable Officer Memorandum being issued, status of Director of Shared Services	To ensure consistency with Trust Glossary of Terms	The National Health Service Trusts (Membership and Procedure) Regulations 1990 as amended The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009 as amended
2	Additional Accounting Officer	Term "Additional" added to reflect arrangements for Director General and NHS Wales Chief Executive. Reference added to legislation and role of Permanent Secretary, Welsh Government	To reflect accountability arrangements in Wales	Managing Welsh Public Money, January 2016
3	Advisory Group	Local Partnership Board added	To reflect status of Local Partnership Board as an Advisory Group	
3	Annual Plan of Board Business	Sentence added re need to publish on website.	To compliment Standing Orders	NHS Wales Model Standing Orders
3	Audit Committee	Reference to Audit Committee added	To ensure consistency with LHB Glossary of Terms	
3	Board Members	Reference to Board Members added	To ensure consistency with LHB Glossary of Terms	
3	NHS Wales Chief Executive	Title amended	Amended to ensure current title	
3	Committee	added "one which is"	Amended to ensure paragraph makes sense.	
4	Community Health Councils	Sentence regarding role added	Reference to role of Community Health Councils added	Paragraph 1, Schedule 10, National Health Service (Wales) Act 2006
4	Director General, Health and Social Services	NHS Wales Chief Executive title corrected	Amended for accuracy	

4	Director of Shared Services	New section	Amended to include reference to role	
5	National Assembly for Wales	Amended to reflect correct title and role of the Assembly	To reflect name change and to update reference to role	
5	NHS Finance (Wales) Act 2014	Citation added	Citation added to ensure consistency	NHS Finance (Wales) Act 2014
5	NWSSP	New section added	To include reference to organisation	Velindre NHS Trust (Establishment) (Amendment) Order 2012
5	Public Services Board (PSB)	New section added	To include reference to new group	Well-being and Future Generations (Wales) Act 2015 (2015/2)
6	Regional Partnership Board (RPB)	New section added	To include reference to new group	Well-being and Social Services (Wales) Act 2014 (2014/4)
6	Shared Services Regulations	New section added	To include reference to Shared Services Regulations	The Velindre NHS Shared Services Committee (Wales) Regulations 2012
6	Shared Services Partnership Committee	New section added	To include reference to form a committee under the Shared Services Regulations	The Velindre NHS Shared Services Committee (Wales) Regulations 2012
6	Welsh Government	Description amended to reflect current arrangements	Description amended to reflect current arrangements	

Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards

Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business. When agreeing SOs LHBs must ensure they are made in accordance with directions as may be issued by Welsh Ministers. These SOs are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the Board; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the LHB.

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

All LHB Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within the LHB.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

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Section A – Introduction

Statutory framework

- i) The [insert name] Local Health Board (the LHB) is a statutory body that was established on 1st June 2009 and became operational on the 1 October 2009 under **The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 (S.I. 2009/778)**, “the Establishment Order”.

FOR POWYS INSERT

Powys Teaching Local Health Board (the LHB) is a statutory body that was established on 1 April 2003 and became operational on the 1 June 2003 under **The Local Health Boards (Establishment and Dissolution) (Wales) Order 2003 (S.I. 2003/148)**, “the Establishment Order”.

- ii) The principal place of business of the LHB is – [insert address]
- iii) All business shall be conducted in the name of [Insert name] LHB, and all funds received in trust shall be held in the name of the LHB as a corporate Trustee.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how LHBs are governed and their functions.
- v) Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made **the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779)** (“The Constitution Regulations”) which set out the constitution and membership arrangements of LHBs, which includes a requirement for LHBs to make SOs for the regulation of its proceedings and business including provision for the Boards suspension.
- vi) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh

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Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHB's statutory functions are set out in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009 (S.I. 2009/1511)**.

- vii) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee ("WHSSC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)** which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.
- viii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8)** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee ("EASC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance which LHBs must take into account when exercising any function. However in some cases the relevant function may be contained in other legislation. In exercising their powers LHBs must be clear about the statutory basis for exercising such powers.
- x) As a statutory body, the LHB has specified powers to contract in its own name and to act as a corporate trustee. The LHB also has statutory powers under sections 194 and 195 of the NHS (Wales) Act 2006 to fund projects jointly planned with local authorities, voluntary organisations and other bodies.
- xi) **The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993)** have effect as made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to an improvement in the way in which NHS functions and health-related

functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the Area Plan developed in accordance with the **Social Services and Well-being (Wales) Act 2014 (2014)**.

- xii) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions. NHS bodies includes the NHS bodies in England such as the NHS Commissioning Board, NHS Trust and NHS Foundation Trusts and, for the purpose of this duty, also includes bodies such as NICE, the Health and Social Care Information Centre and Health Education England.
- xiii) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- xiv) Further duties and powers placed on health boards in relation to co-operation and partnership with local authorities and other partners in Wales are set out in the **Social Services and Well-being (Wales) Act 2014**. This Act establishes the legal framework for meeting people's needs for care and support and imposes general and strategic duties on local authorities and LHBs in order to effectively plan and provide a sufficient range and level of care and support services. The **Partnership Arrangements (Wales) Regulations 2015 (2015/1989)**, made under Part 9 of the **Social Services and Well-being (Wales) Act 2014** set out the arrangements made and provides for LHBs and local authorities to pool funds for the purpose of providing specified services.

Guidance on the provisions of Part 9 can be found at <https://gov.wales/docs/dhss/publications/151218part9en.pdf>

- xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvi) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards of conduct relating to the Welsh language. These standards replace the requirement for a Welsh Language Scheme previously provided for by Section 5 of the Welsh Language Act 1993. The Welsh Language Standards (No.7) Regulations 2018 (2018/411) came into force on the 29 June 2018 and specifies standards in relation to the conduct of Local Health Boards. The Local Health Board will ensure that it has arrangements in place to meet those standards which the Welsh Language Commissioner has required by way of a compliance notice under section 44 of the 2011 Measure.

- xvii) LHBs are also bound by any other statutes and legal provisions which govern the way they do business. The powers of LHBs established under statute shall be exercised by LHBs meeting in public session, except as otherwise provided by these SOs.

NHS framework

- xviii) In addition to the statutory requirements set out above, LHBs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that are expected at all levels of the service, locally and nationally.
- xix) Adoption of the principles will better equip LHBs to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xx) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link:
<http://www.wales.nhs.uk/governance-emanual/values-and-standards-of-behaviour-frame>
- xxi) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xxii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Local Health Board Framework

- xxiii) Schedule 2 provides details of the key documents that, together with these SOs, make up the LHB's governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves. The Standing Financial Instructions form Schedule 2.1 of these SOs.
- xxiv) 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 **[insert name]** LHB 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. Details of the LHB's key policy statements are also included in Schedule 2.
- xxv) LHBs shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxxiii below).
- xxvi) For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance – SOs 1.1.2 refers.

Applying Standing Orders

- xxvii) The SOs of the LHB (together with SFIs and the Values and Standards of Behaviour Framework **[LHB to insert title of relevant policy]**), will, as far as they are applicable, also apply to meetings of any formal Committees established by the LHB, including any Advisory Groups, sub-Committees, joint-Committees and joint sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs and further details on joint-Committees may be found in Schedule 4.*
- xxviii) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee **[or insert name of Committee established to consider audit matters]** to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and LHB officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

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

Variation and amendment of Standing Orders

- xxx) Although these SOs are subject to regular, annual review by the LHB, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:
- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
 - The proposed variation or amendment has been considered and approved by the Audit Committee **[or insert name of Committee established to consider audit matters]** and is the subject of a formal report to the Board; and
 - A notice of motion under Standing Order 7.5.14 has been given.

Interpretation

- xxxi) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of the LHB shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director of Finance (in the case of SFIs).
- xxxii) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

- xxxiii) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within LHBs, and is a key source of advice and support to the LHB Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within the LHB. The Board Secretary is responsible for:
- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
 - Facilitating the effective conduct of LHB business through meetings of the Board, its Advisory Groups and Committees;
 - Ensuring that Board members have the right information to enable

them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;

- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the LHB's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers;

As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board, its Committees and Advisory Groups, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

xxxiv) Further details on the role of the Board Secretary within **[insert name]** LHB, including details on how to contact them, are available at **[insert signpost to relevant LHB documentation]**.

Section B – Standing Orders

1. THE LOCAL HEALTH BOARD

- 1.0.1 The LHB's principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.
- 1.0.2 The LHB was established by the **Local Health Boards (Establishment and Dissolution) (Wales) Order 2009** (S.I. 2009/778) and most of its functions are contained in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009** (S.I. 2009/1511). The LHB must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.

FOR POWYS INSERT

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- 1.0.3 To fulfil this role, the LHB will work with all its partners and stakeholders in the best interests of its population.

1.1 Membership of the Local Health Board

- 1.1.1 The membership of the LHB shall be no more than 20 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (appointed by the Board).
- 1.1.2 For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

Officer Members [to be known as Executive Directors]

- 1.1.3 A total of 9 (including the Chief Executive), appointed by the Board, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.

Non Officer Members [to be known as Independent Members]

- 1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.

Associate Members

- 1.1.5 A total of 4 associate members may be appointed to the Board. They will attend Board meetings on an ex-officio basis, but will not have any voting rights.
- 1.1.6 No more than three Associate Members may be appointed by the Minister for Health and Social Services. This may include:
- Director of Social Services (nominated by local authorities in the LHB area)
 - Chair of the Stakeholder Reference Group
 - Chair of the Healthcare Professionals' Forum
- 1.1.7 The Board may appoint an additional Associate Member to assist in carrying out its functions, subject to the agreement of the Minister for Health and Social Services.

Use of the term 'Independent Members'

- 1.1.8 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:
- Chair
 - Vice Chair
 - Non Officer Members

unless otherwise stated.

1.2 Joint Directors

1.2.1 Where a post of Executive Director of the LHB is shared between more than one person because of their being appointed jointly to a post:

- i) Either or both persons may attend and take part in Board meetings;
- ii) If both are present at a meeting they shall cast one vote if they agree;
- iii) In the case of disagreement no vote shall be cast; and
- iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years. Time served includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment to the same Board will not be eligible for appointment by the Board as an Associate Member.

1.3.3 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.4 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 2 of the Constitution Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

1.3.5 The LHB will require Board members to confirm in writing their continued eligibility on an annual basis.

1.4 The Role of the LHB Board and responsibilities of individual members

Role

- 1.4.1 The principal role of the LHB is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:
- Setting the organisation's strategic direction
 - Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
 - Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

Responsibilities

- 1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.
- 1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.
- 1.4.4 LHBs shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".
- 1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as are their fellow Board members who have voting rights.
- 1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the LHB within the communities it serves.

- 1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.4.8 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 1.4.10 In addition to their corporate role across the breadth of the Board's responsibilities, the Vice-Chair has a specific brief to oversee the LHB's performance in the planning, delivery and evaluation of primary care, community health and mental health services ensuring a balanced care model to meet the needs of the population within the LHB's area.
- 1.4.11 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the LHB. They are the appointed Accountable Officer for the LHB and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.4.12 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or "champions" as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF LHB FUNCTIONS

- 2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i) Schedule of matters reserved to the Board;
- ii) Scheme of delegation to committees and others; and
- iii) Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 Subject to Standing Order 4, the LHB retains full responsibility for any functions delegated to others to carry out on its behalf.

2.1 Chair's action on urgent matters

2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

2.2.1 The Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board' within the Model Standing Orders (see paragraph 2.0.2.(i)) to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:

- i) By a Committee, sub-Committee or officer of the LHB (or of another LHB or Trust); or
- ii) By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
- iii) Jointly with one or more bodies including local authorities through a joint-Committee, sub-Committee or joint sub-Committee.

2.2.2 The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees,

joint-Committees or joint sub-Committees which it has formally constituted.

2.3 Delegation to officers

- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 LHB Committees

- 3.1.1 The Board may and, where directed by the Welsh Ministers must, appoint Committees of the LHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term 'Committee'

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:
- Board Committee
 - joint-Committee
 - sub-Committee
 - joint sub-Committee

unless otherwise stated. The Board's Advisory Groups are referred to separately.

3.2 Joint Committees

- 3.2.1 The Board may, and where directed by the Welsh Ministers must, together with one or more LHBs or NHS Trusts or the local authorities operating within the LHB's area, appoint joint-Committees or joint sub-Committees. These may consist wholly or partly of the LHB's Board members or Board members of other health service bodies or of persons who are not LHB Board members or Board members of other health service bodies. Any such appointments must be made in accordance with the Board's defined requirements on membership (including definition of member roles, powers and terms and conditions of appointment) and any directions given by the Welsh Ministers.
- 3.2.2 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others on its behalf. The Board shall wherever possible determine, in agreement with its partners, that its joint-Committees hold meetings in public unless there are specific, valid reasons for not doing so.
- 3.2.3 The Board shall establish, as a minimum, the following joint-Committees:
- The Welsh Health Specialised Services Committee (WHSSC).
 - The Emergency Ambulance Services Committee

Joint Committee Standing Orders, terms of reference and operating arrangements

- 3.2.4 The Board shall formally approve SOs or terms of reference and operating arrangements for each joint-Committee established. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
 - Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum;
 - Meeting arrangements;
 - Communications;
 - Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups);
 - Any budget, financial and accounting responsibility;
 - Secretariat and other support;
 - Training, development and performance; and
 - Reporting and assurance arrangements.
- 3.2.5 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the joint-Committee, keeping any such aspects to the minimum necessary. The detailed SOs or terms of reference and operating arrangements for those joint-Committees

established by the Board are set out in Schedule 4.

3.3 Sub-Committees

- 3.3.1 A Committee appointed by the Board may establish a sub-Committee to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.4 Committees established by the LHB

- 3.4.1 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.

- 3.4.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

- 3.4.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

- 3.4.4 In doing so, the Board shall specify which aspects of these SOs are not

applicable to the operation of the Committee, keeping any such aspects to the minimum necessary.

3.4.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the LHB Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the LHB Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by the LHB.

3.4.6 Executive Directors or other LHB officers shall not be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers or to review Mental Health Tribunals (in accordance with the Mental Health Act 1983). Designated LHB officers shall, however, be in attendance at such Committees, as appropriate.

Full details of the Committee structure established by the Board, including detailed terms of reference for each of these Committees are set out in Schedule 3.

3.5 Other Committees

3.5.1 The Board may also establish other Committees to help the LHB in the conduct of its business.

3.6 Confidentiality

3.6.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.7 Reporting activity to the Board

3.7.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

4.0.1 From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

- 4.0.2 The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261) (“the Shared Services Regulations”) require the Velindre NHS Trust to establish a Shared Services Committee which will be responsible for exercising the Trust’s Shared Services functions. The Shared Services Regulations prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
- 4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.
- 4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation Agreement and a Hosting Agreement between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.
- 4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. ADVISORY GROUPS

- 5.0.1 The LHB has a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, the Board may and where directed by the Welsh Ministers must, appoint Advisory Groups to the LHB to provide advice to the Board in the exercise of its functions.
- 5.0.2 The LHB’s Advisory Groups include a Stakeholder Reference Group, Healthcare Professionals’ Forum and Local Partnership Forum. *The membership and terms of reference for these groups are set out in Schedule 5.*
- 5.0.3 The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

5.1 Terms of reference and operating arrangements

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5.1.1 The Board must formally approve terms of reference and operating arrangements for the Advisory Groups. These must establish the governance arrangements and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships with others (including the LHB Board, its Committees and Advisory Groups) as well as other relevant local and national groups);
- Any budget and financial responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.1.2 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the Advisory Group, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements are set out in Schedule 5.

5.1.3 The Board may determine that the Advisory Group shall be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the Board approves such action.

5.2 Support to the Advisory Groups

5.2.1 The LHB's Board Secretary, on behalf of the Chair, will ensure that the Advisory Groups are properly equipped to carry out their role by:

- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Advisory Group Chair on the conduct of its business and its relationship with the LHB and others;
- Ensuring the provision of secretariat support for Advisory Group meetings (for specific arrangements relating to Local Partnership Forum see Schedule 5.3, paragraph 1.7.1);
- Ensuring that the Advisory Group receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups/professionals as appropriate; and
- Facilitating effective reporting to the Board

enabling the Board to gain assurance that the conduct of business within the Advisory Group accords with the governance and operating framework it has set.

5.3 Confidentiality

- 5.3.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

5.4 Advice and feedback

- 5.4.1 The LHB may specifically request advice and feedback from the Advisory Groups on any aspect of its business, and they may also offer advice and feedback even if not specifically requested by the LHB. The Groups may provide advice to the Board:

- At Board meetings, through the SRG and HPF Chair's participation as Associate Members;
- In written advice;
- In any other form specified by the Board.

5.5 Reporting activity

- 5.5.1 The Board shall ensure that the Chairs of all Advisory Groups report formally, regularly and on a timely basis to the Board on their activities. Advisory Group Chairs shall bring to the Board's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 5.5.2 Each Advisory Group shall also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.
- 5.5.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

5.6 THE STAKEHOLDER REFERENCE GROUP (SRG)

Role

- 5.6.1 The SRG's role is to provide independent advice on any aspect of LHB business. This may include:
- Early engagement and involvement in the determination of the LHB's overall strategic direction;
 - Provision of advice on specific service proposals prior to formal

consultation; as well as

- Feedback on the impact of the LHB's operations on the communities it serves.

5.6.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

5.6.3 The SRG's role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. Membership may include community partners, provider organisations, special interest and other groups operating within the LHBs area.

5.6.4 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the LHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

5.6.5 In addition to the provisions above the Board must set out, the relationships and accountabilities with others, such as the Regional Partnership Board.

5.7 Relationship with the Board

5.7.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

5.7.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

5.7.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the SRG.

5.7.4 The Board's Chair shall put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

5.8 Relationship between the SRG and others

5.8.1 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the LHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who

- do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

5.9 Working with Community Health Councils

5.9.1 The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings.

5.9.2 The SRG shall work together with CHCs within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

Refer to Schedule 5.1 for detailed Terms of Reference and Operating Arrangements

5.10 THE HEALTHCARE PROFESSIONALS' FORUM (HPF)

Role

5.10.1 The HPF's role is to 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.

5.10.2 The HPF shall 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 healthcare professional perspective to inform the LHB's decision making.

5.11 Terms of reference and operating arrangements

5.11.1 In addition to the provisions in 5.2.1 above the Board must set out, the relationships and accountabilities with others, as well as the National Professional Advisory Group.

5.12 Relationship with the Board

5.12.1 The HPF's main link with the Board is through the HPF Chair's membership of the Board as an Associate Member.

5.12.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The HPF's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

5.12.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the HPF.

5.12.4 The Board's Chair shall put in place arrangements to meet with the HPF Chair on a regular basis to discuss the HPF's activities and operation.

5.13 Rights of Access to the LHB Board for Professional Groups

5.13.1 The LHB Chair, on the advice of the Chief Executive and/or Board Secretary, may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

- i) Where the HPF recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
- ii) Where a healthcare professional group has demonstrated that the HPF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

5.13.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 7.5.7.

5.14 Relationship with the National Professional Advisory Group

5.14.1 The HPF Chair (or HPF Vice-Chair) will be a member of the National Professional Advisory Group.

Refer to Schedule 5.2 for detailed Terms of Reference and Operating Arrangements

5.15 THE LOCAL PARTNERSHIP FORUM (LPF)

Role

5.15.1 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 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.

5.15.2 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.

5.16 Relationship with the Board and others

5.16.1 The LPF's main link with the Board is through the Executive members of the LPF.

5.16.2 The Board may determine that designated Board members or LHB staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

5.16.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the LPF's staff representative members.

5.16.4 The Board's Chair shall put in place arrangements to meet with the LPG's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

5.16.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Refer to Schedule 5.3 for detailed Terms of Reference and Operating Arrangements

6. WORKING IN PARTNERSHIP

6.0.1 The LHB shall work constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care for its citizens. This will be delivered in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers, e.g., the development of population assessments and area plans.

6.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the LHB through:

- The LHB's own structures and operating arrangements, e.g., Advisory Groups; and
- The involvement (at very local and community wide levels) in partnerships and community groups – such as Regional Partnership and Public Service Boards – of Board members and LHB officers with delegated authority to represent the LHB and, as appropriate, take decisions on its behalf.

6.0.3 The Social Services and Well-Being (Wales) Act 2014 sets out duties for working in partnership with local authorities complementing existing duties under section 82 of the NHS Act 2006 (duty to cooperate with local

authorities) and sections 10 (arrangements with other bodies) and 38 (duty to make services available to enable the discharge of local authority functions) of the NHS (Wales) Act 2006. This includes “Partnership Arrangements” established under the direction of Regional Partnership Boards and under which the LHB may carry out any of the specified functions on behalf of the partnership body and may established pooled funds for specified purposes. An advice note on partnership working – implications for health boards and NHS Trusts from the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 has been published and it can be found here: https://socialcare.wales/cms_assets/hub-downloads/Partnership-working—implications-for-health-boards-and-NHS-Trusts.pdf

- 6.0.4 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6.1 Community Health Councils (CHCs)

- 6.1.1 The **Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010** (S.I. 2010/288) (as amended) and the **Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010** (S.I. 2010/289) place a range of duties on LHBs in relation to the engagement and involvement of CHCs in its operations.

- 6.1.2 In discharging these duties, the Board shall work constructively with the CHCs working jointly within the LHB’s area by ensuring their involvement in:

- The planning of the provision of its healthcare services;
- The development and consideration of proposals for changes in the way in which those services are provided; and
- The Board’s decisions affecting the operation of those healthcare services that it has responsibility for

and formally consulting with those CHCs working jointly within the LHB’s area on any proposals for substantial development of the services it is responsible for.

- 6.1.3 The Board shall ensure that each relevant CHC is provided with the information it needs on a timely basis to enable it to effectively discharge its functions.

Relationship with the Board

- 6.1.4 The Board may determine that designated CHC members shall be invited to attend Board meetings.
- 6.1.5 The Board shall make arrangements for regular joint meetings between the CHC members and the Board, to be held not less than once every three calendar months and ensuring attendance of at least one third of the Board's members.
- 6.1.6 The Board's Chair shall put in place arrangements to meet with the relevant CHC Chair(s) on a regular basis to discuss matters of common interest.

7. MEETINGS

7.1 Putting Citizens first

- 7.1.1 The LHB's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. The LHB, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested or required) and in electronic formats;
- Requesting that attendees notify the LHB of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011 .

- 7.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views and interests of the communities served by the LHB, including any views expressed formally to the LHB, e.g., through the SRG or CHCs.

7.2 Annual Plan of Board Business

- 7.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.
- 7.2.2 The plan shall set out the arrangements in place to enable the LHB to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.
- 7.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.
- 7.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisations website. .

Annual General Meeting (AGM)

- 7.2.5 The LHB must hold an AGM in public no later than the 31 July each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda, shall be displayed bilingually (in English and Welsh) at the LHBs principal sites and on the LHB's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of the LHB are available, on request, prior to the meeting; and
 - State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.
- 7.2.6 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, such as the organisation's annual quality statement.
- 7.2.7 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

7.3 Calling Meetings

- 7.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may

also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

- 7.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

7.4 Preparing for Meetings

Setting the agenda

- 7.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees and Advisory Groups; and the priorities facing the LHB. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.
- 7.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

- 7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.
- 7.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that assessment shall accompany the report to the Board to enable the Board to make an informed decision.

- 7.4.5 In the event that at least half of the Board members do not receive the

Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

- 7.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- At the LHB's principal sites; On the LHB's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the LHB's communication strategy.

- 7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

- 7.5.1 The LHB shall encourage attendance at its formal Board meetings by the public and members of the press as well as LHB officers or representatives from organisations who have an interest in LHB business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility.
- 7.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That 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 (c.67).

- 7.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.
- 7.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.
- 7.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Board, its Committees and Advisory Groups

- 7.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the LHB, (whether directly or through the activities of bodies such as CHCs and the LHB's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

- 7.5.8 The Chair of the LHB will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 7.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and

relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

7.5.10 At least six Board members, at least three of whom are Executive Directors and three are Independent Members, must be present to allow any formal business to take place at a Board meeting.

7.5.11 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

7.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

7.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

7.5.14 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined

that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

7.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

7.5.16 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

7.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.5.18 **Motions under discussion** – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

7.5.19 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.5.20 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

7.5.21 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

7.5.22 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

- 7.5.23 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.
- 7.5.24 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of the community and healthcare professionals within the LHB's area. Such views will usually be presented to the Board through the Chairs of the LHB's Advisory Groups and the CHC representative(s).
- 7.5.25 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.
- 7.5.26 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

7.6 Record of Proceedings

- 7.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.
- 7.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on the LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, the General Data Protection Regulation 2018, and the LHB's Communication Strategy and Welsh language requirements.

7.7 Confidentiality

- 7.7.1 All Board members (including Associate Members), together with

members of any Committee or Advisory Group established by or on behalf of the Board and LHB officials must respect the confidentiality of all matters considered by the LHB in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework **[LHB to insert title of relevant policy]**, or legislation such as the Freedom of Information Act 2000, etc.

8. VALUES AND STANDARDS OF BEHAVIOUR

8.0.1 The Board must adopt a set of values and standards of behaviour for the LHB that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the LHB, including Board members, LHB officers and others, as appropriate. The framework adopted by the Board **[LHB to insert title of relevant policy]** will form part of these SOs.

8.1 Declaring and recording Board members' interests

8.1.1 ***Declaration of interests*** – It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework **[LHB to insert title of relevant policy]**, and their statutory duties under the Constitution Regulations. Board members must notify the Chair and Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

8.1.3 ***Register of interests*** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will

include details of all Directorships and other relevant and material interests which have been declared by Board members.

- 8.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 8.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by the LHB are made aware of, and have access to view the LHB's Register of Interests. This may include publication on the LHB's website.
- 8.1.6 ***Publication of declared interests in Annual Report*** – Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the LHB's Annual Report.

8.2 Dealing with Members' interests during Board meetings

- 8.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of the LHB and the NHS in Wales.
- 8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.
- 8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:
 - i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;

- ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
- iii) The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
- iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

8.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

8.2.8 The Constitution Regulations define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

8.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a LHB Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

8.3 Dealing with officers' interests

- 8.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of LHB officers' interests in accordance with the Values and Standards of Behaviour Framework.

8.4 Reviewing how Interests are handled

- 8.4.1 The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

8.5 Dealing with offers of gifts², hospitality and sponsorship

- 8.5.1 The Values and Standards of Behaviour Framework **[LHB to insert title of relevant policy]** approved by the Board prohibits Board members and LHB officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.
- 8.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or LHB officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or LHB officer. Failure to observe this requirement may result in disciplinary and/or legal action.
- 8.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:
- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
 - **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the LHB;

²The term gift refers also to any reward or benefit.

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the LHB; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

8.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

8.6.2 All sponsorship must be approved prior to acceptance in accordance with the **Values and Standards of Behaviour Framework** [LHB to insert title of relevant policy] and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

8.7 Register of Gifts, Hospitality and Sponsorship

8.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to LHB officers working within their Directorates.

8.7.2 Every Board member and LHB officer has a personal responsibility to

volunteer information in relation to offers of gifts, hospitality and sponsorship, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship are kept under active review, taking appropriate action where necessary.

8.7.3 When determining what should be included in the Register with regard to gifts and hospitality, individuals shall apply the following principles, subject to the considerations in Standing Order 8.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

8.7.4 Board members and LHB officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the LHB ;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

8.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the LHB to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the LHB's arrangements for dealing with offers of gifts, hospitality and sponsorship.

9. SIGNING AND SEALING DOCUMENTS

9.0.1 The common seal of the LHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

- 9.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1. Register of Sealing

- 9.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

9.2 Signature of Documents

- 9.2.1 Where a signature is required for any document connected with legal proceedings involving the LHB, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.
- 9.2.2 The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the LHB any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

9.3 Custody of Seal

- 9.3.1 The Common Seal of the LHB shall be kept securely by the Board Secretary.

10. GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

- 10.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of LHB business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.
- 10.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit Committee (or equivalent).
- 10.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek

assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the LHB.

10.0.4 Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

10.0.5 Arrangements for seeking and providing assurance in respect of any other services provided on behalf of or in association with the LHB shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

10.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

10.2 Reviewing the performance of the Board, its Committees and Advisory Groups

10.2.2 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

10.2.3 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and

including the review of its performance and that of any sub-Committees it has established.

10.2.4 The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

10.3 External Assurance

10.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

10.3.3 The Board shall keep under review and ensure that, where appropriate, the LHB implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

10.3.4 The LHB shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

11.0.2 The Board shall, in publishing its strategic and operational level plans, set

out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

11.0.3 The Board shall also facilitate effective scrutiny of the LHB's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.0.4 The Board shall ensure that within the LHB, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

12. REVIEW OF STANDING ORDERS

12.0.1 *[The Board Secretary shall arrange for an appropriate impact assessments to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.]*

12.0.2 These SOs shall be reviewed annually by the Audit Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

Schedule 1

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

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

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

- i) A Committee, e.g., Quality and Safety Committee;
- ii) A sub-Committee, e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;
- iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs established to take forward matters relating to specialist services; and
- iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the LHB's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs*
- *The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Board must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others*
- *The Board may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit⁴ Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify **[LHB to insert details]** of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the LHB. The Scheme is to be used in conjunction with the system of control and other established procedures within the LHB.

⁴ LHB to insert title for the committee that carries out these functions.

SCHEDULE OF MATTERS RESERVED TO THE BOARD⁵

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs ⁶
2	FULL	GENERAL	<p>The Board must determine any matter that will be reserved to the whole Board. These are:</p> <p style="text-align: center;">[LHB to insert details]</p>
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges

⁵ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.

⁶ Except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC).

4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the LHB; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Approve the LHB's Values and Standards of Behaviour framework [LHB to insert title of relevant policy]
6	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with SOs

10	FULL	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the LHB's responsibility as a bailee for patients' property
11	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents
12	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with SFIs
13	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
14	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the LHB
15	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal
16	FULL	ORGANISATION STRUCTURE & STAFFING	Approve appointment and manage appraisal, discipline and dismissal of the Chief Executive
17	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of the Executive Directors and any other Board level appointments, e.g., the Board Secretary
18	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies

20	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss LHB Committees, including any joint-Committees directly accountable to the Board
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee, joint-Committee or Group set up by the Board
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee for funds held on trust
25	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities
26	FULL	STRATEGY & PLANNING	Approve the LHB's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
27	FULL	STRATEGY & PLANNING	Approve the LHB's Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve the LHB's citizen engagement and involvement strategy, including communication

29	FULL	STRATEGY & PLANNING	Approve the LHB's partnership and stakeholder engagement and involvement strategies
30	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: <ul style="list-style-type: none"> Population Health Needs Assessment and Commissioning Plan The development and delivery of patient centred clinical services for their population Improving quality and patient safety outcomes Workforce and Organisational Development Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
31	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
32	FULL	STRATEGY & PLANNING	Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population Services
33	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
34	FULL	PERFORMANCE & ASSURANCE	Approve the LHB's audit and assurance arrangements
35	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans
36	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans

37	FULL	PERFORMANCE & ASSURANCE	Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that raise issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
38	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans
39	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans
40	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the LHB's performance against <i>Doing Well, Doing Better: Standards for Health Services in Wales</i> (formally the Healthcare Standards) and approve action required, including improvement plans
41	FULL	REPORTING	Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Assembly Government
42	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		[individual LHB to insert details, in accordance with statutory and Assembly Government requirements]
	VICE CHAIR		[individual LHB to insert details, in accordance with statutory and Assembly Government requirements]
	CHAMPION/ NOMINATED LEAD		[individual LHB to insert details, in accordance with statutory and Assembly Government requirements]

DELEGATION OF POWERS TO COMMITTEES AND OTHERS⁷

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, including [individual LHBs to insert details]

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- **[LHB to insert details]**
- **[LHB to insert details]**

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the LHB's Scheme of Delegation to Committees.

⁷ As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, set out in **[insert details]**, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the LHB's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
[LHB to determine]	[LHB to determine]

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

LHB framework

The LHB's governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs*** (see Schedule 2.1 below)
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents [LHB to insert details]***

agreed by the Board. These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

These documents may be accessed by:

[LHB to insert details]

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Schedule 2.1

MODEL STANDING FINANCIAL INSTRUCTIONS FOR LOCAL HEALTH BOARDS

[Local Health Board SFIs to be inserted]

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

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

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

***[LHB to insert details, including detailed Terms of Reference
and Operating Arrangements for each Committee]***

Schedule 4

JOINT COMMITTEE ARRANGEMENTS

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

***[LHB to insert details, including detailed terms of reference
and operating arrangements for each Committee]***

Schedule 4.1 – Welsh Health Services Specialised Services Committee
Schedule 4.2 – Emergency Ambulance Services Committee

Schedule 5

ADVISORY GROUPS

Terms of Reference and Operating Arrangements

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

[LHB to insert details, including detailed terms of reference and operating arrangements for each Advisory Group. These must include and take account of the information detailed below in the model SO's]

Schedule 5.1 – Stakeholder Reference Group

Schedule 5.2 – Health Professionals Forum

Schedule 5.3 – Local Partnership Forum

Schedule 5.1

Stakeholder Reference Group

Terms of Reference and Operating Arrangements

THE STAKEHOLDER REFERENCE GROUP (SRG)

1.1 Role

1.1.1 The SRG's role is to provide independent advice on any aspect of LHB business. This may include:

- Early engagement and involvement in the determination of the LHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB's operations on the communities it serves.

1.1.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

1.1.3 The SRG's role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. Membership may include community partners, provider organisations, special interest and other groups operating within the LHBs area.

1.1.4 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the LHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

1.1.5 In addition to the provisions in 1.1.3 above the Board must set out, the relationships and accountabilities with others, such as the Regional Partnership Board.

1.2 Membership

- 1.2.1 The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment (including remuneration and reimbursement) will be determined by the Board, taking account of the views of its stakeholders.
- 1.2.2 There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.
- 1.2.3 Membership must be drawn from within the area served by LHB, and shall ensure involvement from a range of bodies and groups operating within the communities serviced by the LHB. Where the Board determines it appropriate, the LHB may extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may represent the interests of these stakeholders on the SRG.
- 1.2.4 In determining the overall size and composition of the SRG, the Board must take account of the:
- Demography of the areas served by the LHB;
 - Need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status. Where appropriate, the LHB shall support positive action to increase representation;
 - Balance needed in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
 - Design and operation of the partnership/stakeholder fora already influencing the work of the LHB at local community levels;
 - Need to complement, and not duplicate the work of CHCs; and
 - Need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.
- 1.2.5 The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

1.3 Member Responsibilities and Accountability:

The Chair

- 1.3.1 The Chair is responsible for the effective operation of the SRG:

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- Chairing Group meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the Group's membership and between the Group and the LHB's Board and its Chair and Chief Executive.

1.3.2 The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.3 As Chair of the SRG, they may as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

The Vice Chair

1.3.4 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.

1.3.5 The Vice Chair is accountable, through the SRG Chair to the LHB Board, for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the SRG.

Members

1.3.6 The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

1.3.7 All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by

participating in appropriate personal and organisational development programmes; and

- Promote the work of the SRG within the communities it represents.

1.3.8 SRG members are accountable, through the SRG Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the SRG.

1.4 Appointment and terms of office

1.4.1 Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area that may represent the interests of these stakeholders on the SRG.

1.4.2 The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Ministers. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment;

1.4.3 The Board Secretary, on behalf of the Chair of the LHB, will oversee the process of nomination and appointment to the SRG.

1.4.4 Members shall be appointed for a period specified by the Board, but for no longer than 3 years in any one term. Those members can be reappointed but may not serve a total period of more than 5 years consecutively. The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

1.4.5 The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the LHB Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

1.4.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may

remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

- 1.4.7 The **Vice Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the LHB Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the LHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 1.4.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.
- 1.4.9 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.
- 1.4.10 The LHB will require SRG members to confirm in writing their continued eligibility on an annual basis.

1.5 Resignation, suspension and removal of members

- 1.5.1 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.
- 1.5.2 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:
- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
 - It is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

- 1.5.3 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

1.5.4 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i) The absence was due to a reasonable cause; and
- ii) The person will be able to attend such meetings within such period as the Board considers reasonable.

1.5.5 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.6 Relationship with the Board

1.6.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

1.6.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

1.6.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the SRG.

1.6.4 The Board's Chair shall put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

1.7 Relationship between the SRG and others

1.7.1 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the LHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

1.8 Working with Community Health Councils

- 1.8.1 The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings.
- 1.8.2 The SRG shall work together with CHCs within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

Schedule 5.2

Health Professionals' Forum

Terms of Reference and Operating Arrangements

THE HEALTHCARE PROFESSIONALS' FORUM (HPF)

1.1 Role

- 1.1.1 The HPF's role is to 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.
- 1.1.2 The HPF shall 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 healthcare professional perspective to inform the LHB's decision making.

1.2 Terms of reference and operating arrangements

- 1.2.1 The Board must set out, the relationships and accountabilities with others, as well as the National Professional Advisory Group.

1.3 Membership

- 1.3.1 The membership of the HPF reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the HPF shall therefore comprise the following eleven (11) members, as a minimum:
- Welsh Medical Committee
 - Primary and Community Care Medical representative
 - Mental Health Medical representative
 - 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 Pharmacists representative
 - Community Pharmacists representative

1.3.2 Where the Board determines it appropriate, the LHB may extend membership to other individuals in order to ensure an appropriate balance in representation amongst healthcare professional groupings and across the range of primary, community and secondary service provision.

1.4 Member Responsibilities and Accountability:

The Chair

1.4.1 The Chair is responsible for the effective operation of the HPF:

- Chairing meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the HPF's membership and between the HPF and the LHB's Board, and in particular its Chair, Chief Executive and clinical Directors.

1.4.2 The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the HPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.4.3 As Chair of the HPF, they will be appointed as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

The Vice Chair

- 1.4.4 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.
- 1.4.5 The Vice Chair is accountable through the HPF Chair to the LHB Board for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the HPF.

Members

- 1.4.6 The HPF shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the HPF.
- 1.4.7 All members must:
- Be prepared to engage with and contribute fully to the HPF's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
 - Comply with their terms and conditions of appointment;
 - Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
 - Promote the work of the HPF within the healthcare professional discipline they represent.
- 1.4.8 Forum members are accountable through the HPF Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the HPF.

1.5 Appointment and terms of office

- 1.5.1 Appointments to the HPF shall be made by the Board, based upon nominations received from the relevant healthcare professional group, and in accordance with any specific requirements or directions made by the Welsh Ministers. Members shall be appointed for a period specified by the Board, but for no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.
- 1.5.2 The **Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, who must submit a

recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

- 1.5.3 The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.
- 1.5.4 The **Vice Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to the condition that they be appointed from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the HPF Chair's absence, the Vice Chair will also perform the role of Associate Member on the LHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 1.5.5 The Vice Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Vice Chair has ended.
- 1.5.6 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the HPF Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The HPF Chair will advise the Board in writing of any such cases immediately.
- 1.5.7 The LHB will require Forum members to confirm in writing their continued eligibility on an annual basis.

1.6 Resignation, suspension and removal of members

- 1.6.1 A member of the HPF may resign office at any time during the period of appointment by giving notice in writing to the HPF Chair and the Board.
- 1.6.2 If the Board, having consulted with the HPF Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the HPF that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the HPF

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

1.6.3 A nominating body or group may request the removal of a member appointed to the HPF to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

1.6.4 If a member fails to attend any meeting of the HPF for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i) The absence was due to a reasonable cause; and
- ii) The person will be able to attend such meetings within such period as the Board considers reasonable.

1.6.5 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.7 Relationship with the Board

1.7.1 The HPF's main link with the Board is through the HPF Chair's membership of the Board as an Associate Member.

1.7.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The HPF's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

1.7.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the HPF.

1.7.4 The Board's Chair shall put in place arrangements to meet with the HPF Chair on a regular basis to discuss the HPF's activities and operation.

1.8 Rights of Access to the LHB Board for Professional Groups

1.8.1 The LHB Chair, on the advice of the Chief Executive and/or Board Secretary, may recommend that the Board afford direct right of access to

any professional group, in the following, exceptional circumstances:

- i) Where the HPF recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
- ii) Where a healthcare professional group has demonstrated that the HPF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

1.8.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

1.9 Relationship with the National Professional Advisory Group

1.9.1 The HPF Chair (or HPF Vice-Chair) will be a member of the National Professional Advisory Group.

Schedule 5.3

Local Partnership Forum Advisory Group Terms of Reference and Operating Arrangements

1.1 Role and Purpose

- 1.1.1 The LHB Local Partnership Forum (LPF) is the formal mechanism where NHS Wales's employers and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.
- 1.1.2 At the earliest opportunity, the Board will engage with staff organisations in the key discussions at the LHB Board, LPF and Locality/Divisional level.
- 1.1.3 All members are full and equal members of the forum and collectively share responsibility for the decisions made.
- 1.1.4 The LPF will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.
- 1.1.5 The purpose of the LPF will be to:
- Establish a regular and formal dialogue between the Board's Executive and staff organisations on matters relating to workforce and health service issues.
 - Enable employers and staff organisations to put forward issues affecting the workforce.
 - Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
 - Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
 - Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.

- Appraise and discuss in partnership the financial performance of the organisation on a regular basis.
- Appraise and discuss in partnership the Board services and activity and its implications.
- Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- Communicate to the partners the key decisions taken by the Board and senior management.
- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board including matters of service re-profiling.
- Negotiate on matters subject to local determination.
- Ensure staff organisation representatives are afforded reasonable paid time off to undertake trade union duties
- To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

1.1.6 In addition the LPF can establish LPF sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/Directorates/Service areas. Where these sub groups are developed they must report to the LHB LPF.

1.2 General Principles

1.2.1 The LHB and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

1.2.2 The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency

- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

All members must:

- be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline they represent.

1.2.3 A Code of Conduct is attached as Appendix 2.

1.3 Membership

1.3.1 All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The NHS organisation shall agree the overall size and composition of the LPF in consultation with those staff organisations the LHB recognises for collective bargaining. The Trade Union member of the LHB Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives

1.3.2 Management will normally consist of the following members of management representatives:

- Chief Executive
- Finance Director
- General Managers/Divisional Managers (as locally identified)
- Director of Workforce and OD
- Workforce and OD staff (as locally identified)

1.3.3 Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda.

Staff Representatives

1.3.4 The Board recognises those staff organisations listed in Appendix 3 for the representation of members who are employed by the organisation.

1.3.5 Staff representatives must be employed by the organisation and

accredited by their respective organisations for the purposes of bargaining. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then they will automatically cease to be a member of the LPF. Full time officers of the staff organisations may attend meetings subject to prior notification and agreement.

- 1.3.6 Members of the LPF who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the LPF.

1.4 Quorum

- 1.4.1 Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.
- 1.4.2 If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days' notice.
- 1.4.3 Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 consecutive occasions, the Joint Secretaries will write to the member and bring the response to the next meeting for further consideration and possible removal.

1.5 Officers

- 1.5.1 The Staff Organisation Chair, Vice Chair and Secretary will be elected from the LPF annually. Best practice requires these three officers to come from different staff organisations.

1.6 Chairs

- 1.6.1 The Management and Staff Organisation Chair will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups. Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.7 Joint Secretaries

- 1.7.1 Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Organisation Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Organisation Chairs.

- 1.7.2 The Director of Workforce and OD will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

1.8 Sub Committees

- 1.8.1 When is considered appropriate, the LPF can decide to appoint a subcommittee, to hold detailed discussion on a particular issue(s). Nominated representatives to sub committees will communicate and report regularly to the LPF.

1.9 Management of Meetings

- 1.9.1 Meetings will be held bi-monthly but this may be changed to reflect the need of either staff organisations or management.
- 1.9.2 The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. Board wide strategic issues and issues that have LHB/Trust wide implications shall be referred to the Welsh Partnership Forum via the LHB Board.
- 1.9.3 The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.
- 1.9.4 The LPF has the capacity to co-opt others onto the LPF or its sub groups as deemed necessary by agreement.

Appendix 1

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCM)
- UNISON
- UNITE
- GMB
- British Orthoptic Society
- Society of Radiographers
- British Dental Association
- Society of Chiropodists and Podiatrists
- Federation of Clinical Scientists
- Chartered Society of Physiotherapy (CSP)
- British Dietetic Association
- British Association of Occupational Therapists (BAOT)

Model Standing Orders

Reservation and Delegation of Powers

For NHS Trusts

Foreword

These Model Standing Orders are issued by Welsh Ministers to NHS Trusts using powers of direction provided in section 19 (1) of the National Health Service (Wales) Act 2006. National Health Service Trusts (“NHS Trusts”) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business. When agreeing SOs Trusts must ensure they are made in accordance with directions as may be issued by Welsh Ministers. They are designed to translate the statutory requirements set out in **[delete as appropriate]** **[For Velindre & WAST – the National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I. 1990/2024) as amended]** **[For PHW – The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009 (2009/1385) as amended]** into day to day operating practice, and, together with the adoption of a Schedule of decisions reserved to the Board of directors; a Scheme of decisions to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Trust.

These documents form the basis upon which the Trust’s governance and accountability framework is developed and, together with the adoption of the Trust’s Values and Standards of Behaviour framework **[Trust to insert title of relevant policy]**, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Trust Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Trust’s Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within the Trust.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

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Section A – Introduction

Statutory framework

- i) ***[delete as appropriate]***
[For Velindre – Velindre National Health Service Trust (“the Trust”) is a statutory body that came into existence on 1st December 1993 under the **Velindre National Health Service Trust (Establishment) Order 1993 (S.I. 1993/2838)**, “the Establishment Order”.]

[For WAST – Welsh Ambulance Services National Health Service Trust (“the Trust”) is a statutory body that came into existence on 1st April 1998 under the **Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998 (S.I. 1998/678)**, “the Establishment Order”.]

[For PHW – The Public Health Wales National Health Service Trust (“the Trust”) is a statutory body that came into existence on 1st August 2009 under **The Public Health Wales National Health Service Trust (Establishment) Order 2009 (S.I. 2009/2058)**, “the Establishment Order”.]
- ii) The principal place of business of the Trust is – ***[insert address]***
- iii) All business shall be conducted in the name of ***[Insert name]*** National Health Service Trust, and all funds received in trust shall be held in the name of the Trust as a corporate Trustee.
- iv) NHS Trusts are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how NHS Trusts are governed and their functions.

- v) ***[delete as appropriate]***
[For Velindre & WAST – The National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I. 1990/2024), as amended (“the Membership Regulations”) set out the membership and procedural arrangements of the Trust.]
- [For PHW – Under powers set out in paragraph 4 of Schedule 3 to the NHS (Wales) Act 2006 the Welsh Ministers made The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009 (S.I. 2009/1385), as amended (“the Membership Regulations”) which set out the membership and procedural arrangements for the Trust.]***
- vi) Sections 18 and 19 of and Schedule 3 to the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on NHS Trusts and to give directions about how they exercise those functions. NHS Trusts must act in accordance with those directions. The NHS Trust’s main statutory functions are set out in their Establishment Order but additional functions may also be contained in other legislation, such as the NHS (Wales) Act 2006.
- vii) The Well-being of Future Generations (Wales) Act 2015 also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- viii) In exercising their powers NHS Trusts must be clear about the statutory basis for exercising such powers.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance which NHS Trusts must take into account when exercising any function.
- x) NHS Trusts work closely with the seven Local Health Boards (LHBs) in Wales. The chief executive of the Trust is an associate member of the following joint-committees of the LHBs:
- The Welsh Health Specialised Services Committee, and
 - The Emergency Ambulance Service Committee.
- xi) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions

will establish the Welsh Health Specialised Services Committee (“WHSSC”). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)** which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.

- xii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.08))** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8 (W.8))** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee (“EASC”). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.
- xiii) **The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (S.I. 2012)** require the Trust to establish a Shared Services Committee and prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
- xiv) **The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993)** have effect as made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to an improvement in the way in which NHS functions and health-related functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the Area Plan developed in accordance with the **Social Services and Well-being (Wales) Act 2014**.
- xv) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions. NHS bodies includes NHS bodies in England such as the NHS Commissioning Board, NHS Trust and NHS Foundation Trust and, for the purposes of this duty, also includes bodies such as NICE, the Health and Social Care Information Centre and Health Education England.

- xvi) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- xvii) The Welsh Language (Wales) Measure 2011 makes provision with regard to the development of standards of conduct relating to the Welsh Language. These standards replace the requirement for a Welsh Language Scheme previously provided for Section 5 of the Welsh Language Act 1993. The Welsh Language Standards (No.7) Regulations 2018 (2018/411) came into force on the 29 June 2018 and specifies standards in relation to the conduct of NHS Trusts. The Trust will ensure that it has arrangements in place to meet those standards which the Welsh Language Commissioner has required by way of a compliance notice under section 44 of the 2011 Measure.
- xviii) Paragraph 18 of Schedule 3 to the NHS (Wales) Act 2006 provides for NHS Trusts to enter into arrangements for the carrying out, on such terms as considered appropriate, of any of its functions jointly with any Strategic Health Authority, Local Health Board or other NHS Trust, or any other body or individual.
- xix) NHS Trusts are also bound by any other statutes and legal provisions which govern the way they do business. The powers of NHS Trusts established under statute shall be exercised by NHS Trusts meeting in public session, except as otherwise provided by these SOs.

NHS framework

- xx) In addition to the statutory requirements set out above, NHS Trusts must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that are expected at all levels of the service, locally and nationally.
- xxi) Adoption of the principles will better equip NHS Trusts to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xxii) The overarching NHS governance and accountability framework incorporates these SOs; the Scheme of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the *'Doing Well, Doing Better: Standards for*

Health Services in Wales’ (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link:

<http://www.wales.nhs.uk/governance-emanual/values-and-standards-of-behaviour-frames>

- xxiii) The Welsh Ministers, reflecting their constitutional obligations, and legal duties under the **Well-being of Future Generations (Wales) Act 2015 (2015/2)**, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

[For Velindre and PHW]. The Trust is considered a public body under the Act.

[For WAST] The Welsh Ambulance Service NHS Trust is not considered a public body under the Act but is committed to achieving the Well-being Goals and the sustainable development principle.

- xxiv) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual, which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of NHS Trust business are also issued electronically, usually under cover of a Welsh Health Circular.

NHS Trust framework

- xxv) Schedule 2 provides details of the key documents that, together with these SOs, make up the NHS Trust’s governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves. The Standing Financial Instructions form Schedule 2.1 of these SOs.
- xxvi) NHS Trusts will from time to time agree and approve policy statements which apply to the Trust’s Board of directors and/or all or specific groups of staff employed by **[insert name]** National Health Service Trust and others. The decisions to approve these policies will be recorded and, where appropriate, will also be considered to be an integral part of the Trust’s SOs and SFIs. *Details of the Trust’s key policy statements are also included in Schedule 2.*

- xxvii) NHS Trusts shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxxv below).
- xxviii) For the purposes of these SOs, the Trust Board of directors shall collectively to be known as “the Board” or “Board members”; the executive and non-executive directors shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance – SO 1.1.2 refers.

Applying Standing Orders

- xxix) The SOs of NHS Trusts (together with SFIs and the Values and Standards of Behaviour Framework **[Trust to insert title of relevant policy]**), will, as far as they are applicable, also apply to meetings of any formal Committees established by the Trust, including any sub-Committees and Advisory Groups. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs.*
- xxx) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee **[or insert name of Committee established to consider audit matters]** to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and Trust officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.
- xxxi) **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual’s dismissal from employment or removal from the Board.**

Variation and amendment of Standing Orders

- xxxii) Although these SOs are subject to regular, annual review by the NHS Trust, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:
- The variation or amendment is in accordance with **[delete, as appropriate] [For Velindre and WAST – regulation 19] [For PHW – regulation 23]** of the Membership Regulations and does not contravene a statutory provision or direction made by the Welsh

Ministers;

- The proposed variation or amendment has been considered and approved by the Audit Committee ***[or insert name of Committee established to consider audit matters]*** and is the subject of a formal report to the Board; and
- A notice of motion under Standing Order 7.5.14 has been given.

Interpretation

- xxxiii) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of the Trust shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director of Finance (in the case of SFIs).
- xxxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

- xxxv) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within NHS Trusts, and is a key source of advice and support to the NHS Trust Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within NHS Trusts. The Board Secretary is responsible for:
- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
 - Facilitating the effective conduct of NHS Trust business through meetings of the Board, its Advisory Groups and Committees;
 - Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
 - Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
 - Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
 - Monitoring the NHS Trust compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board, its Committees and Advisory Groups, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

Further details on the role of the Board Secretary within ***[insert name]*** NHS Trust, including details on how to contact them, is available at ***[insert signpost to relevant Trust documentation]***.

Section B – Standing Orders

1. THE TRUST

1.0.1 The Trust's principal role is to: ***[delete as appropriate]***

[For Velindre –

- (a) to own and manage Velindre Hospital, Velindre Road, Whitchurch, Cardiff CF4 7XL and associated hospitals and premises, and there to provide and manage hospital accommodation and services;
- (b) to own and manage Welsh Blood Service Headquarters, Ely Valley Road, Talbot Green, Pontyclun CF72 9WB and associated premises, and there to provide and manage services relating to the collection, screening and processing of blood and its constituents and to the preparation and supply of blood, plasma and other blood products;
- (c) to manage and provide to or in relation to the health service in Wales a range of information technology systems and associated support and consultancy services, desktop services, web development, telecommunications services, healthcare information services and services relating to prescribing and dispensing;
- (d) to manage and provide Shared Services to the health service in Wales;
- (e) to own or lease the premises associated with the provision of the services in paragraph (d), and
- (f) to manage and administer the Wales Infected Blood Support Scheme in accordance with directions issued by the Welsh Ministers.

[For WAST –

- (a) to manage ambulance and associated transport services;
- (b) to manage such other services (including communications and training) relating to the provision of care as can reasonably be carried out in conjunction with the management of ambulance and associated transport services from Ambulance Headquarters at:

- (i) Caerleon House, Mamhilad Park Estate, Pontypool, NP4 0XF,
 - (ii) HM Stanley Hospital, St Asaph, LL17 0WA,
 - (iii) Cefn Coed Hospital, Cockett, Swansea, SA2 0GP, and
 - (iv) East Glamorgan General Hospital, Church Village, Pontypridd, CF38 1BS;
- (c) To own the premises associated with the provision of the services in paragraphs (a) and (b);
- (d) to perform the functions of the National Contact Point in Wales for the purposes of Directive 2011/24/EU as set out in regulations 3 to 6 of the National Health Service (Cross-Border Healthcare) Regulations 2013; and
- (e) to provide—
 - (i) information about health conditions and availability of health services; and
 - (ii) remote access health advisory, triage and referral services,
 for the purposes of the health service in Wales.

[For PHW –

- (a) to provide to or in relation to the health service in Wales and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases;
- (b) to develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public in Wales, to undertake the provision and commission research into such matters and to contribute to the provision and development of training in such matters;
- (c) to undertake the systemic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival, and prevalence of congenital anomalies; and
- (d) to provide, manage, monitor, evaluate and conduct research

into screening of health conditions and screening of health related matters.]

1.0.2 ***[delete as appropriate]***

[For Velindre – The Trust was established by, and its functions are contained in, the **Velindre National Health Service Trust (Establishment) Order 1993** (S.I. 1993/2838), as amended. The Trust must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.]

[For WAST – The Trust was established by, and its functions are contained in, the **Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998** (S.I. 1998/678), as amended. The Trust must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.]

[For PHW – The Trust was established by, and its functions are contained in, the **Public Health Wales National Health Service Trust (Establishment) Order 2009**. The Trust must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.]

1.0.3 To fulfil this role, the Trust will work with all its partners and stakeholders in the best interests of its population.

1.1 Membership of the Trust

1.1.1 ***[delete as appropriate]***

[For Velindre – The membership of the Trust shall comprise the Chair, 6 non-executive directors and 5 executive directors.]

[For WAST – The membership of the Trust shall comprise the Chair, 7 non-executive directors and 5 executive directors.]

[For PHW – The membership of the Trust shall comprise the Chair, 6 non-executive directors and 5 executive directors.]

1.1.2 For the purposes of these SOs, the Trust Board of directors shall collectively to be known as “the Board” or “Board members”; the executive and non-executive directors (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively. The Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. All such members shall have full voting rights.

1.1.3 The Minister for Health and Social Services shall appoint the Chair and non-officer members of the Trust.

1.1.4 The Trust will appoint a Committee whose members will be the Chair and non-executive directors of the Trust whose function will be to appoint the Chief Executive as a director of the Trust.

1.1.5 The Trust will appoint a Committee whose members will be the chair, the non-executive directors and the Chief Executive whose function will be to appoint the executive directors other than the Chief Executive.

Executive Directors

1.1.6 **[delete as appropriate]**

[For Velindre – A total of 5, appointed by the relevant committee, and consisting of the Chief Executive, the Director of Finance, a medical or dental practitioner (to be known as the Medical Director), a registered nurse or registered midwife (to be known as the Nurse Director) and 1 other. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.]

[For WAST – A total of 5, appointed by the relevant committee, and consisting of the Chief Executive, the Director of Finance and 3 others. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.]

[For PHW – A total of 5, appointed by the relevant committee, and consisting of the Chief Executive, the Director of Finance and 3 others appointed by the Trust. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.]

Non-executive directors [to be known as Independent Members]

1.1.7 **[delete as appropriate]**

[For Velindre – A total of 6 (excluding the Chair) appointed by the Minister for Health and Social Services, which will include:

- A person appointed from Cardiff University.

[For WAST – A total of 7 (excluding the Chair) appointed by the Minister for Health and Social Services.]

[For PHW – A total of 6 (excluding the Chair) appointed by the Minister for Health and Social Services, which will include:

- A person who holds a health related post in a university;
- A person with experience of local authorities in Wales;
- A person who is an employee or member of a voluntary sector

- organisation with experience of such organisations in Wales; and
- Three other independent members.]

Use of the term ‘Independent Members’

1.1.8 For the purposes of these SOs, use of the term ‘Independent Members’ refers to the following voting members of the Board:

- Chair
- Vice-Chair
- Non-Executive Directors

unless otherwise stated.

1.2 Joint Directors

1.2.1 Where a post of Executive Director of the Trust is shared between more than one person because of their being appointed jointly to a post:

- (i) Either or both persons may attend and take part in Board meetings;
- (ii) If both are present at a meeting they shall cast one vote if they agree;
- (iii) In the case of disagreement no vote shall be cast; and
- (iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1 ***[delete as appropriate]***
[for Velindre]

The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.]

[for WAST]

The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.]

[for PHW]

The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a non-executive director for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.]

- 1.3.2 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.
- 1.3.3 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in the Membership Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.
- 1.3.4 The Trust will require Board members to confirm in writing their continued eligibility on an annual basis.

1.4 The Role of the Trust, its Board and responsibilities of individual members

Role

- 1.4.1 The principal role of the Trust is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:
 - Setting the organisation's strategic direction
 - Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
 - Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Trust's performance across all areas of activity.

Responsibilities

- 1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.
- 1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best

interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

- 1.4.4 NHS Trusts shall issue an indemnity to any Chair and Independent Member in the following terms: “A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith”.
- 1.4.5 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the Trust within the communities it serves.
- 1.4.6 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.4.7 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.4.8 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 1.4.9 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the Trust. They are the appointed Accountable Officer for the Trust and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.4.10 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the Trust, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any

Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF TRUST FUNCTIONS

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- (i) Schedule of matters reserved to the Board;
- (ii) Scheme of delegation to committees and others; and
- (iii) Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 The Trust retains full responsibility for any functions delegated to others to carry out on its behalf. Where Trusts and Local Health Boards have a joint duty the Trust remains fully responsible for its part, and shall agree the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

2.1 Chair's action on urgent matters

2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director

acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

2.2.1 [Delete as appropriate]

[For Velindre – The Trust shall delegate its Shared Services functions (that is, the provision and management of Shared Services to the health services in Wales) to the Shared Services Partnership Committee which they are required to establish and confer such functions on in accordance with the Shared Services Regulations.

Subject to Standing Order 2.2.2 the Board may agree the delegation of any of their functions, except for those set out within the ‘Schedule of Matters Reserved for the Board’ within the Model Standing Orders (see paragraph 2.0.2 (i), to Committees and others, setting any conditions and restrictions it considers necessary and in accordance with any directions or regulations given by the Welsh Ministers. These functions may be carried out:

- (i) By a Committee, sub-Committee or officer of the Trust (or of another Trust); or
- (ii) By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
- (iii) With one or more bodies including local authorities through a sub-Committee.]

[For WAST & PHW – The Board may agree the delegation of any of their functions, except for those set out within the ‘Schedule of Matters Reserved for the Board’ within the Model Standing Orders (see paragraph 2.0.2 (i), to Committees and others, setting any conditions and restrictions it considers necessary and in accordance with any directions or regulations given by the Welsh Ministers. These functions may be carried out:

- (iv) By a Committee, sub-Committee or officer of the Trust (or of another Trust); or
- (v) By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
- (vi) With one or more bodies including local authorities through a sub-Committee.]

2.2.2 The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees or sub-Committees which it has formally constituted.

2.3 Delegation to officers

- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 NHS Trust Committees

- 3.1.1 The Board may and, where directed by the Welsh Ministers must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term "Committee"

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

- Board Committee
- sub-Committee

unless otherwise stated.

3.2 Sub-Committees

- 3.2.1 A Committee appointed by the Board may establish a sub-Committee to

assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.3 Committees established by the Trust

3.3.1 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 *[as appropriate]*;
- Remuneration and Terms of Service; and
- Mental Health Act requirements *[as appropriate]*.

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity;
- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board, its Committees and any Advisory Groups);
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary.

- 3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the Trust Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by the Trust.
- 3.3.6 Executive Directors or other Trust officers shall not be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers or to review Mental Health Tribunals (in accordance with the Mental Health Act 1983). Designated Trust officers shall, however, be in attendance at such Committees, as appropriate.

Full details of the Committee structure established by the Board, including detailed terms of reference for each of these Committees are set out in Schedule 3.

3.4 Other Committees

- 3.4.1 The Board may also establish other Committees to help the Trust in the conduct of its business.

3.5 Confidentiality

- 3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.6 Reporting activity to the Board

- 3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

- 4.0.1 From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that

the Shared Services function has been conferred on it.

- 4.0.2 The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) (“the Shared Services Regulations”) require the Trust to establish a Shared Services Committee which will be responsible for exercising the Trust’s Shared Services functions. The Shared Services Regulations prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
- 4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.
- 4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation Agreement and a Hosting Agreement between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.
- 4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. ADVISORY GROUPS

- 5.0.1 The Trust may and where directed by the Welsh Ministers must, appoint Advisory Groups to the Trust to provide advice to the Board in the exercise of its functions.
- 5.0.2 *Details of the Trust’s Advisory Groups, their membership and terms of reference are set out in Schedule 4.*
- 5.0.3 The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

5.1 Advisory Groups established by the Trust

- 5.1.1 The Trust has established the following Advisory Group(s):

- Local Partnership Forum

[insert details as appropriate]

5.2 Terms of reference and operating arrangements

5.2.1 The Board must formally approve terms of reference and operating arrangements in respect of any Advisory Group it has established. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships with others (including the Board, its Committees and Advisory Groups) as well as other relevant local and national groups;
- Any budget and financial responsibility (where appropriate);
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.2.2 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the Advisory Group, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements for the Trust's Advisory Groups are set out in Schedule 4.

5.2.3 The Board may determine that any Advisory Group it has set up should be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the Board approves such action.

5.3 Support to Advisory Groups

5.3.1 The Trust's Board Secretary, on behalf of the Chair, will ensure that Advisory Groups are properly equipped to carry out their role by:

- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Advisory Group Chair on the conduct of its business and its relationship with the Trust Board and others;
- Ensuring the provision of secretariat support for Advisory Group meetings (for specific arrangements relating to Local Partnership

- Forum see 5.7 and Schedule 4);
- Ensuring that the Advisory Group receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups/professionals as appropriate; and
- Facilitating effective reporting to the Board

enabling the Board to gain assurance that the conduct of business within the Advisory Group accords with the governance and operating framework it has set.

5.4 Confidentiality

- 5.4.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

5.5 Advice and feedback

- 5.5.1 The Trust may specifically request advice and feedback from the Advisory Group(s) on any aspect of its business and they may also offer advice and feedback even if not specifically requested by the Trust. The Group(s) may provide advice to the Board:

- In written advice;
- In any other form specified by the Board

5.6 Reporting activity

- 5.6.1 The Board shall ensure that the Chairs of all Advisory Groups report formally, regularly and on a timely basis to the Board on their activities. Advisory Group Chairs shall bring to the Board's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 5.6.2 Each Advisory Group shall also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.
- 5.6.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

5.7 The Local Partnership Forum (LPF)

Role

- 5.7.1 The LPF's role is to provide a formal mechanism where the Trust, as employer, and trade unions/professional bodies representing Trust employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the Trust - achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of the Trust's workforce.
- 5.7.2 It is the forum where the Trust 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.

5.8 Relationship with the Board and others

- 5.8.1 The LPF's main link with the Board is through the Executive members of the LPF.
- 5.8.2 The Board may determine that designated Board members or Trust staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or Trust staff, subject to the agreement of the Trust Chair.
- 5.8.3 The Board shall determine the arrangements for any joint meetings between the Board and the LPF's staff representative members.
- 5.8.4 The Board's Chair shall put in place arrangements to meet with the LPF's Joint Chairs on a regular basis to discuss the LPF's activities and operation.
- 5.8.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Refer to Schedule 4 for detailed Terms of Reference and Operating Arrangements.

6. WORKING IN PARTNERSHIP

- 6.0.1 The Trust shall work constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care for its citizens. This will be delivered in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.
- 6.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the Trust through:

- The Trust's own structures and operating arrangements, e.g., Advisory Groups; and
- The involvement (at very local and community wide levels) in partnerships and community groups – such as Public Service Boards – of Board members and Trust officers with delegated authority to represent the Trust and, as appropriate, take decisions on its behalf.

6.0.3 The Social Services and Well-Being (Wales) Act 2014 sets out duties for working in partnership with local authorities complementing existing duties under section 82 of the NHS Act 2006 (duty to cooperate with local authorities) and sections 10 (arrangements with other bodies) and 38 (duty to make services available to enable the discharge of local authority functions) of the NHS (Wales) Act 2006. An advice note on partnership working – implications for health boards and NHS Trusts from the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 has been published and it can be found here: https://socialcare.wales/cms_assets/hub-downloads/Partnership-working—implications-for-health-boards-and-NHS-Trusts.pdf

6.0.4 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6.1 Community Health Councils (CHCs)

6.1.1 The **Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010** (S.I. 2010/288) and the **Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010** (S.I. 2010/289) place a range of duties on Trusts in relation to the engagement and involvement of CHCs in its operations.

6.1.2 In discharging these duties, and given the all-Wales nature of the Trust's functions, the Board shall work constructively with the Board of Community Health Councils in Wales, to ensure that CHCs across Wales are involved, as appropriate, in:

- The planning of the provision of its healthcare services;
- The development and consideration of proposals for changes in the way in which those services are provided; and
- The Board's decisions affecting the operation of those healthcare

services that it has responsibility for

and formally consulting with the Board of Community Health Councils and CHCs as appropriate on any proposals for substantial development of the services it is responsible for.

- 6.1.3 The Board shall ensure that each relevant CHC is provided with the information it needs on a timely basis to enable it to effectively discharge its functions.

Relationship with the Board

- 6.1.4 The Board may determine that designated CHC members shall be invited to attend Board meetings.
- 6.1.5 The Board may make arrangements to hold regular meetings between the Board of Community Health Councils and CHCs, as appropriate.
- 6.1.6 The Board's Chair shall put in place arrangements to meet with the Board of Community Health Councils Chair on a regular basis to discuss matters of common interest.

7. MEETINGS

7.1 Putting Citizens first

- 7.1.1 The Trust's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. The Trust, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats;
- Requesting that attendees notify the Trust of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g., Disability Discrimination

Act, as well as its Communication Strategy and provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

- 7.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views and interests of the Trust's citizens and other stakeholders, including any views expressed formally to the Trust, e.g., through CHCs.

7.2 Annual Plan of Board Business

- 7.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.
- 7.2.2 The plan shall set out the arrangements in place to enable the Trust to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.
- 7.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.
- 7.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisations website.

Annual General Meeting (AGM)

- 7.2.5 The Trust must hold an AGM in public no later than the 31 July each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda, shall be displayed bilingually (in English and Welsh) at the Trust's principal sites and the Trust's website. **Minimum** on the LHB's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of the LHB are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.

- 7.2.6 The AGM must include presentation of the Annual Report and audited

accounts, together with (where applicable), an audited abridged version of the annual accounts and funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, such as the organisation's annual quality statement.

- 7.2.7 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

7.3 Calling Meetings

- 7.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.
- 7.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

7.4 Preparing for Meetings

Setting the agenda

- 7.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees and Advisory Groups; and the priorities facing the Trust. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.
- 7.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

- 7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's

ability to consider the issues contained within the paper would not be impaired.

- 7.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that assessment shall accompany the report to the Board to enable the Board to make an informed decision.
- 7.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 7.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 7.4.7 Except for meetings called in accordance with Standing Order 6.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- At the Trust's principal sites; On the Trust's website, together with the papers supporting the public part of the Agenda; as well as
 - Through other methods of communication as set out in the Trust's communication strategy.
- 7.4.8 When providing notification of the forthcoming meeting, the Trust shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

- 7.5.1 The Trust shall encourage attendance at its formal Board meetings by the

public and members of the press as well as Trust officers or representatives from organisations who have an interest in Trust business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility.

- 7.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That 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 (c.67).

- 7.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.
- 7.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.
- 7.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Board, its Committees and Advisory Groups

- 7.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers

appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Trust, (whether directly or through the activities of bodies such as CHC and the Trust's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

- 7.5.8 The Chair of the Trust will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 7.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

7.5.10 **[Delete as appropriate]**

[For Velindre: At least one-third of all Board members, at least one of whom is an Executive Director and one is an Independent Members, must be present to allow any formal business to take place at a Board meeting.]

[For WAST: At least one-third of all Board members, at least one of whom is an Executive Director and one is an Independent Members, must be present to allow any formal business to take place at a Board meeting.]

[For PHW: At least one-third of all Board members, at least one of whom is an Executive Director and two are Independent Members, must be present to allow any formal business to take place at a Board meeting.]

- 7.5.11 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an

Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

- 7.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

- 7.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

- 7.5.14 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

- 7.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

- 7.5.16 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

- 7.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.5.18 Motions under discussion – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

7.5.19 Rights of reply to motions – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.5.20 Withdrawal of motion or amendments – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

7.5.21 Motion to rescind a resolution – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

7.5.22 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

7.5.23 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted.

7.5.24 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of the Trust's citizens and stakeholders. Such views will usually be presented to

the Board through the Chair(s) of the Trust's Advisory Group(s) and the CHC representative(s).

7.5.25 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

7.5.26 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

7.6 Record of Proceedings

7.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

7.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on the Trust's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, the General Data Protection Regulations 2018, and the Trust's Communication Strategy and Welsh language requirements.

7.7 Confidentiality

7.7.1 All Board members together with members of any Committee or Advisory Group established by or on behalf of the Board and Trust officials must respect the confidentiality of all matters considered by the Trust in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework [**Trust to insert title of relevant policy**] or legislation such as the Freedom of Information Act 2000, etc.

8. VALUES AND STANDARDS OF BEHAVIOUR

8.0.1 The Board must adopt a set of values and standards of behaviour for the Trust that meets the requirements of the NHS Wales Values and

Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Trust, including Board members, Trust officers and others, as appropriate. The framework adopted by the Board framework [Trust to insert title of relevant policy] will form part of these SOs.

8.1 Declaring and recording Board members' interests

8.1.1 Declaration of interests – It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework [Trust to insert title of relevant policy] and their statutory duties under the Membership Regulations. Board members must notify the Chair and Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

8.1.3 Register of interests – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

8.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.

8.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by the Trust are made aware of, and have access to view the Trust's Register of Interests. This may include publication on the Trust's

website.

- 8.1.6 ***Publication of declared interests in Annual Report*** – Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the Trust's Annual Report.

8.2 Dealing with Members' interests during Board meetings

- 8.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of the Trust and the NHS in Wales.
- 8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.
- 8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:
- (i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
 - (ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
 - (iii) The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
 - (iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that

member has a direct or indirect financial interest in a matter being considered by the Board.

- 8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.
- 8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.
- 8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
- 8.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.
- 8.2.8 The Membership Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.
- 8.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a Trust Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

8.3 Dealing with officers’ interests

- 8.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of Trust officers’ interests in accordance with the

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

8.4 Reviewing how Interests are handled

- 8.4.1 The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

8.5 Dealing with offers of gifts², hospitality and sponsorship

- 8.5.1 The Values and Standards of Behaviour Framework **[Trust to insert title of relevant policy]** approved by the Board prohibits Board members and Trust officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.
- 8.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or Trust officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Trust Board member or officer. Failure to observe this requirement may result in disciplinary and/or legal action.
- 8.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:
- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
 - **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Trust;
 - **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly,

²The term gift refers also to any reward or benefit.

hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Trust; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

8.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

8.6.2 All sponsorship must be approved prior to acceptance in accordance with the Values and Standards of Behaviour Framework **[LHB to insert title of relevant policy]** and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

8.7 Register of Gifts, Hospitality and Sponsorship

8.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to Trust officers working within their Directorates.

8.7.2 Every Board member and Trust officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and

sponsorship, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship are kept under active review, taking appropriate action where necessary.

8.7.3 When determining what should be included in the Register with regard to gifts and hospitality, individuals shall apply the following principles, subject to the considerations in Standing Order 8.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

8.7.4 Board members and Trust officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- acceptance would further the aims of the Trust;
- the level of hospitality is reasonable in the circumstances;
- it has been openly offered; and,
- it could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

8.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Trust to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the Trust's arrangements for dealing with offers of gifts, hospitality and sponsorship.

9. SIGNING AND SEALING DOCUMENTS

9.0.1 The common seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

relates has been approved by the Board or Committee of the Board.

- 9.02. Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1 Register of Sealing

- 9.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

9.2 Signature of Documents

- 9.2.1 Where a signature is required for any document connected with legal proceedings involving the Trust, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.
- 9.2.2 The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

9.3 Custody of Seal

- 9.3.1 The Common Seal of the Trust shall be kept securely by the Board Secretary.

10. GAINING ASSURANCE ON THE CONDUCT OF TRUST BUSINESS

- 10.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of Trust business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.
- 10.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit Committee (or equivalent).
- 10.0.3 Assurances in respect of services provided by the NHS Wales Shared

Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the Trust.

10.0.4 Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive.

10.0.5 Arrangements for seeking and providing assurance in respect of any other services provided on behalf of or in association with the Trust shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

10.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

10.2 Reviewing the performance of the Board, its Committees and Advisory Groups

10.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and

that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

10.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

10.2.3 The Board shall use the information from this evaluation activity to inform:

- the ongoing development of its governance arrangements, including its structures and processes;
- its Board Development Programme, as part of an overall Organisation Development framework; and
- the Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

10.3 External Assurance

10.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the Trust's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

10.3.3 The Board shall keep under review and ensure that, where appropriate, the Trust implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee or other appropriate bodies.

10.3.4 The Trust shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of citizens and other stakeholders, including its officers and healthcare professionals.

11.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their partners.

11.0.3 The Board shall also facilitate effective scrutiny of the Trust's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.0.4 The Board shall ensure that within the Trust, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

12. REVIEW OF STANDING ORDERS

12.0.1 The Board Secretary shall arrange for appropriate impact assessments to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

12.0.2 These SOs shall be reviewed annually by the Audit Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

Schedule 1

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders**

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Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

- (i) A Committee, e.g., Quality and Safety Committee;
- (ii) A sub-Committee e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board; and
- (iii) Officers of the Trust (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the Trust.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the Trust's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs*
- *The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Board must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others*
- *The Board may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of Trust functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit⁴ Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify **[Trust to insert details]** of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of control and other established procedures within the Trust.

⁴ Trust to insert title for the committee that carries out these functions.

SCHEDULE OF MATTERS RESERVED TO THE BOARD⁵

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs.
2	FULL	GENERAL	<p>The Board must determine any matter that will be reserved to the whole Board. These are:</p> <p style="text-align: center;">[Trust to insert details]</p>
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges.

⁵ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.

4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the Trust; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Approve the Trust's Values and Standards of Behaviour framework. [Trust to insert title of relevant policy]
6	FULL	OPERATING ARRANGEMENTS	Approve the Trust's framework for performance management, risk and assurance.
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with SOs.

10	FULL	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the Trust's responsibility as a bailee for patients' property
11	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents
12	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with SFIs
13	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
14	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Trust
15	FULL	OPERATING ARRANGEMENTS	Authorise use of the Trust's official seal
16	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify appointment and manage appraisal, discipline and dismissal of the Chief Executive
17	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify the appointment, appraisal, discipline and dismissal of the Executive Directors and any other Board level appointments, e.g., the Board Secretary
18	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies

20	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee or Group set up by the Board
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all Committees and groups established by the Board
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust
25	FULL	STRATEGY & PLANNING	Determine the Trust's strategic aims, objectives and priorities
26	FULL	STRATEGY & PLANNING	Approve the Trust's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
27	FULL	STRATEGY & PLANNING	Approve the Trust's Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve the Trust's citizen engagement and involvement strategy, including communication

29	FULL	STRATEGY & PLANNING	Approve the Trust's partnership and stakeholder engagement and involvement strategies
30	FULL	STRATEGY & PLANNING	Approve the Trust's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ The development and delivery of patient centred clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
31	FULL	STRATEGY & PLANNING	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
32	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
33	FULL	PERFORMANCE & ASSURANCE	Approve the Trust's audit and assurance arrangements
34	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans
35	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans
36	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)

37	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
38	FULL	PERFORMANCE & ASSURANCE	Receive the annual management letter from the Auditor General for Wales and approve action required, including improvement plans
39	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the Trust's performance against <i>Doing Well, Doing Better: Standards for Health Services in Wales</i> (formally the Healthcare Standards) and approve action required, including improvement plans
40	FULL	REPORTING	Approve the Trust's Reporting Arrangements, including reports on activity and performance to citizens, partners and stakeholders and nationally to the Assembly Government
41	FULL	REPORTING	Receive, approve and ensure the publication of Trust reports, including its Annual Report and annual financial accounts

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		[individual Trust to insert details, in accordance with statutory and Assembly Government requirements]
	VICE CHAIR		[individual Trust to insert details, in accordance with statutory and Assembly Government requirements]
	CHAMPION/ NOMINATED LEAD		[individual Trust to insert details, in accordance with statutory and Assembly Government requirements]

DELEGATION OF POWERS TO COMMITTEES AND OTHERS⁶

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, including [individual Trust to insert details]

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- **[Trusts to insert details]**
- **[Trusts to insert details]**

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees.

⁶ As defined in Standing Orders.

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, set out in **[insert details]**, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
[Trusts to determine]	[Trusts to determine]

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Trust framework

The Trust's governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs*** (see Schedule 2.1 below)
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents [Trust to insert details]***

agreed by the Board. These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

These documents may be accessed by:

[Trust to insert details]

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual, which can be accessed at www.wales.nhs.uk/governance-emanual/ . Directions or guidance on specific aspects of Trust business are also issued electronically, usually under cover of a Welsh Health Circular.

Schedule 2.1

MODEL STANDING FINANCIAL INSTRUCTIONS FOR NHS TRUSTS

[NHS Trust SFIs to be inserted]

**This Schedule forms part of, and shall have effect as if
incorporated in the NHS Trust Standing Orders**

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

**This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders**

***[Trust to insert details, including detailed terms of reference and operating
arrangements for each Committee]***

Schedule 4

ADVISORY GROUPS

Terms of Reference and Operating Arrangements

**This Schedule forms part of, and shall have effect as if incorporated in the
NHS Trust Standing Orders**

***[Trust to insert details, including detailed terms of reference and operating
arrangements for each Advisory Group – as a minimum to include the Local
Partnership Forum]***

Local Partnership Forum Advisory Group

Terms of Reference and Operating Arrangements

1. Role and Purpose

The NHS Trust Local Partnership Forum (LPF) is the formal mechanism where NHS Wales's employers and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

At the earliest opportunity, Trust members will engage with staff organisations in the key discussions within the Trust at the Board, LPF and Locality/Divisional levels.

All LPF members are full and equal members of the forum and collectively share responsibility for the decisions made.

The LPF will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.

The purpose of the LPF will be to:

- Establish a regular and formal dialogue between the Trust's Executive Directors and staff organisations on matters relating to workforce and health service issues.
- Enable employers and staff organisations to put forward issues affecting the workforce.
- Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
- Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.

- Appraise and discuss in partnership the financial performance of the organisation on a regular basis.
- Appraise and discuss in partnership the Trust services and activity and its implications.
- Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- Communicate to the partners the key decisions taken by the Board and senior management.
- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Trust including matters of service re-profiling.
- Negotiate on matters subject to local determination.
- Ensure staff organisation representatives are afforded reasonable paid time off to undertake trade union duties
- To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

In addition the LPF can establish LPF sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/Directorates/Service areas. Where these sub groups are developed they must report to the Trust LPF.

2. General Principles

The Trust and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair

- They practice open and transparent communication – sharing information widely with openness, honesty and transparency
- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

All LPF members must:

- be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline they represent.

A Code of Conduct is attached as Appendix 2.

3. Membership

All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The NHS organisation shall agree the overall size and composition of the LPF in consultation with those staff organisations the Trust recognises for collective bargaining. The Trade Union member of the Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives

Management will normally consist of the following members of management representatives.

- Chief Executive
- Finance Director
- General Managers/Divisional Managers (as locally identified)
- Director of Workforce and OD
- Workforce and OD staff (as locally identified)

Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda.

Staff Representatives

The Board recognises those staff organisations listed in Appendix 3 for the

representation of members who are employed by the Trust.

Staff representatives must be employed by the Trust and accredited by their respective staff organisations for the purposes of bargaining. If a representative ceases to be employed by the Trust or ceases to be a member of a nominating staff organisation then they will automatically cease to be a member of the LPF. Full time officers of the staff organisations may attend meetings subject to prior notification and agreement.

Members of the LPF who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the LPF.

Quorum

Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.

If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days' notice.

Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 consecutive occasions, the Joint Secretaries will write to the LPF member and bring the response to the next meeting for further consideration and possible removal.

4. Officers

The Staff Organisation Chair, Vice Chair and Secretary will be elected from the LPF annually. Best practice requires these three officers to come from different staff organisations.

Chairs

The Management and Staff Organisation Chairs will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Trust's other advisory groups. Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to LPF members to inform the debate and ultimate resolutions

Joint Secretaries

Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Organisation Secretary will be responsible for the

preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Organisation Chairs.

The Director of Workforce and OD will act as Management Secretary and will be responsible for the maintenance of the constitution of the LPF membership, the circulation of agenda and minutes and notification of meetings.

5. Sub Committees

When is considered appropriate, the LPF can decide to appoint a subcommittee, to hold detailed discussion on a particular issue(s). Nominated representatives to sub committees will communicate and report regularly to the LPF.

6. Management of Meetings

Meetings will be held bi-monthly but this may be changed to reflect the need of either staff organisations or management.

The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. Trust wide strategic issues and issues that have LHB/Trust wide implications shall be referred to the Welsh Partnership Forum via the Board.

The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.

The LPF has the capacity to co-opt others onto the LPF or its sub groups as deemed necessary by agreement.

Appendix 1

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCM)
- UNISON
- UNITE
- GMB
- British Orthoptic Society
- Society of Radiographers
- British Dental Association
- Society of Chiropodists and Podiatrists
- Federation of Clinical Scientists
- Chartered Society of Physiotherapy (CSP)
- British Dietetic Association
- British Association of Occupational Therapists (BAOT)

Schedule 4.1

MODEL STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

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

Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing SOs Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated **[insert date]** made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated **[insert date]** between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint

Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

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Section: A – Introduction

Statutory framework

- i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each LHB in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee. Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Services Ambulance Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.
- ii) The principal place of business of the WHSSC is – [insert address]
- iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

- xi) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiii) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xiv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it

does.

- xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Minister's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xvii) The specific governance and accountability arrangements established for the Joint Committee are set out within:
 - These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
 - The WHSSC SFIs;
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xviii) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.
- xix) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

- xx) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.
- xxi) Full details of any non compliance with these WHSSC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee **[or insert name of committee established to consider audit matters]** to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

- xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
- Each of the seven LHBs are in favour of the amendment; or
 - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxiii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxv) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxvi) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

- xxvii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committees operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will

include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committee

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs), together with the following:

Non Officer Members [known as Independent Members]

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

- 1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.
- 1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:
- i. Either or both persons may attend and take part in Joint Committee meetings;
 - ii. If both are present at a meeting they shall cast one vote if they agree;
 - iii. In the case of disagreement no vote shall be cast; and
 - iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

- 1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:
- Chief Executive of Velindre NHS Trust
 - Chief Executive of the Welsh Ambulance Services NHS Trust
 - Chief Executive of Public Health Wales NHS Trust.

In attendance

- 1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

- 1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:
- Chair
 - Vice Chair
 - Non Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.
- 1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.4 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
 - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

- 1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or

a new Chair is appointed.

- 1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

- 1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

- 1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to it by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

- 1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The **Chair**, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The **Vice Chair** and two other **Independent Members** shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee,

subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The **WHSST Directors** shall be appointed by the Joint Committee, and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office.

1.4.7 The Joint Committee will require its Chair and WHSST Directors to confirm their continued eligibility on an annual basis in writing.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.

- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 2.0.5 The LHB Chairs *[through the lead Chair]* shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
- i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to joint sub-Committees and others; and
 - iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

- 3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

- 3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure

that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.

- 3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

- 3.2.1 The Joint Committee shall agree the delegation of any of their functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers
- 3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

- 3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.
- 3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

- 4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and

assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.

4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:

- Quality and Safety
- Audit

4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).

4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.

4.0.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

- 4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.
- 4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

- 4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

- 4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

- 5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Community Health Councils

6.2.1 The Joint Committee shall make arrangements to ensure arrangements are in place to liaise with CHC members as appropriate.

6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.

6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisations website.

6.4 Calling Meetings

6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

6.5.3 Joint Committee members should be sent an Agenda and a complete set

of supporting papers at least 10 calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments (EIA) shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.
- 6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- At each LHB and the Joint Committee's principal sites;
 - On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
 - Through other methods of communication as set out in the Joint Committee's communication strategy.
- 6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of

the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

That 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 [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

- 6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

- 6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, expert panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the chair and vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have

delegated voting rights.

6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.6.17 **Amendments** – Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.6.18 If there are a number of proposed amendments to the -motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been

referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups. .

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in

accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

6.8 Confidentiality

- 6.8.1 All Joint Committee members (including Associate members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework **[To insert title of policy of relevant policy]** or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

- 7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.
- 7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and

the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 Register of interests – The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the host LHB's website.

7.1.6 Publication of declared interests in Annual Report – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides specialised and tertiary services.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's

meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting. This may be appropriate, for example where *[insert relevant example]*;
- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take

in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 Members with pecuniary (financial) interests – Where a Joint Committee member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009 define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with these definitions.

7.2.9 Members with Professional Interests – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers’ interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers’ interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee’s Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,² hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework [the insert title of

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

² The term gift refers also to any reward or benefit.

WHSSC policy/and or procedure] adopted by the Joint Committee prohibits Joint Committee members and WHSST officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and
- **Reputation:** If the body concerned is known to be under

investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

- 7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

- 7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

- 7.6.2 All sponsorship must be approved prior to acceptance in accordance with the **Values and Standards of Behaviour Framework** [WHSSC to insert title of relevant policy] and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

- 7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.

- 7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

- 7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded.

Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.

- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, expert panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically

for that purpose.

- 8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.
- 8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

- 9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:
- Conducts its business internally;
 - Works collaboratively with NHS colleagues, partners, service providers and others; and
 - Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.
- 9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.
- 9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

- 9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:
- Overseeing the process of nomination and appointment to the Joint Committee;
 - Co-ordinating and facilitating appropriate induction and organisational development activity;
 - Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its

- relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

Annex 1

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1: WHSSC Standing Orders

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MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i. A sub-Committee of the Joint Committee, e.g., Audit Committee;
- ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*
- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify **[Joint Committee to insert details]** of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE⁴

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs
2	FULL	GENERAL	<p>The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are:</p> <p style="text-align: center;">[Joint Committee to insert details]</p>
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges

4	FULL	OPERATING	Vary, amend and recommend for approval to the Boards of the Local Health Boards:
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⁴ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.

		ARRANGEMENTS	<ul style="list-style-type: none"> ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework
6	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Lead Director in accordance with WHSSC Standing Order requirements

9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with WHSSC SOs
10	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents.
11	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with WHSSC SFIs
12	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers
13	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
14	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of the Management Team and any other Joint Committee level appointments, e.g., the Committee Secretary
15	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee
16	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies
17	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1: WHSSC Standing Orders

Status:
Update – September 2019 (v4)

18	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups
20	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee
21	FULL	STRATEGY & PLANNING	Determine the Joint Committee's strategic aims, objectives and priorities
22	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
23	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Risk Management Strategy and plans
24	FULL	STRATEGY & PLANNING	Approve the Joint Committee's citizen engagement and involvement strategy, including communication
25	FULL	STRATEGY & PLANNING	Approve the Joint Committee's partnership and stakeholder engagement and involvement strategies

26	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> Population Health Needs Assessment and Commissioning Plan The development and delivery of patient centred specialised and tertiary services for the population of Wales Improving quality and patient safety outcomes Workforce and Organisational Development Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
27	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
28	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs
29	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee's audit and assurance arrangements
30	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
31	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans

32	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
33	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
34	FULL	PERFORMANCE & ASSURANCE	Receive the annual management letter from the Joint Committee's external auditor and approve action required, including improvement plans
35	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the Joint Committee's performance against Healthcare Standards for Wales and approve action required, including improvement plans
36	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government
37	FULL	REPORTING	Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		[insert details] in accordance with statutory and Welsh Government requirements
	VICE CHAIR		[insert details] in accordance with statutory and Welsh Government requirements
	CHAMPION/ NOMINATED LEAD		[insert details] in accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS⁵

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, including **[insert details]**

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- **[insert details]**
- **[insert details]**

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

⁵ As defined in Standing Orders.

SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, set out in **[insert details]**, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
[Joint Committee to determine]	[Joint Committee to determine]

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- ***WHSSC SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents [Joint Committee to insert details]***

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed by:

[Joint Committee to insert details]

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

***[Joint Committee to insert details, including detailed Terms of Reference
and Operating Arrangements for each sub-Committee]***

Annex 4

ADVISORY GROUPS AND EXPERT PANELS TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

***[Joint Committee to insert details, including detailed Terms of Reference
and Operating Arrangements for each Advisory Group and Expert Panel]***

Schedule 4.2

MODEL STANDING ORDERS FOR THE EMERGENCY AMBULANCE SERVICES COMMITTEE

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

Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing SOs Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee's (the EASC or the Joint Committee) proceedings and business. These EASC Standing Orders (EASC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated [26 September 2017] made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated [26 September 2017] between the Joint Committee and **[Insert name of host]** (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with

the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Emergency Ambulance Services Team (EAST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/.

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Section: A – Introduction

Statutory framework

- i) The Emergency Ambulance Services Committee (the Joint Committee) is a joint committee of each LHB in Wales, established under the **Emergency Ambulance Services Committee (Wales) Regulations 2014** (the EASC Regulations). The functions and services of the Joint Committee are listed in the **Emergency Ambulance Services Committee (Wales) Directions 2014**, (EASC Directions) and are subject to variations to those functions agreed from time to time by the Joint Committee. The Directions were amended by the **Emergency Ambulance Services Committee (Wales) Amendment Directions 2016**. The Joint Committee is hosted by the [insert name of host] on behalf of each of the seven LHBs.
- ii) The principal place of business of the EASC is [insert address]
- iii) All business shall be conducted in the name of the Emergency Ambulance Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The EASC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance and non-emergency patient transport services and for the purpose of jointly exercising those functions will establish the joint committee.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the EASC Regulations, which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) The **[insert name of host]**, as the host LHB shall issue an indemnity to the Chair, on behalf of the LHBs.

NHS framework

- xi) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiii) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xiv) The Welsh Ministers, reflecting their constitutional and legal obligations under the **Well-being of Future Generations (Wales) Act 2015 (2015 No.02)**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xv) The **Well-being and Future Generations (Wales) Act** also places duties

on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

- xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Minister’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xvii) The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These EASC Standing Orders (SOs) and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation (The Cwm Taf University LHB Scheme of Delegation has been adopted for use by the Committee in November 2016) to others;
 - The EASC SFIs (The Cwm Taf Standing Financial Instructions have been adopted for use by the Committee in November 2016);
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xviii) **Annex 2** to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee’s governance and accountability framework. These documents must be read in conjunction with these EASC SOs.
- xix) The Joint Committee may from time to time, subject to the prior approval of each LHB’s Board, agree operating procedures which apply to Joint Committee members and/or members of the EAS Team and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these EASC SOs and SFIs. Details of the Joint Committee’s key operating procedures are also included in **Annex 2** of these SOs.

Applying EASC Standing Orders

- xx) The EASC SOs (together with the EASC SFIs and other documents making up the governance and accountability framework) will, as far as they are

applicable, also apply to meetings of any Joint Committee Sub Groups established by the Joint Committee, including any Advisory Groups. The EASC SOs may be amended or adapted for the Joint Committee Sub Groups or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on Joint Committee Sub Groups and Advisory Groups may be found in Annexes 3 and 4 of these EASC SOs, respectively.

- xxi) Full details of any non-compliance with these EASC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee at **[insert name of host]** to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with EASC SOs is a disciplinary matter.**

Variation and amendment of EASC Standing Orders

- xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
- Each of the seven LHBs are in favour of the amendment; or
 - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxiii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the EASC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these EASC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxv) The EASC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxvi) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members.

Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, Joint Committee Sub Groups and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, EASC SOs and the framework set by the LHBs and Welsh Ministers.

- xxvii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committees operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – EASC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the commissioning of emergency ambulance and non-emergency patient transport services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance and non-emergency patient transport services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EAS Team) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the commissioning risks;
- Establish mechanisms to monitor, evaluate and publish the

outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

- 1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.
- 1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the EAS Team undertaken at the direction of the Joint Committee.
- 1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committee

- 1.2.1 The membership of the Joint Committee shall be 9 voting members and three associate members, comprising the *Chair* (appointed by the Welsh Ministers) and the *Vice-Chair* (appointed by the Joint Committee from existing chief officer (executive) or nominated representatives of the seven LHBs), together with the following:

Chief Officers or nominated representative

- 1.2.2 A total of 7, drawn from each Local Health Board in Wales. (Where a Chief Officer intends to nominate a representative the nomination must be an Officer Member (Executive Director) of the LHB, must be in writing addressed to the Chair of the Joint Committee and must specify if the nomination is for a specific length of time.

Officer Member

- 1.2.3 An officer member employed by **[insert name of host]** (the host LHB) to undertake the functions of the Chief Ambulance Services Commissioner. In addition,
- 1.2.4 Where a post of Chief Ambulance Services Commissioner is shared between more than one person because of their being appointed jointly to a post:
 - i. Either or both persons may attend and take part in Joint Committee meetings;
 - ii. If both are present at a meeting they shall cast one vote if they agree;
 - iii. In the case of disagreement no vote shall be cast; and
 - iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

- 1.2.5 The following three Associate Members who will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:
- Chief Executive of Velindre NHS Trust;
 - Chief Executive of the Welsh Ambulance Services NHS Trust;
 - Chief Executive of Public Health Wales NHS Trust.

In attendance

- 1.2.6 The Joint Committee Chair may invite other members of the EAS Team or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

1.3 Member Responsibilities and Accountability

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.3 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with EASC SOs; and
 - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.4 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.5 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on

its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

- 1.3.6 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed.
- 1.3.7 The Vice-Chair is accountable to the Chair for their performance as Vice-Chair.

Officer Members

- 1.3.8 Officer members are accountable to the Chair for their performance.

1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The **Chair**, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The **Vice-Chair** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.3 Reference to the tenure of office of the Vice-Chair are to this appointment and not to their tenure of office as a member of the Joint Committee.
- 1.4.4 The appointment process for the Vice-Chair shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:
- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
 - That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
 - Potential conflicts of interest are kept to a minimum.
- 1.4.5 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they applicable, and as specified in the relevant regulations. Any

member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS

- 2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.
- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of emergency ambulance or non-emergency patient transport services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the EAS Team acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chief Officer.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these EASC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
- i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to Joint Committee Sub Groups and others;
- and

Scheme of delegation to Officers all of which must be formally adopted by the Joint Committee.

- 3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

- 3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Chief Ambulance Services Commissioner, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Joint Committee Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.
- 3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Chief Ambulance Services Commissioner has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair and/or Assistant Chief Ambulance Services Commissioner will take a decision on the urgent matter, as appropriate.

3.2 Delegation to Joint Committee sub Committees and others

- 3.2.1 The Joint Committee shall agree the delegation of any of their functions to Joint Committee sub-Committees or sub-Groups or others, setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.
- 3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by Joint Committee sub-Committees or sub-Groups which it has formally constituted or to others.

3.3 Delegation to Officers

- 3.3.1 The Joint Committee will delegate certain functions to the Chief Ambulance Services Commissioner (CASC). For these aspects, the CASC, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The CASC will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Chief Ambulance Services Commissioner may periodically propose amendments to the Scheme of Delegation and any such amendments must also be considered

and approved by the Joint Committee.

- 3.3.3 Individual Chief Officers are in turn responsible for delegation within their own teams in accordance with the framework established by the Chief Ambulance Services Commissioner and agreed by the Joint Committee.

4. JOINT COMMITTEE SUB-COMMITTEES AND SUB-GROUPS

- 4.0.1 In accordance with EASC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint sub-Committees and sub-Groups of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
- 4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.
- 4.0.3 The Joint Committee shall establish a Joint Committee sub-Committee and sub-Groups structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum it shall establish joint –sub-Committee which cover the following aspects of Joint Committee business:
- Quality and Safety
 - Audit
- 4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own Joint Committee sub-Committee or sub-Groups or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).
- 4.0.5 Full details of the Joint Committee sub-Committee or sub-Groups structure established by the Joint Committee, including detailed terms of reference for each of these Joint Committee sub-Committees or sub-Groups are set out in **Annex 3** of these EASC SOs.
- 4.0.6 Each Joint Committee sub-Committee or sub-Group established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the EASC SOs are not applicable to the operation of the Joint Committee Sub-Groups, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such Joint Committee sub-Committee or sub-Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the Joint Committee sub-Committees' or sub-Groups' defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set out in EASC SOs 4.0.9) or others.

4.0.9 Members of the EAS Team should not normally be appointed as Joint sub-Committee Chair, nor should they be appointed to serve as members of any sub-Committee set up to review the exercise of functions delegated to officers. Designated EAS Team officers shall, however, be in attendance at Joint sub-Committees/groups as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all Joint Committee sub-Committees and sub-Groups and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint Committee sub-Committee and sub-Group Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each Joint Committee sub-Committee and sub-Group shall also submit an annual report to the Joint Committee through the Chair within - six weeks of

the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in **Annex 4** of the EASC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the EASC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Sub Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Sub Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Sub Group shall also submit an annual report to the Joint Committee through the Chair within six weeks of the end of the reporting year setting

out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Annual Plan of Committee Business

6.2.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

6.2.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

6.2.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of Joint Committee sub-Committees or sub-Groups, Expert Panel and Advisory Groups.

6.2.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisations website.

6.3 Calling Meetings

6.3.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.4 Preparing for Meetings

Setting the agenda

6.4.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Chief Ambulance Services Commissioner, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from Joint Committee Sub Group and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

6.4.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

6.4.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Joint

Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

- 6.4.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.
- 6.4.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.4.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.4.7 Except for meetings called in accordance with EASC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- At each LHB and the Joint Committee's principal sites; On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
 - Through other methods of communication as set out in the Joint Committee's communication strategy.
- 6.4.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.5 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.5.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.5.2 The Joint Committee shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting an EAS team member or a patient.

In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

‘That 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 [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].’

6.5.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.5.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.5.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee’s business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.5.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its Joint Committee Sub-Groups, Expert Panel or Advisory Groups

- 6.5.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its Joint Committee sub-Committees or sub-Groups, expert panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.5.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Chief Executives present will agree who will preside.
- 6.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.5.10 At least four voting members, whom are LHB Chief Executives, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.5.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a representative/deputy to attend on their behalf. The nominated representative/deputy should be an Officer Member (Executive Director) of the same organisation. Nominated representatives/deputies will formally contribute to the quorum and will have delegated voting rights.
- 6.5.12 If the Chief Ambulance Services Commissioner or another Associate Member is unable to attend a Joint Committee meeting, then a nominated

deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g. a person deputising for the Chief Ambulance Services Commissioner will usually be the Assistant Chief Ambulance Services Commissioner, they will not have any voting rights.

- 6.5.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their nominated deputy/representative disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

- 6.5.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member or their deputy/representative and seconded by another Joint Committee member or their deputy/representative (including the Joint Committee Chair).
- 6.5.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.
- 6.5.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.5.17 Amendments – Any Joint Committee member or their deputy/representative may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.5.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.5.19 Motions under discussion – When a motion is under discussion, any Joint Committee member or their deputy/representative may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.5.20 Rights of reply to motions – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.5.21 Withdrawal of Motion or Amendments – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.5.22 Motion to rescind a resolution – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.5.23 A motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a Joint Committee sub-Committee or sub-Group /EASC Director to which a matter has been referred.

Voting

6.5.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require

a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.5.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales.

6.5.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.5.27 A nominated deputy/representative of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of the Chief Ambulance Commissioner vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.6 Record of Proceedings

6.6.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.6.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Freedom of Information Act, the Joint Committee's Communication Strategy and the **[Insert host body]** Welsh language requirements.

6.7 Confidentiality

6.7.1 All Joint Committee members (including Associate members), together with members of any Joint Committee sub-Committee or sub-Group, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of

all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant Joint Committee sub-Committee or sub-Group or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, EAS Team officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the EASC SOs. The Values and Standards of Behaviour document is the same as the Welsh Health Specialised Services Joint Committee.

7.1 Declaring and recording Joint Committee members' interests

7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 **Register of interests** – The Chief Ambulance Services Commissioner,

through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This will include publication on the EASC website.

7.1.6 **Publication of declared interests in Annual Report** – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting. This may be appropriate, for example where *[insert relevant example]*;
- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 **Members with pecuniary (financial) interests** – Where a Joint Committee member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 The **Local Health Boards (Constitution, Membership and Procedures)**

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

(Wales) Regulations 2009 define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The EASC SOs must be interpreted in accordance with these definitions.

- 7.2.9 **Members with Professional Interests** – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers’ interests

- 7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Chief Ambulance Services Commissioner, establishes and maintains a system for the declaration, recording and handling of EAS Team officers’ interests in accordance with the Values and Standards of Behaviour Framework. This will be done in conjunction with the declarations of interest recorded by the Welsh Health Specialised Services Committee which is also hosted by **[Insert name of Host Body]**

7.4 Reviewing how Interests are handled

- 7.4.1 The Joint Committee’s Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,² hospitality and sponsorship

- 7.5.1 The Values and Standards of Behaviour Framework [the **insert title of EASC policy/and or procedure**] adopted by the Joint Committee prohibits Joint Committee members and EAS Team officers receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.
- 7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or EAS Team officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or EAS Team officer. Failure to observe this requirement may result in disciplinary and/or legal action.

²The term gift refers also to any reward or benefit.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship

may cover some or all of the costs.

- 7.6.2 All sponsorship must be approved prior to acceptance in accordance with the **Values and Standards of Behaviour Framework** [LHB to insert title of relevant policy] and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

- 7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts and Hospitality to record offers of gifts, hospitality and sponsorship made to Joint Committee members. The EAS Team officers will adopt a similar mechanism in relation to **[Insert name of host body]** staff working within their areas.

- 7.7.2 Every Joint Committee member and EAS Team officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Chief Ambulance Services Commissioner, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

- 7.7.3 When determining what should be included in the register with regards to gifts and hospitality, individuals must apply the following principles, subject to the considerations in EASC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

- 7.7.4 Joint Committee members and EAS Team Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Joint Committee Sub Group, expert panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

8.2.2 Each Joint Committee Sub Group and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 Taking account of the arrangements set out within these EASC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and

- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the Emergency Ambulance Services Team (EAST), individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The EASC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in EASC SOs, including the appropriate impact assessment.

Annex 1

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS FOR THE EMERGENCY AMBULANCE SERVICES COMMITTEE

**This Annex forms part of, and shall have effect as if incorporated in the
Emergency Ambulance Services Committee Standing Orders**

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Annex forms part of, and shall have effect as if incorporated in the
Emergency Ambulance Services Committee Standing Orders**

Introduction

As set out in EASC Standing Order 3, the Emergency Ambulance Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i) A sub-Committee of the Joint Committee e.g., Audit Committee;
- ii) A Group, Expert Panel or Advisory Group, e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii) Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to Joint Committee sub-Committee or sub Group and others; and
- Scheme of delegation to officers.

all of which form part of the EASC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- **Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in EASC SOs or EASC SFIs**
- **The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management**
- **Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility**
- **The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development**
- **The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out**
- **The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes**
- **The Joint Committee may delegate authority to act, but retains overall responsibility and accountability**
- **When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.**

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Ambulance Services Commissioner

The Chief Ambulance Services Commissioner will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Ambulance Services Commissioner will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in EASC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Chief Ambulance Services Commissioner may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify **[Joint Committee to insert details]** of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Chief Ambulance Services Commissioner or reallocate powers, e.g., to a Committee or another officer.

The Quality and Safety Committee **[Committee name to be inserted]**

The Quality and Safety Committee [title to be inserted] will provide assurance to the Joint Committee of the effectiveness of its arrangements for managing quality and safety.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter

delegated to them, they must notify **[Joint Committee to insert details]** of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Chief Ambulance Services Commissioner or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE⁴

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with EASC SOs
2	FULL	GENERAL	<p>The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are:</p> <ul style="list-style-type: none"> • Collaborative Commissioning Framework Agreement(s) • EAS Integrated Medium Term Plan
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges
4	FULL	OPERATING ARRANGEMENTS	<p>Vary, amend and recommend for approval to the Boards of the Local Health Boards:</p> <ul style="list-style-type: none"> ▪ EASC SOs ; ▪ EASC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to Committees and others; and

⁴ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
			<ul style="list-style-type: none"> Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework
6	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Ambulance Services Commissioner in accordance with EASC Standing Order requirements
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with EASC SOs
10	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Ambulance Services Commissioner and officers
11	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
12	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments, e.g., the Committee Secretary
13	FULL	ORGANISATION	Require, receive and determine action in response to the declaration of Joint

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
		STRUCTURE & STAFFING	Committee members' interests, in accordance with advice received, e.g. From Audit Committee
14	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-groups, including any joint sub-groups directly accountable to the Joint Committee
15	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Joint Committee sub-groups, or Group set up by the Joint Committee
16	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups
17	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all Joint Committee sub-groups, and groups established by the Joint Committee
18	FULL	STRATEGY & PLANNING	Determine the Joint Committee's strategic aims, objectives and priorities
19	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
20	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Risk Management Strategy and plans
21	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> Commissioning Plan and Population Health Needs Assessment The development and delivery of emergency ambulance and non-emergency patient Transport services for the population of Wales

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
			<ul style="list-style-type: none"> Improving quality and patient safety outcomes Workforce and Organisational Development Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
22	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
23	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Ambulance Services Commissioner set out in the EASC SFIs
24	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee's audit and assurance arrangements
25	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's EAS Team on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
26	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee sub-groups, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans
27	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-groups (as appropriate)
28	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
29	FULL	PERFORMANCE & ASSURANCE	Receive the annual management letter from the Joint Committee's external auditor and approve action required, including improvement plans

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
30	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the Joint Committee's performance against Healthcare Standards for Wales and approve action required, including improvement plans
31	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Assembly Government
32	FULL	REPORTING	Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR AND VICE-CHAIR			
34	CHAIR		In accordance with statutory and Welsh Government requirements
35	VICE-CHAIR		In accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS⁵

EASC Standing Order 3 provides that the Joint Committee may delegate powers to sub-groups and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Groups; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

[sub-Committees and sub-Groups to be inserted]

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Group terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to Joint Committee Sub Groups.

⁵ As defined in Standing Orders

SCHEME OF DELEGATION TO EMERGENCY AMBULANCE SERVICES TEAM AND OFFICERS

The EASC SOs and EASC SFIs specify certain key responsibilities of the Chief Ambulance Services Commissioner, the Director of Finance (WHSSC/EASC) and other officers. The Chief Ambulance Services Commissioner's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other EAS Team level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, set out in detail, together with the schedule of additional delegations below and the associated financial delegations set out in the EASC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
[Joint Committee to determine]	[Joint Committee to determine]

This scheme only relates to matters delegated by the Joint Committee to the Chief Ambulance Services Commissioner and other members of the EAS Team together with certain other specific matters referred to in EASC SFIs. In November 2016, the Joint Committee agreed to use the host body's Standing Financial Instructions (Cwm Taf) and Scheme of Delegation.

Each member of the EAS Team is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated (aligned to the arrangements of the host body).

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annex forms part of, and shall have effect as if incorporated in the
EMERGENCY AMBULANCE Services Committee Standing Orders

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these EASC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- ***EASC SFIs***
- ***Scheme of Delegation***
- ***Values and Standards of Behaviour Framework***
- ***Risk Register***
- ***Key policy documents***

agreed by the Joint Committee. These documents must be read in conjunction with the EASC SOs and will have the same effect as if the details within them were incorporated within the EASC SOs themselves.

These documents may be accessed by:

[EASC Website](http://www.wales.nhs.uk/easc/the-committee) <http://www.wales.nhs.uk/easc/the-committee>

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
EMERGENCY AMBULANCE SERVICES COMMITTEE Standing Orders**

Sub Groups

[To be inserted]

Terms of Reference

Annex 4

ADVISORY GROUPS AND EXPERT PANELS

Terms of Reference and Operating Arrangements

**This Annex forms part of, and shall have effect as if incorporated in the
Emergency Ambulance Services Committee Standing Orders**

Terms of Reference to be included when available

Model Standing Orders

Reservation and Delegation of powers
for

Local Health Boards

Glossary of Terms

September 2019

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Glossary of Terms

Glossary of terms

This Glossary of Terms should be used in conjunction with the Local Health Board's (LHB's) Standing Orders and Standing Financial Instructions; and also with the Welsh Health Specialised Services Committee's (WHSSC) and the Emergency Ambulance Services Committee (EASC) Standing Orders and Standing Financial Instructions

Accountable Officer	The officer formally designated as the LHB's 'Accountable Officer' by the Chief Executive, NHS Wales. In LHBs, the Chief Executive must be the designated Accountable Officer, and this is a condition of their appointment to the role. The Director of Shared Services is the Accountable Officer for the NHS Wales Shared Service Partnership. The essence of the role of Accountable Officer is the designation of personal responsibility for the propriety and regularity of the public finances for which the AO is answerable. The role of the Accountable Officer and their responsibilities are defined within an Accountable Officer Memorandum issued by the Director General Health and Social Services/NHS Wales Chief Executive.
Additional Accounting Officer	<p>The person holding the post of Director General, Department for Health and Social Services and NHS Wales Chief Executive, who has been formally designated the Welsh Governments Additional Accounting Officer for Health and Social Services.</p> <p>The NHS Wales Chief Executive is an 'Additional Accounting Officer', designated by the Principal Accounting Officer for the Welsh Government. The Principal Accounting Officer is the Permanent Secretary. This is in accordance with section 133(2) of the Government of Wales Act 2006 and the arrangements for ensuring accountability for departmental operations and the preparation of accounts. The Principal Accounting Officer also sets out responsibilities in a formal Memorandum.</p>

Advisory Group	A Group, created and appointed by the LHB Board to provide advice in the exercise of its functions. The LHB's advisory groups include a Stakeholder Reference Group, Healthcare Professionals' Forum, and Local Partnership Forum.
Annual Plan of Board Business	Annual Plan of Board Business will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan should be published on the organisations website.
Associate Member	<u>For LHB</u> : A board member who has been appointed to bring a particular perspective to the Board and to participate in Board debate and discussions, but who does not have voting rights. <u>For WHSSC and EASC</u> : The Chief Executives of Velindre NHS Trust, the Welsh Ambulance Services NHS Trust (WAST) and the Public Health Wales (PHW) NHS Trust who has been appointed to bring a particular perspective to the Joint Committee and to participate in Joint Committee debate and discussions but do not have voting rights.
Audit Committee	An Audit Committee supports the Board by critically reviewing governance and assurance processes on which the Board places reliance. <u>For WHSSC and EASC</u> : Joint-Committee's are also required to have Audit Committees.
Board	The corporate, decision making body of the LHB. Its role is to set its strategic direction; establish and uphold its governance and accountability framework, including its values and standards of behaviour; and to ensure delivery of its aims and objectives through effective challenge and scrutiny of performance across all areas of activity.
Board members	All members of the Board, including the Chair, Vice Chair, officer members (known as Executive Directors), non officer members (collectively with the Chair and Vice Chair known as Independent Members) and Associate (non voting) members.
Board Secretary	The person appointed by the Board as its principal advisor on all aspects of governance.
Chair	<u>For LHB</u> : The LHB Chair or Chair of the Board (or LHB), means the person appointed by the

	<p>Minister to lead the Board and to ensure it successfully discharges its overall responsibility for the LHB as a whole.</p> <p><i>For WHSSC and EASC:</i> The Chair of the Joint Committee, means the person appointed by the Minister to lead the Joint Committee and to ensure it successfully discharges its overall responsibility for the Joint Committee as a whole.</p>
Chief Executive	<p><i>For LHB:</i> The Chief Officer of the LHB.</p> <p><i>For WHSSC and EASC:</i> The Chief Executive of the host LHB.</p>
NHS Wales Chief Executive	The person holding the post of Director General, Health and Social Services, Welsh Government, and NHS Wales Chief Executive.
Committee	A Committee or sub-Committee, created and appointed by the LHB or, in the case of a joint-Committee or joint sub-Committee one which is created and appointed by the LHB or by another organisation and approved by the LHB (see below)
Committee Members	<i>For LHB:</i> Those persons formally appointed by the Board to sit on or to chair specific Committees.
Committee Secretary	<i>For WHSSC and EASC:</i> The person appointed by the joint-Committee as its principal advisor on all aspects of governance.
Community Health Councils (CHC)	Community Health Councils (CHCs) are established for each LHB area in Wales. Their overarching function is to “represent the interests of the public in its district”.
Constitution Regulations	<p>The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (2009/779)</p> <p>The Welsh Health Specialised Services Committee (Wales) Regulations (2009/3097)</p> <p>The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)</p>
Director General, Health and Social Services	The person holding the post of the Welsh Government’s Director General, responsible for the Health and Social Services Directorate. They are also the NHS Wales Chief Executive.
Director of Finance	<p><i>For LHB:</i> The chief financial officer of the LHB.</p> <p><i>For WHSSC:</i> The Finance Director of Specialised and Tertiary Services.</p>

Director of Shared Services	Officer designated as Accountable Officer for the delivery of Shared Services
EASC	The Emergency Ambulance Services Committee “the joint-Committee”
EASC Directions	The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8) as amended by the Emergency Ambulance Services Committee (Wales) (Amendment) Directions 2016 (2016/8)
EASC Regulations	The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)
EASC SFIs	The Emergency Ambulance Services Committee Standing Financial Instructions
EASC SOs	The Emergency Ambulance Services Committee Standing Orders
EASC – Officer member employed by the LHB	The Chief Ambulance Services Commissioner
Executive Director(s)	Officer member(s) of the Board. There are nine Executive Directors (including the Chief Officer) with responsibility for the following areas: Medical; Finance; Nursing; Primary Care, Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science.
Functions	<p><u>For LHB</u>: Those functions defined in the Local Health Boards (Directed Functions) (Wales) Regulations 2009 (2009/1511) and in other legislation.</p> <p><u>For WHSSC</u>: Those functions listed in Annex 1 of the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and subject to any variations to those functions agreed from time to time by the Joint Committee.</p> <p><u>For EASC</u>: Those functions defined in the Emergency Ambulance Services (Wales) Directions 2014 (2014/8)</p>
Funds held on trust	Those funds which the LHB holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under Section 163 of the National Health Service (Wales) Act 2006 (C.42). Such funds may or may not be charitable.
Host LHB	<p><u>For WHSSC and EASC</u>: Cwm Taf Morgannwg University LHB.</p> <p><u>For NWSSP</u>: Velindre University NHS Trust</p>

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Independent Member(s)	Collectively the Chair, Vice-Chair and the Non Officer Member(s) of the Board.
Integrated Medium Term Plans	Plans prepared, submitted and approved in accordance with the NHS Finance (Wales) Act 2014 and as defined by the NHS Wales Planning Framework
Joint-Committee	The Welsh Health Specialised Services Committee established pursuant to the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) (as amended) and the Emergency Ambulance Services Committee established pursuant to the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8) (as amended)
Joint Committee Audit Committee	<u>For WHSSC:</u> The Welsh Health Specialised Services Committee's Audit Committee. <u>For EASC:</u> The Emergency Ambulance Services Committee's Audit Committee.
Joint-Committee Members	<u>For WHSSC:</u> The LHB Chief Executives together with the joint-Committee Chair appointed by the Minister, two Independent Members appointed by the joint-Committee from existing Independent Members of a LHB (and one of whom will be the Vice-Chair), four officer members of the WHSS Team and Associate (non voting) members (the Chief Executives of WAST, PHW and Velindre University NHS Trust). <u>For EASC:</u> The LHB Chief Executives together with the joint-Committee Chair appointed by the Minister, the Chief Ambulance Services Commissioner and Associate (non voting) members (the Chief Executives of WAST, PHW and Velindre University NHS Trust).
Lead Director/Officer	<u>For WHSSC:</u> The Director of Specialised and Tertiary Services. <u>For EASC:</u> The Chief Ambulance Services Commissioner
LHB	The [insert name] Local Health Board.
LHBs	Local Health Boards
Management Team	<u>For WHSSC:</u> Consists of the Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, the

	Medical Director of Specialised and Tertiary Services and the Nurse Director of Specialised and Tertiary Services.
Ministers or Minister	Either, collectively Welsh Ministers, or separately the Minister or the Deputy Minister for Health and Social Services for Wales.
National Assembly for Wales	The democratically elected body that represents the interests of Wales and its people.
NHS	The National Health Service.
NHS Act 2006	The National Health Service Act 2006 (C.41).
NHS (Wales) Act 2006	The National Health Service (Wales) Act 2006 (C.42).
NHS Finance (Wales) Act 2014	The National Health Service Finance (Wales) Act 2014 (2014/2)
NWSSP	NHS Wales Shared Services Partnership
Nominated Officer	An officer charged with the responsibility for discharging specific tasks within these Standing Orders and related Standing Financial Instructions
Non-Officer Members (NOMs)	There are nine non-officer members, who must include: a local authority member; a voluntary organisation (or third sector) member; a trade union member; and a person who holds a post in a university that is related to health.
Officer	<u>For LHB</u> : An employee of the LHB. In certain circumstances, the term officer may include a person who is employed by another LHB or by a third party contracted to the LHB who carries out functions on behalf of the LHB. <u>For WHSSC and EASC</u> : An employee of the host LHB who provides administrative support for the running of the Joint Committee.
Officer Members	See Executive Director(s).
Public Service Board (PSB)	Part 4 of the Well-being and Future Generations (Wales) Act 2015 (2015/2) establishes a statutory board known as a Public Services Board (PSB) in each local authority area in Wales. The Board has four statutory members - the local authority, the LHB, the Fire and Rescue Authority for the area and Natural Resources Wales. A range of other partners can be invited to join the PSB.

Regional Partnership Board (RPB)	Part 9 of the Well-being and Social Services (Wales) Act 2014 (2014/4) requires local authorities and LHBs to establish Regional Partnership Boards (RPBs) to manage and develop services to secure strategic planning and partnership working and to ensure effective services, care and support are in place to best meet the needs of their respective population.
Relevant Services	<i>For WHSSC:</i> The planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex 1 of the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and subject to any variations to those functions agreed from time to time by the Joint Committee.
SFIs	Standing Financial Instructions.
SOs	Standing Orders.
Shared Services Regulations	Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (S.I. 2012/1261)
Shared Services Partnership Committee	Committee established by Velindre University NHS Trust under the above Regulations to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales.
Values and Standards of Behaviour Framework	The Values and Standards of Behaviour Framework, incorporating NHS Codes of Conduct.
Vice-Chair	The non officer member appointed by the Minister who shall have particular responsibility for primary care, community and mental health services; and to take on the Chair's duties if the Chair is absent for any reason.
Welsh Government	The devolved government for Wales consisting of the Welsh Ministers and the civil servants whose authority emanates from them.
WHSSC	The Welsh Health Specialised Services Committee ("the Joint Committee").
WHSSC Directions	The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35).
WHSSC Regulations	The Welsh Health Specialised Services Committee (Wales) Regulations 2009

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	(2009/3097).
WHSSC SFIs	<i>For WHSSC:</i> The Welsh Health Specialised Services Committee Standing Financial Instructions.
WHSSC SOs	<i>For WHSSC:</i> The Welsh Health Specialised Services Committee Standing Orders.
WHSST	<i>For WHSSC:</i> The Welsh Health Specialised Services Team established to run the day to day business of the Joint Committee.
WHSST Directors	<i>For WHSSC:</i> Those persons appointed by the Joint Committee, employed by the host LHB, and consist of the Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, the Medical Director of Specialised and Tertiary Services and the Nurse Director of Specialised and Tertiary Services. Collectively, the WHSST Directors make up the Joint Committee's Management Team.

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Glossary of terms

This Glossary of Terms should be used in conjunction with the NHS Trust's Standing Orders and Standing Financial Instructions

Accountable Officer	<p>The officer formally designated as the Trust's 'Accountable Officer' by the Chief Executive, NHS Wales. In NHS Trusts, the Chief Officer (the "Chief Executive") must be the designated Accountable Officer, and this is a condition of their appointment to the role. The Director of Shared Services is the Accountable Officer for the NHS Wales Shared Service Partnership. The essence of the role of Accountable Officer is the designation of personal responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable. The role of the Accountable Officer and their responsibilities are defined within an Accountable Officer Memorandum issued by the Director General Health and Social Services/NHS Wales Chief Executive.</p>
Additional Accounting Officer	<p>The person holding the post of Director General, Health and Social Services and NHS Wales Chief Executive who has been formally designated the Welsh Government's Additional Accounting Officer for Health and Social Services.</p> <p>The NHS Wales Chief Executive is an 'Additional Accounting Officer', designated by the Principal Accounting Officer for the Welsh Government. The Principal Accounting Officer is the Permanent Secretary. This is in accordance with section 133(2) of the Government of Wales Act 2006 and the arrangements for ensuring accountability for departmental operations and the preparation of accounts. The Principal Accounting Officer also sets out responsibilities in a formal Memorandum.</p>

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Advisory Group	A Group, created and appointed by the Board to provide advice in the exercise of its functions. The Local Partnership Forum is an Advisory Group.
Annual Plan of Board Business	Annual Plan of Board Business will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan should be published on the organisations website.
Audit Committee	An Audit Committee supports the Board by critically reviewing governance and assurance processes on which the Board places reliance.
Board	The collective name for Trust members and is the corporate, decision making body of the NHS Trust. Its role is to set its strategic direction; establish and uphold its governance and accountability framework, including its values and standards of behaviour; and to ensure delivery of its aims and objectives through effective challenge and scrutiny of performance across all areas of activity.
Board members	All members of the Board, officer members (known as Executive Directors), non-officer members (collectively with the Chair and known as Independent Members or Non-Executive Directors).
Board Secretary	The person appointed by the Board as its principal advisor on all aspects of governance.
Chair	The NHS Trust Chair or Chair of the Board (or NHS Trust), means the person appointed by the Minister to lead the Board and to ensure it successfully discharges its overall responsibility for the Trust as a whole.
Chief Executive	The Chief Officer of the Trust.
NHS Wales Chief Executive	The person holding the post of Director General, Health and Social Services, Welsh Government, and NHS Wales Chief Executive.
Committee	A Trust Committee or sub-Committee, created and appointed by the Board.
Committee Members	Those persons formally appointed by the Board to sit on or to chair specific Committees.

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Community Health Councils	Community Health Councils (CHCs) are established for each LHB area in Wales. Their overarching function is to “represent the interests of the public in its district”.
Director General, Health and Social Services	The person holding the post of Director General, Health and Social Services, Welsh Government. They are also the NHS Wales Chief Executive.
Director of Finance	The chief finance officer of the NHS Trust.
Director of Shared Services	Officer designated as Accountable Officer for the delivery of Shared Services
Executive Director(s)	Executive Director(s) of the Trust appointed by the relevant committee whose members shall be: <u>For the appointment of the Chief Executive:</u> The Chair and Independent Members. <u>For the appointment of all other Executive Directors:</u> The Chair, Independent Members and the Chief Executive. Executive Directors have full voting rights.
Functions	Those functions defined in the: <u>For Velindre NHST:</u> Velindre National Health Service Trust (Establishment) Order 1993 (1993/2838). <u>For WAST:</u> Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998 (1998/678). <u>For PHW NHST:</u> The Public Health Wales National Health Service Trust (Establishment) Order 2009 (2009/2058 (W.177)).
Funds held on trust	Those funds which the NHS Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under Section 163 of the National Health Service (Wales) Act 2006 (C.42). Such funds may or may not be charitable.
Independent Member(s)	Collectively the Chair, Vice Chair and the other Non-Executive Director(s) of the Trust. Independent Members have full voting rights.
Integrated Medium Term Plans	Plans prepared, submitted and approved in accordance with the NHS Finance (Wales) Act 2014 and as defined by the NHS Wales Planning Framework

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Membership Regulations	<i>For Velindre & WAST NHSTs:</i> The National Health Service Trusts (Membership and Procedure) Regulations 1990 (1990/2024). <i>For PHW NHST:</i> The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009 (2009/1385).
Ministers or Minister	Either, collectively Welsh Ministers, or separately the Minister or the Deputy Minister for Health and Social Services for Wales.
National Assembly for Wales	The democratically elected body that represents the interests of Wales and its people.
NHS	The National Health Service.
NHS Act 2006	The National Health Service Act 2006 (C.41).
NHS (Wales) Act 2006	The National Health Service (Wales) Act 2006 (C.42).
NHS Finance (Wales) Act 2014	The National Health Service Finance (Wales) Act 2014 (2014/2)
NWSSP	NHS Wales Shared Services Partnership
Nominated Officer	An officer charged with the responsibility for discharging specific tasks within these Standing Orders and related Standing Financial Instructions.
Non-Executive Directors	Non-Executive Directors of the Trust appointed by the Minister. Non-Executive Directors have full voting rights. Collectively, Non-Executive Directors are referred to as Independent Members.
Officer	<i>For NHS Trust:</i> An employee of the Trust. In certain circumstances, the term officer may include a person who is employed by another Trust or by a third party contracted to the Trust who carries out functions on behalf of the Trust.
Officer Members	Executive Director(s) of the Trust.
Public Service Board (PSB)	Part 4 of the Well-being and Future Generations (Wales) Act 2015 (2015/2) establishes a statutory board known as a Public Services Board (PSB) in each local authority area in Wales. The Board has four statutory members - the local authority, the LHB, the Fire and Rescue Authority for the area

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	and Natural Resources Wales. A range of other partners can be invited to join the PSB.
Regional Partnership Board (RPB)	Part 9 of the Well-being and Social Services (Wales) Act 2014 (2014/4) requires local authorities and LHBs to establish Regional Partnership Boards (RPBs) to manage and develop services to secure strategic planning and partnership working and to ensure effective services, care and support are in place to best meet the needs of their respective population.
SFIs	Standing Financial Instructions.
SOs	Standing Orders.
Shared Services Regulations	Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (S.I. 2012/1261)
Shared Services Partnership Committee	Committee established by Velindre University NHS Trust under the above Regulations to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales.
Trust members	The executive and non-executive directors (which will include the Chair) of the Trust and shall be referred to as the Executive Directors and Independent Members, respectively.
Values and Standards of Behaviour Framework	The Values and Standards of Behaviour Framework, incorporating NHS Codes of Conduct.
Vice-Chair	The person who deputises for the Chair, taking on the Chair's duties if the Chair is absent for any reason.
Welsh Government	The devolved government for Wales consisting of the Welsh Ministers and the civil servants whose authority emanates from them.

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~~For Local Health~~ ~~Boards~~ Betsi Cadwaladr University Local Health Board

Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business. When agreeing SOs LHBs must ensure they are made in accordance with directions as may be issued by Welsh Ministers. These SOs are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the Board; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the LHB.

These documents form the basis upon which the LHB's governance and accountability framework is developed and, together with the adoption of the LHB's Values and Standards of Behaviour framework ~~[LHB to insert title of relevant policy]~~, (Standards of Business Conduct Policy) is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within the LHB.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

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Section A – Introduction

Statutory framework

- i) The ~~[insert name] Local~~Betsi Cadwaladr University Health Board (the LHB) is a statutory body that was established on 1st June 2009 and became operational on the 1 October 2009 under **The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 (S.I. 2009/778)**, “the Establishment Order”.

~~FOR POWYS INSERT~~

~~Powys Teaching Local Health Board (the LHB) is a statutory body that was established on 1 April 2003 and became operational on the 1 June 2003 under **The Local Health Boards (Establishment and Dissolution) (Wales) Order 2003 (S.I. 2003/148)**, “the Establishment Order”.~~

- ii) The principal place of business of the LHB is – Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.~~[insert address]~~
- iii) All business shall be conducted in the name of ~~[insert name] LHB~~Betsi Cadwaladr University Health Board, and all funds received in trust shall be held in the name of the LHB as a corporate Trustee.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how LHBs are governed and their functions.
- v) Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made **the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779)** (“The Constitution Regulations”) which set out the constitution and membership arrangements of LHBs, which includes a requirement for LHBs to make SOs for the regulation of its proceedings and business including provision for the Boards suspension.

- vi) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHB's statutory functions are set out in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009 (S.I. 2009/1511)**.
- vii) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee ("WHSSC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)** which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.
- viii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8)** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee ("EASC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance which LHBs must take into account when exercising any function. However in some cases the relevant function may be contained in other legislation. In exercising their powers LHBs must be clear about the statutory basis for exercising such powers.
- x) As a statutory body, the LHB has specified powers to contract in its own name and to act as a corporate trustee. The LHB also has statutory powers under sections 194 and 195 of the NHS (Wales) Act 2006 to fund projects jointly planned with local authorities, voluntary organisations and other bodies.
- xi) The **National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993)** have effect as made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to

an improvement in the way in which NHS functions and health-related functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the Area Plan developed in accordance with the **Social Services and Well-being (Wales) Act 2014 (2014)**.

- xii) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions. NHS bodies includes the NHS bodies in England such as the NHS Commissioning Board, NHS Trust and NHS Foundation Trusts and, for the purpose of this duty, also includes bodies such as NICE, the Health and Social Care Information Centre and Health Education England.
- xiii) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- xiv) Further duties and powers placed on health boards in relation to co-operation and partnership with local authorities and other partners in Wales are set out in the **Social Services and Well-being (Wales) Act 2014**. This Act establishes the legal framework for meeting people's needs for care and support and imposes general and strategic duties on local authorities and LHBs in order to effectively plan and provide a sufficient range and level of care and support services. The **Partnership Arrangements (Wales) Regulations 2015 (2015/1989)**, made under Part 9 of the **Social Services and Well-being (Wales) Act 2014** set out the arrangements made and provides for LHBs and local authorities to pool funds for the purpose of providing specified services.

Guidance on the provisions of Part 9 can be found at <https://gov.wales/docs/dhss/publications/151218part9en.pdf>

- xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvi) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards of conduct relating to the Welsh language. These standards replace the requirement for a Welsh Language Scheme previously provided for by Section 5 of the Welsh Language Act 1993. The Welsh Language Standards (No.7) Regulations 2018 (2018/411) came into force on the 29 June 2018 and specifies standards in relation to the conduct of Local Health Boards. The Local Health Board will ensure that it has arrangements in place to meet those standards which the Welsh Language Commissioner has required by way of a compliance notice under section 44 of the 2011 Measure.

- xvii) LHBs are also bound by any other statutes and legal provisions which govern the way they do business. The powers of LHBs established under statute shall be exercised by LHBs meeting in public session, except as otherwise provided by these SOs.

NHS framework

- xviii) In addition to the statutory requirements set out above, LHBs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that are expected at all levels of the service, locally and nationally.
- xix) Adoption of the principles will better equip LHBs to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xx) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link:

<http://www.wales.nhs.uk/governance-emanual/values-and-standards-of-behaviour-framew>

- xxi) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xxii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of LHB business are also issued electronically, usually

under cover of a Welsh Health Circular.

Local Health Board Framework

- xxiii) Schedule 2 provides details of the key documents that, together with these SOs, make up the LHB's governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves. The Standing Financial Instructions form Schedule 2.1 of these SOs.
- xxiv) 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 ~~[insert name]~~ LHB 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. Details of the LHB's key policy statements are also included in Schedule 2.
- xxv) LHBs shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxxiii below).
- xxvi) For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance – SOs 1.1.2 refers.

Applying Standing Orders

- xxvii) The SOs of the LHB (together with SFIs and the Values and Standards of Behaviour Framework ~~[LHB to insert title of relevant policy]~~ (Standards of Business Conduct policy)), will, as far as they are applicable, also apply to meetings of any formal Committees established by the LHB, including any Advisory Groups, sub-Committees, joint-Committees and joint sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs and further details on joint-Committees may be found in Schedule 4.*
- xxviii) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee **[or insert name of Committee established to consider audit matters]** to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and LHB officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

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

Variation and amendment of Standing Orders

- xxx) Although these SOs are subject to regular, annual review by the LHB, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:
- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
 - The proposed variation or amendment has been considered and approved by the Audit Committee ~~[or insert name of Committee established to consider audit matters]~~ and is the subject of a formal report to the Board; and
 - A notice of motion under Standing Order 7.5.14 has been given.

Interpretation

- xxxi) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of the LHB shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director of Finance (in the case of SFIs).
- xxxii) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

- xxxiii) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within LHBs, and is a key source of advice and support to the LHB Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within the LHB. The Board Secretary is responsible for:
- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
 - Facilitating the effective conduct of LHB business through meetings of the Board, its Advisory Groups and Committees;

- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the LHB's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers;

As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board, its Committees and Advisory Groups, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

xxxiv) Further details on the role of the Board Secretary within—~~[insert name]~~Betsi Cadwaladr University Health Board LHB, including details on how to contact them, are available at: ~~[insert signpost to relevant LHB documentation]~~.

<http://howis.wales.nhs.uk/sitesplus/861/page/41705>

Section B – Standing Orders

1. THE LOCAL HEALTH BOARD

- 1.0.1 The LHB's principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.
- 1.0.2 The LHB was established by the **Local Health Boards (Establishment and Dissolution) (Wales) Order 2009** (S.I. 2009/778) and most of its functions are contained in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009** (S.I. 2009/1511). The LHB must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.

~~FOR POWYS INSERT~~

~~The LHB was established by the **Local Health Boards (Establishment and Dissolution) (Wales) Order 2003** (S.I. 2003/148 (W.18)), and most of its functions are contained in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009** (S.I. 2009/1511 (W.147)). The LHB must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.~~

- 1.0.3 To fulfil this role, the LHB will work with all its partners and stakeholders in the best interests of its population.

1.1 Membership of the Local Health Board

- 1.1.1 The membership of the LHB shall be no more than 20 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (appointed by the Board).
- 1.1.2 For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

Officer Members [to be known as Executive Directors]

- 1.1.3 A total of 9 (including the Chief Executive), appointed by the Board, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.

Non Officer Members [to be known as Independent Members]

- 1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.

Associate Members

- 1.1.5 A total of 4 associate members may be appointed to the Board. They will attend Board meetings on an ex-officio basis, but will not have any voting rights.
- 1.1.6 No more than three Associate Members may be appointed by the Minister for Health and Social Services. This may include:
- Director of Social Services (nominated by local authorities in the LHB area)
 - Chair of the Stakeholder Reference Group
 - Chair of the Healthcare Professionals' Forum
- 1.1.7 The Board may appoint an additional Associate Member to assist in carrying out its functions, subject to the agreement of the Minister for Health and Social Services.

Use of the term 'Independent Members'

- 1.1.8 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:
- Chair
 - Vice Chair
 - Non Officer Members

unless otherwise stated.

1.2 Joint Directors

1.2.1 Where a post of Executive Director of the LHB is shared between more than one person because of their being appointed jointly to a post:

- i) Either or both persons may attend and take part in Board meetings;
- ii) If both are present at a meeting they shall cast one vote if they agree;
- iii) In the case of disagreement no vote shall be cast; and
- iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years. Time served includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment to the same Board will not be eligible for appointment by the Board as an Associate Member.

1.3.3 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.4 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 2 of the Constitution Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

1.3.5 The LHB will require Board members to confirm in writing their continued eligibility on an annual basis.

1.4 The Role of the LHB Board and responsibilities of individual members

Role

- 1.4.1 The principal role of the LHB is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:
- Setting the organisation's strategic direction
 - Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
 - Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

Responsibilities

- 1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.
- 1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.
- 1.4.4 LHBs shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".
- 1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as are their fellow Board members who have voting rights.
- 1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the LHB within the communities it serves.

- 1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.4.8 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 1.4.10 In addition to their corporate role across the breadth of the Board's responsibilities, the Vice-Chair has a specific brief to oversee the LHB's performance in the planning, delivery and evaluation of primary care, community health and mental health services ensuring a balanced care model to meet the needs of the population within the LHB's area.
- 1.4.11 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the LHB. They are the appointed Accountable Officer for the LHB and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.4.12 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or "champions" as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF LHB FUNCTIONS

- 2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i) Schedule of matters reserved to the Board;
- ii) Scheme of delegation to committees and others; and
- iii) Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 Subject to Standing Order 4, the LHB retains full responsibility for any functions delegated to others to carry out on its behalf.

2.1 Chair's action on urgent matters

2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

2.2.1 The Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board' within the Model Standing Orders (see paragraph 2.0.2.(i)) to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:

- i) By a Committee, sub-Committee or officer of the LHB (or of another LHB or Trust); or
- ii) By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
- iii) Jointly with one or more bodies including local authorities through a joint-Committee, sub-Committee or joint sub-Committee.

2.2.2 The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees,

joint-Committees or joint sub-Committees which it has formally constituted.

2.3 Delegation to officers

- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 LHB Committees

- 3.1.1 The Board may and, where directed by the Welsh Ministers must, appoint Committees of the LHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term 'Committee'

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:
- Board Committee
 - joint-Committee
 - sub-Committee
 - joint sub-Committee

unless otherwise stated. The Board's Advisory Groups are referred to separately.

3.2 Joint Committees

- 3.2.1 The Board may, and where directed by the Welsh Ministers must, together with one or more LHBs or NHS Trusts or the local authorities operating within the LHB's area, appoint joint-Committees or joint sub-Committees. These may consist wholly or partly of the LHB's Board members or Board members of other health service bodies or of persons who are not LHB Board members or Board members of other health service bodies. Any such appointments must be made in accordance with the Board's defined requirements on membership (including definition of member roles, powers and terms and conditions of appointment) and any directions given by the Welsh Ministers.
- 3.2.2 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others on its behalf. The Board shall wherever possible determine, in agreement with its partners, that its joint-Committees hold meetings in public unless there are specific, valid reasons for not doing so.
- 3.2.3 The Board shall establish, as a minimum, the following joint-Committees:
- The Welsh Health Specialised Services Committee (WHSSC).
 - The Emergency Ambulance Services Committee

Joint Committee Standing Orders, terms of reference and operating arrangements

- 3.2.4 The Board shall formally approve SOs or terms of reference and operating arrangements for each joint-Committee established. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
 - Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum;
 - Meeting arrangements;
 - Communications;
 - Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups);
 - Any budget, financial and accounting responsibility;
 - Secretariat and other support;
 - Training, development and performance; and
 - Reporting and assurance arrangements.
- 3.2.5 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the joint-Committee, keeping any such aspects to the minimum necessary. The detailed SOs or terms of reference and operating arrangements for those joint-Committees

established by the Board are set out in Schedule 4.

3.3 Sub-Committees

- 3.3.1 A Committee appointed by the Board may establish a sub-Committee to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.4 Committees established by the LHB

- 3.4.1 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.

- 3.4.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

- 3.4.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

- 3.4.4 In doing so, the Board shall specify which aspects of these SOs are not

applicable to the operation of the Committee, keeping any such aspects to the minimum necessary.

3.4.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the LHB Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the LHB Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by the LHB.

3.4.6 Executive Directors or other LHB officers shall not be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers or to review Mental Health Tribunals (in accordance with the Mental Health Act 1983). Designated LHB officers shall, however, be in attendance at such Committees, as appropriate.

Full details of the Committee structure established by the Board, including detailed terms of reference for each of these Committees are set out in Schedule 3.

3.5 Other Committees

3.5.1 The Board may also establish other Committees to help the LHB in the conduct of its business.

3.6 Confidentiality

3.6.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.7 Reporting activity to the Board

3.7.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

4.0.1 From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

- 4.0.2 The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261) (“the Shared Services Regulations”) require the Velindre NHS Trust to establish a Shared Services Committee which will be responsible for exercising the Trust’s Shared Services functions. The Shared Services Regulations prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
- 4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.
- 4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation Agreement and a Hosting Agreement between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.
- 4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. ADVISORY GROUPS

- 5.0.1 The LHB has a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, the Board may and where directed by the Welsh Ministers must, appoint Advisory Groups to the LHB to provide advice to the Board in the exercise of its functions.
- 5.0.2 The LHB’s Advisory Groups include a Stakeholder Reference Group, Healthcare Professionals’ Forum and Local Partnership Forum. *The membership and terms of reference for these groups are set out in Schedule 5.*
- 5.0.3 The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

5.1 Terms of reference and operating arrangements

5.1.1 The Board must formally approve terms of reference and operating arrangements for the Advisory Groups. These must establish the governance arrangements and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships with others (including the LHB Board, its Committees and Advisory Groups) as well as other relevant local and national groups);
- Any budget and financial responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.1.2 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the Advisory Group, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements are set out in Schedule 5.

5.1.3 The Board may determine that the Advisory Group shall be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the Board approves such action.

5.2 Support to the Advisory Groups

5.2.1 The LHB's Board Secretary, on behalf of the Chair, will ensure that the Advisory Groups are properly equipped to carry out their role by:

- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Advisory Group Chair on the conduct of its business and its relationship with the LHB and others;
- Ensuring the provision of secretariat support for Advisory Group meetings (for specific arrangements relating to Local Partnership Forum see Schedule 5.3, paragraph 1.7.1);
- Ensuring that the Advisory Group receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups/professionals as appropriate; and
- Facilitating effective reporting to the Board

enabling the Board to gain assurance that the conduct of business within the Advisory Group accords with the governance and operating framework it has set.

5.3 Confidentiality

- 5.3.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

5.4 Advice and feedback

- 5.4.1 The LHB may specifically request advice and feedback from the Advisory Groups on any aspect of its business, and they may also offer advice and feedback even if not specifically requested by the LHB. The Groups may provide advice to the Board:

- At Board meetings, through the SRG and HPF Chair's participation as Associate Members;
- In written advice;
- In any other form specified by the Board.

5.5 Reporting activity

- 5.5.1 The Board shall ensure that the Chairs of all Advisory Groups report formally, regularly and on a timely basis to the Board on their activities. Advisory Group Chairs shall bring to the Board's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 5.5.2 Each Advisory Group shall also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.
- 5.5.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

5.6 THE STAKEHOLDER REFERENCE GROUP (SRG)

Role

- 5.6.1 The SRG's role is to provide independent advice on any aspect of LHB business. This may include:
- Early engagement and involvement in the determination of the LHB's overall strategic direction;
 - Provision of advice on specific service proposals prior to formal

consultation; as well as

- Feedback on the impact of the LHB's operations on the communities it serves.

5.6.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

5.6.3 The SRG's role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. Membership may include community partners, provider organisations, special interest and other groups operating within the LHBs area.

5.6.4 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the LHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

5.6.5 In addition to the provisions above the Board must set out, the relationships and accountabilities with others, such as the Regional Partnership Board.

5.7 Relationship with the Board

5.7.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

5.7.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

5.7.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the SRG.

5.7.4 The Board's Chair shall put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

5.8 Relationship between the SRG and others

5.8.1 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the LHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who

- do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

5.9 Working with Community Health Councils

5.9.1 The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings.

5.9.2 The SRG shall work together with CHCs within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

Refer to Schedule 5.1 for detailed Terms of Reference and Operating Arrangements

5.10 THE HEALTHCARE PROFESSIONALS' FORUM (HPF)

Role

5.10.1 The HPF's role is to 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.

5.10.2 The HPF shall 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 healthcare professional perspective to inform the LHB's decision making.

5.11 Terms of reference and operating arrangements

5.11.1 In addition to the provisions in 5.2.1 above the Board must set out, the relationships and accountabilities with others, as well as the National Professional Advisory Group.

5.12 Relationship with the Board

5.12.1 The HPF's main link with the Board is through the HPF Chair's membership of the Board as an Associate Member.

5.12.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The HPF's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

5.12.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the HPF.

5.12.4 The Board's Chair shall put in place arrangements to meet with the HPF Chair on a regular basis to discuss the HPF's activities and operation.

5.13 Rights of Access to the LHB Board for Professional Groups

5.13.1 The LHB Chair, on the advice of the Chief Executive and/or Board Secretary, may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

- i) Where the HPF recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
- ii) Where a healthcare professional group has demonstrated that the HPF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

5.13.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 7.5.7.

5.14 Relationship with the National Professional Advisory Group

5.14.1 The HPF Chair (or HPF Vice-Chair) will be a member of the National Professional Advisory Group.

Refer to Schedule 5.2 for detailed Terms of Reference and Operating Arrangements

5.15 THE LOCAL PARTNERSHIP FORUM (LPF)

Role

5.15.1 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 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.

5.15.2 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.

5.16 Relationship with the Board and others

5.16.1 The LPF's main link with the Board is through the Executive members of the LPF.

5.16.2 The Board may determine that designated Board members or LHB staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

5.16.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the LPF's staff representative members.

5.16.4 The Board's Chair shall put in place arrangements to meet with the LPG's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

5.16.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Refer to Schedule 5.3 for detailed Terms of Reference and Operating Arrangements

6. WORKING IN PARTNERSHIP

6.0.1 The LHB shall work constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care for its citizens. This will be delivered in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers, e.g., the development of population assessments and area plans.

6.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the LHB through:

- The LHB's own structures and operating arrangements, e.g., Advisory Groups; and
- The involvement (at very local and community wide levels) in partnerships and community groups – such as Regional Partnership and Public Service Boards – of Board members and LHB officers with delegated authority to represent the LHB and, as appropriate, take decisions on its behalf.

6.0.3 The Social Services and Well-Being (Wales) Act 2014 sets out duties for working in partnership with local authorities complementing existing duties under section 82 of the NHS Act 2006 (duty to cooperate with local

authorities) and sections 10 (arrangements with other bodies) and 38 (duty to make services available to enable the discharge of local authority functions) of the NHS (Wales) Act 2006. This includes “Partnership Arrangements” established under the direction of Regional Partnership Boards and under which the LHB may carry out any of the specified functions on behalf of the partnership body and may established pooled funds for specified purposes. An advice note on partnership working – implications for health boards and NHS Trusts from the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 has been published and it can be found here: https://socialcare.wales/cms_assets/hub-downloads/Partnership-working—implications-for-health-boards-and-NHS-Trusts.pdf

- 6.0.4 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6.1 Community Health Councils (CHCs)

- 6.1.1 The **Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010** (S.I. 2010/288) (as amended) and the **Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010** (S.I. 2010/289) place a range of duties on LHBs in relation to the engagement and involvement of CHCs in its operations.

- 6.1.2 In discharging these duties, the Board shall work constructively with the CHCs working jointly within the LHB’s area by ensuring their involvement in:

- The planning of the provision of its healthcare services;
- The development and consideration of proposals for changes in the way in which those services are provided; and
- The Board’s decisions affecting the operation of those healthcare services that it has responsibility for

and formally consulting with those CHCs working jointly within the LHB’s area on any proposals for substantial development of the services it is responsible for.

- 6.1.3 The Board shall ensure that each relevant CHC is provided with the information it needs on a timely basis to enable it to effectively discharge its functions.

Relationship with the Board

- 6.1.4 The Board may determine that designated CHC members shall be invited to attend Board meetings.
- 6.1.5 The Board shall make arrangements for regular joint meetings between the CHC members and the Board, to be held not less than once every three calendar months and ensuring attendance of at least one third of the Board's members.
- 6.1.6 The Board's Chair shall put in place arrangements to meet with the relevant CHC Chair(s) on a regular basis to discuss matters of common interest.

7. MEETINGS

7.1 Putting Citizens first

- 7.1.1 The LHB's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. The LHB, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested or required) and in electronic formats;
- Requesting that attendees notify the LHB of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011 .

- 7.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views and interests of the communities served by the LHB, including any views expressed formally to the LHB, e.g., through the SRG or CHCs.

7.2 Annual Plan of Board Business

- 7.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.
- 7.2.2 The plan shall set out the arrangements in place to enable the LHB to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.
- 7.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.
- 7.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisation's website.

Annual General Meeting (AGM)

- 7.2.5 The LHB must hold an AGM in public no later than the 31 July each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda, shall be displayed bilingually (in English and Welsh) at the LHBs principal sites and on the LHB's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of the LHB are available, on request, prior to the meeting; and
 - State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.
- 7.2.6 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, such as the organisation's annual quality statement.
- 7.2.7 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

7.3 Calling Meetings

- 7.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may

also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

- 7.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

7.4 Preparing for Meetings

Setting the agenda

- 7.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees and Advisory Groups; and the priorities facing the LHB. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.
- 7.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

- 7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least ~~10-7~~ calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.
- 7.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that assessment shall accompany the report to the Board to enable the Board to make an informed decision.

- 7.4.5 In the event that at least half of the Board members do not receive the

Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

- 7.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least ~~10-7~~ calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- At the LHB's principal sites; On the LHB's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the LHB's communication strategy.

- 7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

- 7.5.1 The LHB shall encourage attendance at its formal Board meetings by the public and members of the press as well as LHB officers or representatives from organisations who have an interest in LHB business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility.
- 7.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That 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 (c.67).

- 7.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.
- 7.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.
- 7.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Board, its Committees and Advisory Groups

- 7.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the LHB, (whether directly or through the activities of bodies such as CHCs and the LHB's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

- 7.5.8 The Chair of the LHB will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 7.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and

relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

7.5.10 At least six Board members, at least three of whom are Executive Directors and three are Independent Members, must be present to allow any formal business to take place at a Board meeting.

7.5.11 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

7.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

7.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

7.5.14 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined

that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

7.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

7.5.16 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

7.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.5.18 **Motions under discussion** – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

7.5.19 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.5.20 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

7.5.21 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

7.5.22 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

- 7.5.23 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.
- 7.5.24 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of the community and healthcare professionals within the LHB's area. Such views will usually be presented to the Board through the Chairs of the LHB's Advisory Groups and the CHC representative(s).
- 7.5.25 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.
- 7.5.26 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

7.6 Record of Proceedings

- 7.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.
- 7.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on the LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, the General Data Protection Regulation 2018, and the LHB's Communication Strategy and Welsh language requirements.

7.7 Confidentiality

- 7.7.1 All Board members (including Associate Members), together with

members of any Committee or Advisory Group established by or on behalf of the Board and LHB officials must respect the confidentiality of all matters considered by the LHB in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework ~~[LHB to insert title of relevant policy]~~, (Standards of Business Conduct policy) or legislation such as the Freedom of Information Act 2000, etc.

8. VALUES AND STANDARDS OF BEHAVIOUR

8.0.1 The Board must adopt a set of values and standards of behaviour for the LHB that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the LHB, including Board members, LHB officers and others, as appropriate. The framework adopted by the Board **[LHB to insert title of relevant policy]** will form part of these SOs.

8.1 Declaring and recording Board members' interests

8.1.1 ***Declaration of interests*** – It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework ~~[LHB to insert title of relevant policy]~~, (Standards of Business Conduct policy), and their statutory duties under the Constitution Regulations. Board members must notify the Chair and Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

8.1.3 ***Register of interests*** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a

formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

- 8.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 8.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by the LHB are made aware of, and have access to view the LHB's Register of Interests. This may include publication on the LHB's website.
- 8.1.6 ***Publication of declared interests in Annual Report*** – Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the LHB's Annual Report.

8.2 Dealing with Members' interests during Board meetings

- 8.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of the LHB and the NHS in Wales.
- 8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.
- 8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:
 - i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that

strategy determined by the Board;

- ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
- iii) The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
- iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

8.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

8.2.8 The Constitution Regulations define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

8.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a LHB Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

8.3 Dealing with officers' interests

- 8.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of LHB officers' interests in accordance with the Values and Standards of Behaviour Framework.

8.4 Reviewing how Interests are handled

- 8.4.1 The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

8.5 Dealing with offers of gifts², hospitality and sponsorship

- 8.5.1 The Values and Standards of Behaviour Framework ~~[LHB to insert title of relevant policy]~~ **(Standards of Business Conduct policy)** approved by the Board prohibits Board members and LHB officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.
- 8.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or LHB officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or LHB officer. Failure to observe this requirement may result in disciplinary and/or legal action.
- 8.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:
- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
 - **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to

²The term gift refers also to any reward or benefit.

benefit the LHB;

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the LHB; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

8.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

8.6.2 All sponsorship must be approved prior to acceptance in accordance with the **Values and Standards of Behaviour Framework** ~~[LHB to insert title of relevant policy]~~ (Standards of Business Conduct policy) and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

8.7 Register of Gifts, Hospitality and Sponsorship

8.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to LHB officers working within their

Directorates.

8.7.2 Every Board member and LHB officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship are kept under active review, taking appropriate action where necessary.

8.7.3 When determining what should be included in the Register with regard to gifts and hospitality, individuals shall apply the following principles, subject to the considerations in Standing Order 8.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

8.7.4 Board members and LHB officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the LHB ;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

8.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the LHB to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the LHB's arrangements for dealing with offers of gifts, hospitality and sponsorship.

9. SIGNING AND SEALING DOCUMENTS

9.0.1 The common seal of the LHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.

- 9.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1. Register of Sealing

- 9.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

9.2 Signature of Documents

- 9.2.1 Where a signature is required for any document connected with legal proceedings involving the LHB, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.
- 9.2.2 The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the LHB any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

9.3 Custody of Seal

- 9.3.1 The Common Seal of the LHB shall be kept securely by the Board Secretary.

10. GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

- 10.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of LHB business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.
- 10.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit Committee (or equivalent).
- 10.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the

Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the LHB.

10.0.4 Assurances in respect of the functions discharged by WHSSC and EASC shall achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

10.0.5 Arrangements for seeking and providing assurance in respect of any other services provided on behalf of or in association with the LHB shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

10.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

10.2 Reviewing the performance of the Board, its Committees and Advisory Groups

10.2.2 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

10.2.3 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

10.2.4 The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

10.3 External Assurance

10.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

10.3.3 The Board shall keep under review and ensure that, where appropriate, the LHB implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

10.3.4 The LHB shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other

stakeholders, including its officers and healthcare professionals.

11.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

11.0.3 The Board shall also facilitate effective scrutiny of the LHB's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.0.4 The Board shall ensure that within the LHB, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

12. REVIEW OF STANDING ORDERS

12.0.1 *[The Board Secretary shall arrange for an appropriate impact assessments to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.]*

12.0.2 These SOs shall be reviewed annually by the Audit Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

Schedule 1

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

[See attached SoRD]

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

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

- i) A Committee, e.g., Quality and Safety Committee;
- ii) A sub-Committee, e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;
- iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs established to take forward matters relating to specialist services; and
- iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the LHB's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***
- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***
- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***
- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***
- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***
- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***
- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***
- ***The Board may delegate authority to act, but retains overall responsibility and accountability***
- ***When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.***

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit⁴ Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify ~~[LHB to insert details]~~ **the Chief Executive** of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the LHB. The Scheme is to be used in conjunction with the system of control and other established procedures within the LHB.

⁴ LHB to insert title for the committee that carries out these functions.

SCHEDULE OF MATTERS RESERVED TO THE BOARD⁵

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs ⁶
2	FULL	GENERAL	<p>The Board must determine any matter that will be reserved to the whole Board. These are:</p> <p>[LHB to insert details]</p> <ul style="list-style-type: none"> • <u>Items as listed on the Board's Cycle of Business.</u>
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges

⁵ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.

⁶ Except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC).

4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the LHB; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Approve the LHB's Values and Standards of Behaviour framework [LHB to insert title of relevant policy] (Standards of Business Conduct policy)
6	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with SOs

10	FULL	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the LHB's responsibility as a bailee for patients' property
11	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents
12	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with SFIs
13	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
14	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the LHB
15	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal
16	FULL	ORGANISATION STRUCTURE & STAFFING	Approve appointment and manage appraisal, discipline and dismissal of the Chief Executive
17	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of the Executive Directors and any other Board level appointments, e.g., the Board Secretary
18	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies

20	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss LHB Committees, including any joint-Committees directly accountable to the Board
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee, joint-Committee or Group set up by the Board
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee for funds held on trust
25	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities
26	FULL	STRATEGY & PLANNING	Approve the LHB's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
27	FULL	STRATEGY & PLANNING	Approve the LHB's Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve the LHB's citizen engagement and involvement strategy, including communication

29	FULL	STRATEGY & PLANNING	Approve the LHB's partnership and stakeholder engagement and involvement strategies
30	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: <ul style="list-style-type: none"> Population Health Needs Assessment and Commissioning Plan The development and delivery of patient centred clinical services for their population Improving quality and patient safety outcomes Workforce and Organisational Development Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
31	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
32	FULL	STRATEGY & PLANNING	Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population Services
33	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
34	FULL	PERFORMANCE & ASSURANCE	Approve the LHB's audit and assurance arrangements
35	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans
36	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans

37	FULL	PERFORMANCE & ASSURANCE	Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that raise issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
38	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans
39	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans
40	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the LHB's performance against <i>Doing Well, Doing Better: Standards for Health Services in Wales</i> (formally the Healthcare Standards) and approve action required, including improvement plans
41	FULL	REPORTING	Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Assembly Government
42	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		[individual LHB to insert details, in accordance with statutory and Assembly Government requirements] Special Measures
	VICE CHAIR		[individual LHB to insert details, in accordance with statutory and Assembly Government requirements] Mental Health; Primary Care.
	CHAMPION/ NOMINATED LEAD		http://howis.wales.nhs.uk/sitesplus/861/page/73169 [individual LHB to insert details, in accordance with statutory and Assembly Government requirements]

DELEGATION OF POWERS TO COMMITTEES AND OTHERS⁷

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, including [individual LHBs to insert details]

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others, and these are set out in their respective terms of reference:

<http://howis.wales.nhs.uk/sitesplus/861/page/41650>

▪ ~~[LHB to insert details]~~

▪ ~~[LHB to insert details]~~

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the LHB's Scheme of Delegation to Committees.

⁷ As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, ~~set out in [insert details]~~, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the LHB's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
https://bcuhb.nhs.wales/about-us/governance-and-assurance1/standing-orders-and-financial-instructions/{LHB_____to determine}	https://bcuhb.nhs.wales/about-us/governance-and-assurance1/standing-orders-and-financial-instructions/{LHB to determine}

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

LHB framework

The LHB's governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- *SFIs (see Schedule 2.1 below)*
- *Values and Standards of Behaviour Framework (Standards of Business Conduct Policy)*
- *~~Risk and Assurance Framework~~Board Assurance Framework (BAF) narrative document*
- *~~Key policy documents [LHB to insert details]~~Risk Management Strategy and Policy*
- *Living Healthier, Staying Well (LHSW)*
- *Annual Plan*

agreed by the Board. These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

These documents may be accessed by:

[https://bcuhb.nhs.wales/\[LHB to insert details\]](https://bcuhb.nhs.wales/[LHB to insert details])

Key external bodies forming part of the Health Board's framework for partnership governance arrangements include:

- Welsh Ambulance Services Trust;
- Public Health Wales;
- North Wales Community Health Council;

- Local Authorities (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham);
- Neighbouring NHS bodies in England and Wales;
- The Community Voluntary Councils;
- Public Services Boards / Regional Leadership Board;
- Mid Wales Healthcare Collaborative.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Schedule 2.1

MODEL STANDING FINANCIAL INSTRUCTIONS FOR LOCAL HEALTH BOARDS

[Local Health Board SFIs to be inserted]

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

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

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

***[LHB to insert details, including detailed Terms of Reference
and Operating Arrangements for each Committee]***

Schedule 4

JOINT COMMITTEE ARRANGEMENTS

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

***[LHB to insert details, including detailed terms of reference
and operating arrangements for each Committee]***

Schedule 4.1 – Welsh Health Services Specialised Services Committee
Schedule 4.2 – Emergency Ambulance Services Committee

Schedule 5

ADVISORY GROUPS

Terms of Reference and Operating Arrangements

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

[LHB to insert details, including detailed terms of reference and operating arrangements for each Advisory Group. These must include and take account of the information detailed below in the model SO's]

Schedule 5.1 – Stakeholder Reference Group

Schedule 5.2 – Health Professionals Forum

Schedule 5.3 – Local Partnership Forum

Schedule 5.1

Stakeholder Reference Group

Terms of Reference and Operating Arrangements

THE STAKEHOLDER REFERENCE GROUP (SRG)

1.1 Role

1.1.1 The SRG's role is to provide independent advice on any aspect of LHB business. This may include:

- Early engagement and involvement in the determination of the LHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB's operations on the communities it serves.

1.1.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

1.1.3 The SRG's role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. Membership may include community partners, provider organisations, special interest and other groups operating within the LHBs area.

1.1.4 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the LHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

1.1.5 In addition to the provisions in 1.1.3 above the Board must set out, the relationships and accountabilities with others, such as the Regional Partnership Board.

1.2 Membership

- 1.2.1 The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment (including remuneration and reimbursement) will be determined by the Board, taking account of the views of its stakeholders.
- 1.2.2 There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.
- 1.2.3 Membership must be drawn from within the area served by LHB, and shall ensure involvement from a range of bodies and groups operating within the communities serviced by the LHB. Where the Board determines it appropriate, the LHB may extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may represent the interests of these stakeholders on the SRG.
- 1.2.4 In determining the overall size and composition of the SRG, the Board must take account of the:
- Demography of the areas served by the LHB;
 - Need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status. Where appropriate, the LHB shall support positive action to increase representation;
 - Balance needed in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
 - Design and operation of the partnership/stakeholder fora already influencing the work of the LHB at local community levels;
 - Need to complement, and not duplicate the work of CHCs; and
 - Need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.
- 1.2.5 The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

1.3 Member Responsibilities and Accountability:

The Chair

- 1.3.1 The Chair is responsible for the effective operation of the SRG:

- Chairing Group meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the Group's membership and between the Group and the LHB's Board and its Chair and Chief Executive.

1.3.2 The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.3 As Chair of the SRG, they may as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

The Vice Chair

1.3.4 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.

1.3.5 The Vice Chair is accountable, through the SRG Chair to the LHB Board, for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the SRG.

Members

1.3.6 The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

1.3.7 All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by

participating in appropriate personal and organisational development programmes; and

- Promote the work of the SRG within the communities it represents.

1.3.8 SRG members are accountable, through the SRG Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the SRG.

1.4 Appointment and terms of office

1.4.1 Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area that may represent the interests of these stakeholders on the SRG.

1.4.2 The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Ministers. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment;

1.4.3 The Board Secretary, on behalf of the Chair of the LHB, will oversee the process of nomination and appointment to the SRG.

1.4.4 Members shall be appointed for a period specified by the Board, but for no longer than 3 years in any one term. Those members can be reappointed but may not serve a total period of more than 5 years consecutively. The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

1.4.5 The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the LHB Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

1.4.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may

remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

- 1.4.7 The **Vice Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the LHB Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the LHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 1.4.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.
- 1.4.9 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.
- 1.4.10 The LHB will require SRG members to confirm in writing their continued eligibility on an annual basis.

1.5 Resignation, suspension and removal of members

- 1.5.1 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.
- 1.5.2 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:
- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
 - It is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

- 1.5.3 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

1.5.4 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i) The absence was due to a reasonable cause; and
- ii) The person will be able to attend such meetings within such period as the Board considers reasonable.

1.5.5 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.6 Relationship with the Board

1.6.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

1.6.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

1.6.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the SRG.

1.6.4 The Board's Chair shall put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

1.7 Relationship between the SRG and others

1.7.1 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the LHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

1.8 Working with Community Health Councils

- 1.8.1 The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings.
- 1.8.2 The SRG shall work together with CHCs within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

Schedule 5.2

Health Professionals' Forum

Terms of Reference and Operating Arrangements

THE HEALTHCARE PROFESSIONALS' FORUM (HPF)

1.1 Role

- 1.1.1 The HPF's role is to 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.
- 1.1.2 The HPF shall 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 healthcare professional perspective to inform the LHB's decision making.

1.2 Terms of reference and operating arrangements

- 1.2.1 The Board must set out, the relationships and accountabilities with others, as well as the National Professional Advisory Group.

1.3 Membership

- 1.3.1 The membership of the HPF reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the HPF shall therefore comprise the following eleven (11) members, as a minimum:
- Welsh Medical Committee
 - Primary and Community Care Medical representative
 - Mental Health Medical representative
 - 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 Pharmacists representative
 - Community Pharmacists representative

1.3.2 Where the Board determines it appropriate, the LHB may extend membership to other individuals in order to ensure an appropriate balance in representation amongst healthcare professional groupings and across the range of primary, community and secondary service provision.

1.4 Member Responsibilities and Accountability:

The Chair

1.4.1 The Chair is responsible for the effective operation of the HPF:

- Chairing meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the HPF's membership and between the HPF and the LHB's Board, and in particular its Chair, Chief Executive and clinical Directors.

1.4.2 The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the HPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.4.3 As Chair of the HPF, they will be appointed as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

The Vice Chair

- 1.4.4 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.
- 1.4.5 The Vice Chair is accountable through the HPF Chair to the LHB Board for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the HPF.

Members

- 1.4.6 The HPF shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the HPF.
- 1.4.7 All members must:
- Be prepared to engage with and contribute fully to the HPF's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
 - Comply with their terms and conditions of appointment;
 - Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
 - Promote the work of the HPF within the healthcare professional discipline they represent.
- 1.4.8 Forum members are accountable through the HPF Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the HPF.

1.5 Appointment and terms of office

- 1.5.1 Appointments to the HPF shall be made by the Board, based upon nominations received from the relevant healthcare professional group, and in accordance with any specific requirements or directions made by the Welsh Ministers. Members shall be appointed for a period specified by the Board, but for no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.
- 1.5.2 The **Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, who must submit a

recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

- 1.5.3 The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.
- 1.5.4 The **Vice Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to the condition that they be appointed from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the HPF Chair's absence, the Vice Chair will also perform the role of Associate Member on the LHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 1.5.5 The Vice Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Vice Chair has ended.
- 1.5.6 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the HPF Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The HPF Chair will advise the Board in writing of any such cases immediately.
- 1.5.7 The LHB will require Forum members to confirm in writing their continued eligibility on an annual basis.

1.6 Resignation, suspension and removal of members

- 1.6.1 A member of the HPF may resign office at any time during the period of appointment by giving notice in writing to the HPF Chair and the Board.
- 1.6.2 If the Board, having consulted with the HPF Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the HPF that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the HPF

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

1.6.3 A nominating body or group may request the removal of a member appointed to the HPF to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

1.6.4 If a member fails to attend any meeting of the HPF for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i) The absence was due to a reasonable cause; and
- ii) The person will be able to attend such meetings within such period as the Board considers reasonable.

1.6.5 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.7 Relationship with the Board

1.7.1 The HPF's main link with the Board is through the HPF Chair's membership of the Board as an Associate Member.

1.7.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The HPF's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

1.7.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the HPF.

1.7.4 The Board's Chair shall put in place arrangements to meet with the HPF Chair on a regular basis to discuss the HPF's activities and operation.

1.8 Rights of Access to the LHB Board for Professional Groups

1.8.1 The LHB Chair, on the advice of the Chief Executive and/or Board Secretary, may recommend that the Board afford direct right of access to

any professional group, in the following, exceptional circumstances:

- i) Where the HPF recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
- ii) Where a healthcare professional group has demonstrated that the HPF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

1.8.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

1.9 Relationship with the National Professional Advisory Group

1.9.1 The HPF Chair (or HPF Vice-Chair) will be a member of the National Professional Advisory Group.

Schedule 5.3

Local Partnership Forum Advisory Group Terms of Reference and Operating Arrangements

1.1 Role and Purpose

- 1.1.1 The LHB Local Partnership Forum (LPF) is the formal mechanism where NHS Wales's employers and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.
- 1.1.2 At the earliest opportunity, the Board will engage with staff organisations in the key discussions at the LHB Board, LPF and Locality/Divisional level.
- 1.1.3 All members are full and equal members of the forum and collectively share responsibility for the decisions made.
- 1.1.4 The LPF will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.
- 1.1.5 The purpose of the LPF will be to:
- Establish a regular and formal dialogue between the Board's Executive and staff organisations on matters relating to workforce and health service issues.
 - Enable employers and staff organisations to put forward issues affecting the workforce.
 - Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
 - Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
 - Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.

- Appraise and discuss in partnership the financial performance of the organisation on a regular basis.
- Appraise and discuss in partnership the Board services and activity and its implications.
- Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- Communicate to the partners the key decisions taken by the Board and senior management.
- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board including matters of service re-profiling.
- Negotiate on matters subject to local determination.
- Ensure staff organisation representatives are afforded reasonable paid time off to undertake trade union duties
- To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

1.1.6 In addition the LPF can establish LPF sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/Directorates/Service areas. Where these sub groups are developed they must report to the LHB LPF.

1.2 General Principles

1.2.1 The LHB and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

1.2.2 The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency

- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

All members must:

- be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline they represent.

1.2.3 A Code of Conduct is attached as Appendix 2.

1.3 Membership

1.3.1 All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The NHS organisation shall agree the overall size and composition of the LPF in consultation with those staff organisations the LHB recognises for collective bargaining. The Trade Union member of the LHB Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives

1.3.2 Management will normally consist of the following members of management representatives:

- Chief Executive
- Finance Director
- General Managers/Divisional Managers (as locally identified)
- Director of Workforce and OD
- Workforce and OD staff (as locally identified)

1.3.3 Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda.

Staff Representatives

1.3.4 The Board recognises those staff organisations listed in Appendix 3 for the representation of members who are employed by the organisation.

1.3.5 Staff representatives must be employed by the organisation and

accredited by their respective organisations for the purposes of bargaining. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then they will automatically cease to be a member of the LPF. Full time officers of the staff organisations may attend meetings subject to prior notification and agreement.

- 1.3.6 Members of the LPF who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the LPF.

1.4 Quorum

- 1.4.1 Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.
- 1.4.2 If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days' notice.
- 1.4.3 Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 consecutive occasions, the Joint Secretaries will write to the member and bring the response to the next meeting for further consideration and possible removal.

1.5 Officers

- 1.5.1 The Staff Organisation Chair, Vice Chair and Secretary will be elected from the LPF annually. Best practice requires these three officers to come from different staff organisations.

1.6 Chairs

- 1.6.1 The Management and Staff Organisation Chair will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups. Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.7 Joint Secretaries

- 1.7.1 Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Organisation Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Organisation Chairs.

- 1.7.2 The Director of Workforce and OD will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

1.8 Sub Committees

- 1.8.1 When is considered appropriate, the LPF can decide to appoint a subcommittee, to hold detailed discussion on a particular issue(s). Nominated representatives to sub committees will communicate and report regularly to the LPF.

1.9 Management of Meetings

- 1.9.1 Meetings will be held bi-monthly but this may be changed to reflect the need of either staff organisations or management.
- 1.9.2 The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. Board wide strategic issues and issues that have LHB/Trust wide implications shall be referred to the Welsh Partnership Forum via the LHB Board.
- 1.9.3 The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.
- 1.9.4 The LPF has the capacity to co-opt others onto the LPF or its sub groups as deemed necessary by agreement.

Appendix 1

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCM)
- UNISON
- UNITE
- GMB
- British Orthoptic Society
- Society of Radiographers
- British Dental Association
- Society of Chiropodists and Podiatrists
- Federation of Clinical Scientists
- Chartered Society of Physiotherapy (CSP)
- British Dietetic Association
- British Association of Occupational Therapists (BAOT)

Summary of Standing Orders (SOs) and Scheme of Reservation & Delegation (SoRD) Local Amendments

October 2019

Page / Section	Nature of Amendment
SOs:	
Front/Title	Amend to read 'Betsi Cadwaladr University Local Health Board'
Front/Footer	Add 'BCUHB'
2/Foreword	Add reference to 'Standards of Business Conduct policy'
8/Section A, i	Amend to read 'Betsi Cadwaladr University Health Board'
8/Section A	Delete para relating to Powys
8/Section A, ii	Add Ysbyty Gwynedd address
8/Section A, iii	Amend to read 'Betsi Cadwaladr University Health Board'
12/Section A, xxiv	Amend to read 'Betsi Cadwaladr University Health Board'
12/Section A, xxvii	Add reference to 'Standards of Business Conduct policy'
13/Section A, xxx	Delete wording in 2 nd bullet point
14/Section A, xxxiv	Amend to read 'Betsi Cadwaladr University Health Board' / add website link
15/Section B	Delete para relating to Powys
35/7.4.3; 7.4.7	Amend '10 calendar days' to read '7 calendar days'
41/7.7.1/8.1.1	Add reference to 'Standards of Business Conduct policy'
44/8.5.1	Add reference to 'Standards of Business Conduct policy'
45/8.6.2	Add reference to 'Standards of Business Conduct policy'
55/Schedule 1	Add reference to the Chief Executive
56/Schedule 1 (2)	Add 'items as listed on the Board's Cycle of Business'
57/Schedule 1 (5)	Add reference to 'Standards of Business Conduct policy'
61/Schedule 1 (additional area)	Add 'Special Measures' re the Chair
61/Schedule 1 (additional area)	Add 'mental health; primary care' re Vice Chair
61/Schedule 1 (additional area)	Add link to website listing Board Champions
62/Schedule 1	Add link to website listing Committees' details and addition of wording 'and these are set out in their respective terms of reference'

63/Schedule 1	Delete 'set out in [insert details]'; insert web link detailing the SoRD
64/Schedule 2	Add reference to 'Standards of Business Conduct policy'; replace 'risk and assurance framework with 'Board Assurance Framework (BAF) narrative document; add references to 'Risk Management Strategy and Policy', Living Healthier, Staying Well (LHSW); Annual Plan; link to new BCUHB website; para on partnership governance arrangements, key external bodies.
SORD:	
3e, 6g	Added 'Executive Director of Finance for clarity'; reference to table B moved to next column
9b, c	Added 'Directors' under Operational Responsibility
11d	Added 'Director of Acute Services' under Operational Responsibility
13c	Added 'Executive Director of Finance for clarity'; reference to table B moved to next column
22	Added 'Deputy CEO' under Operational Responsibility
29a, 30a, 30b, 43	Replaced 'Board Secretary' with 'Deputy CEO' under Operational Responsibility
44c	Replaced 'Board Secretary' with 'Executive Medical Director' under Operational Responsibility
48	Amended Operational Responsibility column; Director of Acute Services added
Table B	Added references to the Director of Acute Services, as highlighted
NB Additional subsequent amendment, approved by the Audit Committee:	
All relevant sections	All references to 'Director of Acute Services' replaced by the title 'Director of Operations'

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

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

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53
WELSH LANGUAGE STANDARD REPORTING	54
CONTROLLED DRUGS ACCOUNTABLE OFFICER	55

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Standing Orders / Standing Financial Instructions		
a) Final authority in interpretation of Standing Orders	Chair	Chair
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance
2. Meetings		
a) Calling meetings of the LHB	Chair	Board Secretary
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence
3. Financial Planning/Budgetary Responsibility		
a) Setting:		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors
Submit monitoring returns	Chief Executive	Executive Director of Finance
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets or from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Executive Director of Finance	Please refer to Table B – Delegated Limits
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)		
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)
5. External Borrowing		
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)
6. Non Pay Expenditure		
For details of Delegated Limits please refer to Table B		
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors
c) Ensuring expenditure is within budget	Chief Executive	Directors
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance
g) Financial Limits	Executive Director of Finance	Please refer to Table B – Delegated Limits
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)
7. Stores and Receipt of Goods		
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities
c) Stocktaking arrangements	Executive Director of Finance	Directors
8. Capital Investment Management		
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:		
a) Programme:		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance
Completion and signing off of a business case for approval	Chief Executive/Executive Director of Finance	Executive Director of Planning & Performance
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/ Executive Director of Finance
e) Financial control and audit-Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.		
a) Services:		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors
b) Quotations – Total value of the contract over its entire period:		
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	Directors - For details of delegated limits, please refer to Table B
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	Directors - For details of delegated limits. Please refer to Table B
c) Competitive Tenders – Total value of the contract over its entire period:		
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	Directors - For details of delegated limits, please refer to Table B
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	Directors - For details of delegated limits, please refer to Table B
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
10. Fixed Assets		
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors
11. Personnel & Pay		
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Director of Operations, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary Care & Community Services, Executive Director of Therapies & Health Sciences and Executive Director of Workforce &

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
		OD/Director of MHLD for appointments over 24 months to 36 months only.
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.
h) Establishments:		
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance
i) Pay		
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors
Authority to authorise overtime	Executive Director of Workforce & OD	Directors
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors
j) Leave		
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Directors
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors
Compassionate leave	Executive Director of Workforce & OD	Directors
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors
Leave without pay	Executive Director of Workforce & OD	Directors
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors
Consultants Special Leave	Executive Medical Director	Directors
Time off in lieu	Executive Director of Workforce and OD	Directors
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors
l) Sick Leave		
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD
Return to work part-time on full pay to assist recovery	Executive Director of	Directors in conjunction with

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
	Workforce & OD	Executive Director of Workforce & OD
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD
m) Study Leave		
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary Care & Community Services	Directors
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/Executive Director of Therapies & Health Science/Executive Director of Primary Care & Community Services	Directors
All other study leave (UK)	Executive Director of Workforce & OD	Directors
n) Removal Expenses		
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
		Director of Workforce & OD
o) Grievance Procedure	Executive Director of Workforce & OD	Directors
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary Care & Community Services
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors
12. Engagement of Staff Not On the Establishment		
For details of Delegated Limits, please refer to Table B		
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service
d) Booking of Bank Staff:		
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service
Other	Executive Director of Workforce & OD	Director accountable for relevant service
13. Charitable Funds Held on Trust		
For details of Delegated Limits, Please refer to Table B		
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance
c) Expenditure	Executive Director of Finance	Refer to Table B – Delegated limits
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance
e) Operation of Bank Accounts:		
Managing banking arrangements and operation of bank accounts	Executive Director of	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
	Finance in conjunction with Corporate Trustees	
Opening bank accounts	Board	Executive Director of Finance
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance
14. Primary Care Patient Services/ Healthcare Agreements		
For details of Delegated Limits, please refer to Table B – Healthcare Agreements		
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary Care & Community Services	Executive Director of Planning & Performance
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary Care & Community Services for all primary care related agreements
15. Income Systems, Fees and Charges		
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)
g) Non patient care income	Executive Director of Finance	Executive Director of Finance
16. Disposal and Condemnations		
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport		
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors
17. Losses, Write-offs & Compensation		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee
17.1 Ex-Gratia Payments:		
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery
e) For personal injury claims involving negligence where legal advice has been	Board	Chief Executive/Executive Director of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
obtained and guidance applied up to £1,000,000 Report to Board > £50,000*		Finance/Executive Director of Nursing & Midwifery
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government		
18. Reporting of Incidents to the Police		
a) Where a criminal offence is suspected		
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities
Other	Executive Director of Planning & Performance	Director of Estates & Facilities
19. Financial Procedures		
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance
20. Audit Arrangements		
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary
e) Implement recommendations	Chief Executive	All relevant Directors
21. Legal Proceedings		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary Care & Community Services for all Primary Care related matters.
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/ Deputy CEO
23. Clinical Audit	Chief Executive	Executive Medical Director
24. Patients' Property (in conjunction with financial advice)		
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies		
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance
25. Patients & Relatives Complaints		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery
26. Seal		
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary
b) Attestation of seal in accordance with Standing Orders	Chief Executive/Chair	Board Secretary
27. Gifts and Hospitality		
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary
28. Declaration of Interests		
a) Maintaining a register	Chief Executive	Board Secretary
29. Informatics and the Data Protection Act		
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Deputy CEO
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer
30. Records		
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Deputy CEO / Executive Medical Director
b) Approval for the destruction of records	Chief Executive	Deputy CEO / Executive Medical Director
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director
34. Infectious Diseases & Notifiable Outbreaks – outbreak control / public health monitoring and surveillance / provision of public health advice	Chief Executive	Executive Director of Public Health
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance
36. Health & Safety		
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD
37. Medicines Inspectorate Regulations		
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist
38. Environmental Regulations		
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist
41. Commercial Sponsorship		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance
42. Cost/Notional Rent/Third Party Developer/Improvement Grants		
Approval of all schedules of payments	Chief Executive	Executive Director of Primary Care & Community Services
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary Care & Community Services
43. Freedom of Information	Chief Executive	Deputy CEO
44. Compliance Lead Roles:		
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance
c) Senior Information Risk Owner	Chief Executive	Executive Medical Director
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Executive Directors / Director of MHL D / Director of Operations

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee		
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery
54. Welsh Language Standard Reporting	Chief Executive	Executive Director of Public Health
55. Controlled Drugs Accountable Officer	Chief Executive	Chief Pharmacist

Table B – Scheme of Financial Delegation

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

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities, Interim Director of Operations (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Care & Cty Services		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Therapies & Health Sciences		Up to 250k			Up to £150k			Up to £100k							

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors , Director of Mental Health & Learning Disabilities, Interim Director of Operations		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Assistant Director of Service User Experience		Up to £75k							Up to £75k						
Deputy / Assistant Director to the Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Updated Master SoRD October 2019 v0.04 draft



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IT FORMS

PARTS A (Screening – Forms 1-4) and
B (Key Findings and Actions – Form 5)

<u>For:</u>	(Insert title of policy, proposal, strategy, decision etc. here) Revised Model Standing Orders (2019)
<u>Date form completed:</u>	25.10.19



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University Health Board

IT FORMS

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 a disability 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 / 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 / remove these?*
- ✓ *What barriers, if any, do people who share protected characteristics face as a result of your policy / 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

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	The impacts of the revised Model Standing Orders (2019)
2.	Provide a brief description, including the aims and objectives of what you are assessing.	To provide assurance that there is nothing contained within the new Standing Orders to be adopted by the Health Board, that creates discrimination or other equality issues.
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Acting Board Secretary and the Board
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	National work to revise the model Standing Financial Instructions, that sit alongside the Standing Orders
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 staff are potentially affected as the Standing Orders apply across the board. Engagement has taken place at national level, and locally with the Audit Committee, plus the Standing orders will be taken to the Board in public and published on the web.
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc.?	Failure to apply the Standing Orders correctly, leading to non-compliance with regulatory and Ministerial requirements.
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	The Standing Orders enable the Health Board's business to be carried out in a uniform manner by all/any member of staff.

Part A

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

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. (*Please refer to the [Step by Step guidance](#) for more information*) 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? i.e. 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

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)				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?
	Yes	No	(+ve)	(-ve)		
Age (e.g. think about different age groups)		no			Standing Orders apply to all equally, regardless of age. Applying Standing Orders will not lead to discrimination or other equality issues.	-
Disability (think about different types of impairment and health conditions:- i.e. physical, mental health, sensory loss, Cancer, HIV)		no			Standing Orders apply to all equally, regardless of dis/ability. Applying Standing Orders will not lead to discrimination or other equality issues.	

Part A

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

Gender Reassignment (sometimes referred to as 'Gender Identity' or transgender)		no			Standing Orders apply to all equally, regardless of how they identify in terms of gender. Applying Standing Orders will not lead to discrimination or other equality issues.	
Pregnancy and maternity		no			Standing Orders apply to all equally, regardless of pregnancy/maternity status. Applying Standing Orders will not lead to discrimination or other equality issues.	
Race (include different ethnic minorities, Gypsies and Travellers) Consider how refugees and asylum-seekers may be affected.		no			Standing Orders apply to all equally, regardless of race or status. Applying Standing Orders will not lead to discrimination or other equality issues.	
Religion, belief and non-belief		no			Standing Orders apply to all equally, regardless of religion/beliefs. Applying Standing Orders will not lead to discrimination or other equality issues.	

Part A

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

Sex (men and women)		no			Standing Orders apply to all equally, regardless of sex. Applying Standing Orders will not lead to discrimination or other equality issues.	
Sexual orientation (Lesbian, Gay and Bisexual)		no			Standing Orders apply to all equally, regardless of orientation. Applying Standing Orders will not lead to discrimination or other equality issues.	
Marriage and civil Partnership (Marital status)		no			Standing Orders apply to all equally, regardless of marital status. Applying Standing Orders will not lead to discrimination or other equality issues.	
Low-income households		no			Standing Orders apply to all equally, regardless of income. Applying Standing Orders will not lead to discrimination or other equality issues.	

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

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>

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*

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				Standing Orders apply to all equally. Applying Standing Orders will not lead to discrimination or other equality issues in respect of human rights.	

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

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			Adopting the Standing Orders will not change the right to use the Welsh language.	
Treating the Welsh language no less favourably than the English language		no			Adopting the Standing Orders will not change the way use of the Welsh language is treated.	

Part A Form 4: Record of Engagement and Consultation

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.	Consultation on the Standing Orders has taken place at national level. The impacts have been independently assessed by an individual with protected characteristics
Have any themes emerged? Describe them here.	None – no impacts identified
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	-

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

1. What has been assessed? (Copy from Form 1)	Revised Model Standing Orders 2019
-----------------------------------------------	------------------------------------

2. Brief Aims and Objectives: (Copy from Form 1)	To provide assurance that there is nothing contained within the new Standing Orders to be adopted by the Health Board, that creates discrimination or other equality issues.
-----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your policy or proposal of high significance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Part B Form 5: Summary of Key Findings and Actions

For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?			
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic, Human Rights and Welsh Language? No issues/impacts		
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Record Details:		
6. Are monitoring arrangements in place so that you can measure what actually happens after you	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	How is it being monitored?	Overseen by the Board Secretary and corporate team	
	Who is responsible?	Board Secretary	

Part B Form 5: Summary of Key Findings and Actions

implement your policy or proposal?	What information is being used?	E.g. will you be using existing reports/data or do you need to gather your own information? Will gather own information as required
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	When the Standing Orders are next updated

7. Where will your policy or proposal be forwarded for approval?	The Board (ratification following Audit Committee approval)
------------------------------------------------------------------	-------------------------------------------------------------

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
	Dawn Sharp	Acting Board Secretary
	Liz Jones	Assistant Director (Corporate Governance)

Part B Form 5: Summary of Key Findings and Actions

Senior sign off prior to committee approval:		
	Dawn Sharp	Acting 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.

	Proposed Actions	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:	NA	-	-
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	None	-	-

Part B Form 5: Summary of Key Findings and Actions

	Proposed Actions	Who is responsible for this action?	When will this be done by?
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?	NA	-	-
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.	NA	-	-
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	NA	-	-

Health Board**7.11.19**
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To improve health and provide excellent care

Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)
Report Author:	Mrs Heulwen Hughes, All Wales Approval Manager for Approved Clinicians and section 12(2) Doctors
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	Betsi Cadwaladr University Health Board is the Approving Board for Approved Clinicians and section 12(2) Doctors in Wales and as such, receives regular register updates.
Approval / Scrutiny Route Prior to Presentation:	The information is collated by the All Wales Project Support Team and register updates are submitted directly to the Board.
Governance issues / risks:	Patient safety Risk of legal challenge
Financial Implications:	Not Applicable
Recommendation:	The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	

3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Not Applicable			
Equality Impact Assessment			
No equality impact assessment is considered necessary for this update paper. Approval Process is part of Legislative process.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

**Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors
for Wales
21st August – 18th October 2019**

	AC	S12 (2)
Approvals and Re-approvals	10	6
Removed – Expired	0	2
Approvals suspended	0	N/A
Approvals re-instated – returned to work in Wales	0	N/A
Approval Ended	0	0
Retired	0	0
Removed – AC approved	N/A	5
No longer registered	0	0
Transferred from AC register	N/A	0
Approval Ended as no longer working in Wales	17	2
Registered without a licence to practice	1	1

**Mental Health Act 1983 as amended by the Mental Health Act 2007.
Mental Health Act 1983 Approved Clinician (Wales) Directions
Update of Register of Approved Clinicians for Wales**

21st August – 18th October 2019

Approvals and re-approvals – 10

Surname	First Name	Workplace	Expiry Date
Magee	Teresa Marea	Community Mental Health Team, Swn Y Gwynt, Tir-y-Dail Lane, Ammanford, Carmarthenshire SA18 3AS	22 August 2024
Pansari	Kalpana	Bro Cerwyn Centre, Fishguard Road, Haverfordwest, Pembrokeshire SA61 2PG	08 September 2024
Bright	Catherine Margaret	Learning Disabilities Directorate , Alders House, Llanfrechfa Grange, Caerleon Road, Cwmbran NP44 8YN	09 September 2024
Brook	Jennifer	Ysbyty Ystrad Fawr, Ystrad Fawr Way, Ystrad Mynach, Hengoed CF82 7EP	17 September 2024
Vaidya	Bhushan	Hamadryad CMHT, Hamadryad Road, Cardiff CF10 5UY	17 September 2024
Sanikop	Ajat	Llanarth Court Hospital, Llanarth, Raglan, Usk, Monmouthshire NP15 2YD	26 September 2024
Winter	Susan Jane	Tan y Castell Rehab Unit, Mwrog Street, Ruthin LL15 1LE	03 October 2024
Smith	Susan	Perinatal Community Mental Health Service, Global Link, First Floor, Dunleavy Drive, Cardiff CF11 0SN	03 October 2024
Singh	Pritpal	Ty Derbyn, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD	10 October 2024
Savage	Marie Catherine	c/o Ty Llywelyn, Forensic Service, Bryn y Neuadd Hospital, Llanfairfechan LL33 0HH	14 October 2024

Approvals re-instated – 0

Surname	First Name	Workplace	Expiry Date

Approvals expired – 0

Surname	First Name	Workplace	Expiry Date

Approvals Suspended – 0

Surname	First Name	Workplace	Expiry Date

Retired – 0

Surname	First Name	Workplace	Expiry Date

No longer Registered - 0

Surname	First Name	Expr1004	Expiry Date
Mafulul	Yakubu Musa	Glan Traeth Day Hospital, 2 Alexandra Road, Rhyl LL18 9EA	8 May 2022

No longer working in Wales – 17

Surname	First Name	Expr1004	Expiry Date
Sholinghur	Hari Kumar	Phoenix House, Welshpool	10 January 2021
Osman	Abdelgadir	Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor LL57 2PW	18 August 2020
Layton	Michael	Private Address	28 October 2019
Moyle	Christopher David	Cwm Seren Low Secure/PICU, Hafan Derwen, St Davids Park, Carmarthen SA31 3BB	26 October 2019
Rajpal	Powan	Priory Hospital, Tonteg	1 October 2020
Singh-Dernevik	Sandeep	Flintshire Community Learning Disability Team	29 May 2022
Babiker	Saliah Khalasalla	Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor LL57 2PW	14 October 2019
Howard	Timothy John	St David's Independent Hospital, Carrog, Corwen, Denbighshire LL21 9BG	17 January 2023
Murthi	Adi	Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor LL57 2PW	25 April 2023
Eastwood	Nigel	126 Cowbridge Road West, Cardiff CF5 5BT	22 September 2020
Kurian	Pulickaparambil	Private Address	16 September 2019
Masood	Barkat	Heddfan Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD	9 January 2022
Moosa	Hasnin	North CMHT, Maesteg Community Hospital, Neath Road, Maesteg CF34 9PW	9 September 2020
Baburaj	Raghavender	Llanfrechfa Grange Hospital, Cwmbran NP44 8YN	18 July 2021
Qamruddin	Motasim	Morlais Ward, Canolfan Gwynog, Glangwili Hospital, Carmarthen SA31 2AF	14 August 2021
Thiagarajan	Senthil Kumar	St Teilo House, Goshen Street, Rhymney, Tredegar, Gwent NP22 5NF	2 November 2021

Approvals Ended – 0

Surname	First Name	Workplace	Expiry Date

Mental Health Act 1983
Update of Register of Section 12(2) Approved Doctors for Wales

28th June 2019 – 20th August 2019

Approvals and Re-approvals – 6

Surname	First Name	Workplace	Date Approval Expires
Shah	Syed Kashif Taimoor	Mental Health Wellbeing Clinic, Zone 'R', Princess of Wales Hospital, Bridgend CF31 1RQ	19 September 2024
Palmer	Jacqueline	St Cadocs Hospital, Lodge Road, Caerleon, Newport NP18 3XQ	26 September 2024
Patel	Darchana	From 7th August 2019: CAMHS service, St Cadocs Hospital, Caerleon. Prev workplace: Gwent Substance Misuse Service, Lower Dock Street, Newport.	26 August 2024
Kuntal	Vineet Singh	Mental Health Unit, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun CF72 8XR	25 September 2024
Kramer	Julia Rose	Cwm Seren, Hafan Derwen, Jobswell Road, Carmarthen SA31 3HB	08 September 2024
Underwood	Jack Francis Gresley	Caswell Clinic, Tondur Road, Bridgend CF31 4LN	

Removed – Expired – 2

Surname	First Name	Workplace	Date Approval Expires
Tan	Jacinta	Ty Bryn Unit, St Cadocs Hospital, Caerleon, Gwent NP18 3XQ	12 September 2024
Williams	Anthony John	Private Address	28 September 2019

Removed – AC approved – 5

Surname	First Name	Workplace	Date Approval Expires
Masood	Barkat	Ty Derbyn, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD	08 October 2019
Seruis	Maria Luisa	North Cardiff Crisis Resolution and Home Treatment Team, Whitchurch Hospital, West 1 A, Park Road, Cardiff CF14 7XB	12 October 2019
Roberts	Owen	Whitchurch Hospital, Park Road, Whitchurch, Cardiff CF14 7XB	16 September 2019
Burden	Thomas	Fairfield Child and Family Clinic, 1 Waunarlwydd Road, Cockett, Swansea SA2 0GR	24 September 2019
Roy	Anjan	Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ	12 October 2019

No longer registered – 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register – 0

Surname	First Name	Date Approval Expires	Workplace

No longer working in Wales – 2

Surname	First Name	Workplace	Date Approval Expires
Evans	Jonathan David	Plas y Bryn Medical Centre, Chapel Street, Wrexham	17 September 2020
Khedr	Mohammed	CMHT, Ty Einon Centre, Princess Street, Gorseinon, Swansea SA9 9US	22 August 2019

Registered without a licence to practice – 1

Surname	First Name	Workplace	Date Approval Expires
Winston	Christopher Mark	113 Heathwood Road, Heath, Cardiff CF14 4BJ	18 September 2019

Removed – Retired – 0

Surname	First Name	Workplace	Date Approval Expires

Health Board		GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19	To improve health and provide excellent care		

Report Title:	Child Adolescent Mental Health Services - Response to Delivery Unit Report on primary care mental health services (Part 1 of the Measure)
Report Author:	Alison Cowell, Assistant Area Director Children's Services
Responsible Director:	Dr Chris Stockport, Executive Director Primary and Community Care
Public or In Committee	Public
Purpose of Report:	To provide the Board with a briefing on the Delivery Unit review of Primary Care (community) Child and Adolescent Mental Health Services, including the Health Board response to the recommendations received.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised by the Mental Health Act Committee on 27.9.19. Progress against the actions contained within the paper will be reported back through the Mental Health Act Committee.
Governance issues / risks:	The paper highlights the Health Board response to recommendations contained within the Delivery Unit report on primary care mental health services.
Financial Implications:	None identified.
Recommendation:	The Board is asked to note and endorse the actions identified

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Mental Health			
Equality Impact Assessment			
EqIA not required			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Child Adolescent Mental Health Services - Response to Delivery Unit Report

1. Purpose of report

To provide the Board with a briefing on the Delivery Unit (DU) review of Primary Care (community) Child and Adolescent Mental Health Services (CAMHS), including the good practice and the quality improvement requirements.

2. Introduction/Context

In 2010 Welsh Government introduced Wales specific legislation; the Mental Health (Wales) Measure 2010 with the aim of improving accessibility to services. This legislation included the development of Local Primary Mental Health Support Services (LPMHSS) including services to people under the age of 18.

As a result of Welsh Government (WG) concerns about CAMHS nationally additional revenue investment was made in 2015 to all Health Boards which led to the development of the current service in BCUHB.

The DU Assurance review was commissioned by Welsh Government to analyse the impact these initiatives have had on improving primary care mental health services (Part 1 of the Measure) for people under the age of 18.

The review of primary care CAMHS in Betsi Cadwaladr University Health Board took place between 27th March – 10th April 2019. The data reviewed related to the period July 2017 – June 2018. Verbal feedback was provided to the Health Board Directorate Managers on 11th April 2019 and the formal report received 2nd August 2019 (copy attached at Appendix 1).

3. Findings

The DU reviewers reported the following findings

- CAMHS staff demonstrated a high level of care and commitment to the children, young people and the families they support.
- CAMH services are integrated, delivering services under Parts 1 and 2 of the Measure. Whilst this provides considerable benefits in terms of critical mass, the thresholds of the service lack clarity in terms of how the requirements of Parts 1 and 2 of the Measure are met.
- The Choice & Partnership Approach (CAPA) model is used throughout the service, being particularly well embedded in the Central area. However, staff

reported challenges of meeting CAPA requirements within the timescales required by the Measure targets.

- A Single Point of Access (SPOA) operates in all integrated teams allowing timely decision-making and access to professional advice. However, there are some referrals that do not go through the SPOA.
- Staff reported challenges in accessing suitable environments both in terms of geographical distance from children and young people (C&YP) and families, age appropriateness and clinical suitability.
- The lack of workforce data prior to the commencement of the Measure and the integrated nature of the service rendered it impossible for the DU to determine the level of growth in service capacity since the commencement of the Measure.
- The Health Board faces challenges regarding recruitment and retention, a number of vacancies existed at the time of the review. Where agency staff are used, staff reported variability in the quality of this workforce with last minute cancellations impacting upon the service that C&YP receive.
- Data submitted to Welsh Government demonstrate that since 2015 the volume of referrals has increased by over 100%, whilst the volume of assessments and interventions undertaken has shown a more gradual increase.
- Waiting list data and performance activity show that the Health Board are not routinely achieving the target for assessment within 28 days.
- The case note audit demonstrated that whilst there is a broad range of categories covered in the assessment, consideration of risk and safeguarding were the least well evidenced.
- Waiting list and activity data demonstrate that Interventions are not routinely commenced in line with the performance target.
- Whilst some GPs reported that services had improved, the majority of respondents reported being either unsatisfied or very unsatisfied with the service. Some respondents reported that the service was variable.
- Some GPs reported that they make fewer referrals than they may as they do not expect a positive response from the service.
- Waiting times, service thresholds and effective communication with referrers were considered to be areas where improvements should be made.

4. DU Recommendations

1. BCUHB should review the application of the thresholds developed for its CAMH services paying particular attention to ensuring a genuinely primary care approach within its PCAMH service.
2. BCUHB should ensure the use of comprehensive reporting methods to ensure that the full range of PCAMHS activity undertaken is demonstrated.
3. BCUHB should devise a strategic approach to ensuring timely access to clinically suitable and age appropriate environments
4. BCUHB should ensure that its PCAMH service engages with GPs to ensure a clear and shared understanding of CAMH service thresholds and pathways.
5. BCUHB should review its SPOA to ensure consistency of approach in all service components and the avoidance of potential duplication.

5. BCUH Response and Actions

Recommendation No 1

BCUHB should review the application of the thresholds developed for its CAMH services paying particular attention to ensuring a genuinely primary care approach within its PCAMH service.

Response:

The reviewers found that by having an integrated team meaning that a child or young person may have the same practitioner delivering seamless care under the Mental Health Measure from Primary (Part 1) through to Secondary (Part 2), could result in there being a blurring between the thresholds with practitioners managing complex care without a Care Co-Ordinator and a Care and treatment Plan in place.

Actions:

- To ensure that all practitioners clearly indicate whether their interaction with the child & young person is within the primary or secondary classification as per the guidance. This has been implemented following the DU verbal feedback meeting. Processes are in place now to audit and re-audit every six months.
- To ensure that all practitioners are having supervision in line with CAPA framework and undertake an audit of records within supervision. This has been implemented following the DU verbal feedback meeting. Processes are in place now to audit and re-audit every 6 months.

Recommendation No 2

BCUHB should ensure the use of comprehensive reporting methods to ensure that the full range of PCAMHS activity undertaken is demonstrated.

Response:

The reviewers found that the recording of outcomes, some interventions, risks and safeguarding concerns were not always well documented or easy to find in the records.

The case note audit demonstrated that whilst there is a broad range of categories covered in the assessment, consideration of risk and safeguarding were the least well evidenced. Of the cases audited, 52.7% identified an intervention as an outcome of the assessment.

Actions:

- Records to be audited within supervision to ensure that they are compliant with the CAMHS Operational Procedure and the BCUHB Record Keeping Policy. Commenced post DU verbal feedback.
- The work commenced in North Wales on recording outcomes for early intervention to be progressed. This will be concluded by May 2020 and reported back to the CAMHS Clinical Advisory Group and Area Quality and Safety governance structure.
- Involvement in developing the All Wales Peer Review framework to continue. BCUHB to participate in the reviewing of other Health Boards to increase learning. Peer review of BCUHB likely to be in 2020.

Recommendation No 3

BCUHB should devise a strategic approach to ensuring timely access to clinically suitable and age appropriate environments

Response:

The reviewers reported that some staff raised concerns about the environments that they are able to access, in terms of availability and appropriateness. Some concerns were also raised by staff regarding the tracking and transportation of records between sites.

Actions:

- The Children's Services operations managers to work with Estates to address these specific concerns and to develop longer term estates strategy that gives consideration to the needs of children and young people. To commence within 2 months and concluded by April 2020.
- The Children's service operations managers to review the record keeping and transportation policy, ensuring adherence by December 2019. Reporting back to the CAMHS Clinical Advisory Group and the Area Quality and Safety Governance structure.

Recommendation No 4

BCUHB should ensure that its PCAMH service engages with GPs to ensure a clear and shared understanding of CAMH service thresholds and pathways.

Response:

An all Wales stakeholder review reported that GPs in North Wales found the service was variable as in waiting times and thresholds. The report identified that GPs did not differentiate between CAMHS and Neuro-Development service where the waits are lengthy.

Actions:

- The Assistant Area Directors (AADs) for Children Services to work with the AADs for Primary Care and the Cluster Leads to improve communications and awareness of the services. To commence within 2 months and conclude by March 2020, reporting back to the CAMHS Clinical Advisory Group and the Area Quality and Safety Governance structure.

Recommendation No 5.

BCUHB should review its SPOA to ensure consistency of approach in all service components and the avoidance of potential duplication.

Response:

The reviewers found that some referrals were bypassing the SPOA, these were from the crisis practitioners based on the paediatric wards and Child health psychologists supporting children who with chronic conditions – diabetes, cystic fibrosis, epilepsy or who have been diagnosed with life limiting conditions or under the care of oncology. These direct referrals are appropriate from a clinical

perspective. However, they are not all being logged as referrals and the pathway for referrals does not capture this.

The reviewers also found that some practitioners undertaking SPOA responsibilities are logging consultations as new referrals when ongoing work is underway. The chronologies for some of these was not clear or easy to find in the records.

Actions:

To undertake a review of the SPOA functioning including the consistency of thresholds and recording.

Processes will be refreshed to ensure that all referrals are handled consistently and captured within SPOA.

This will be concluded by April 2020 and reported back to the CAMHS Clinical Advisory Group and the Area Quality and Safety Governance structure.

6. Conclusion

The DU review of CAMHS has been welcomed by the service, reinforcing the good practice and commitment of the practitioners to provide quality care to children, young people and their families whilst also challenging the service to improve key critical elements. We welcomed the DU support for our integrated model of service whilst acknowledging the challenges it presented them in applying their universal assessment tool.

With the new investment into CAMHs from the recent successful bids it will support our achievement to date and build upon them, contributing to our ability to address the recommendations within the DU report. Our delivery against the Mental Health Measure Targets in July 2019 is 81% against the 80% target for assessment and 76% against the 80% target for intervention. This is our strongest position to date and continues to demonstrate our progress over the last year.

The quality improvement actions will be monitored through the Area Quality & Safety groups through to the Quality Safety Group and Quality, Safety & Experience Committee.

Action Log:

1	To ensure that all practitioners clearly indicate whether their interaction with the child & young person is within the primary or secondary classification as per the guidance. This has been implemented following the DU verbal feedback meeting. Processes are in place now to audit and re-audit every six months.	
2 i	Records to be audited within supervision to ensure that they are compliant with the CAMHS Operational Procedure and the BCUHB Record Keeping Policy. Commenced post DU verbal feedback.	
2 ii	The work commenced in North Wales on recording outcomes for early intervention to be progressed. This will be concluded by May 2020 and reported back to the CAMHS Clinical Advisory Group and Area Quality and Safety governance structure.	
2 iii	Involvement in developing the All Wales Peer Review framework to continue. BCUHB to participate in the reviewing of other Health Boards to increase learning. Peer review of BCUHB likely to be in 2020.	
3 i	The Children's Services operations managers to work with Estates to address these specific concerns and to develop longer term estates strategy that gives consideration to the needs of children and young people. To commence within 2 months and concluded by April 2020.	
3 ii	The Children's service operations managers to review the record keeping and transportation policy, ensuring adherence by December 2019. Reporting back to the CAMHS Clinical Advisory Group and the Area Quality and Safety Governance structure.	
4	The AADs for Children Services to work with the AADs for Primary Care and the Cluster Leads to improve communications and awareness of the services. To commence within 2 months and conclude by March 2020, reporting back to the CAMHS Clinical Advisory Group and the Area Quality and Safety Governance structure.	
5	<p>To undertake a review of the SPOA functioning including the consistency of thresholds and recording.</p> <p>Processes will be refreshed to ensure that all referrals are handled consistently and captured within SPOA.</p> <p>This will be concluded by April 2020 and reported back to the CAMHS Clinical Advisory Group and the Area Quality and Safety Governance structure.</p>	



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**All Wales Assurance Review of
Primary Care Child and Adolescent
Mental Health Services (CAMHS)**

**The Review of
Primary Care CAMHS
Betsi Cadwaladr University Health Board**

July 2019

Introduction and rationale for the Delivery Unit (DU) assurance review.

Meeting the emotional and mental health needs of children and young people enables them to develop resilience, to grow and develop to their full potential.

Most frequently these needs are met within the family, by education and youth services. However, where children and young people experience more profound emotional or mental health problems they may require more specialist child and adolescent mental health services (CAMHS). Early intervention from these services increases the potential for recovery, limiting the impact of these problems on the young person's development.

A number of reports and inquiries into CAMHS in Wales have however, demonstrated shortcomings in the accessibility of these services. These deficiencies have been identified by children and young people themselves, by their family members, carers, G.P.s, other stakeholders and by the services themselves.

In order to improve the delivery of mental health services to people of all ages Welsh Government introduced Wales specific legislation; the Mental Health (Wales) Measure 2010 (the Measure). This legislation included the development of local primary mental health support services (LPMHSS) including services to people under the age of 18.

As a result of Welsh Government (WG) concerns about CAMHS performance significant additional revenue investment has been made into CAMHS since the commencement of the Measure. The investment has been directed at both primary care and specialist CAMHS with the aim of increasing the capacity and capability of CAMHS to deliver timely assessment and interventions. A separate CAMHS strand of the Together for Mental Health strategy has been developed, entitled Together for Children and Young people. This was established to drive the pace and scale of change and to improve the reach and quality of these services.

The DU Assurance review was commissioned by Welsh Government to analyse the impact these initiatives have had on improving primary care mental health services for people under the age of 18

Background

Part 1 of the Measure requires the LPMHSS to deliver the following 5 functions:

- Comprehensive assessment
- Treatment interventions
- Provision of information, advice and signposting
- Support and advice to GPs and other primary care workers
- Supporting onward referral and coordination of next steps with secondary care mental health services

Activity data reports are required by WG on the first two of these functions which are the subject of time bound targets. Assessments are required to be undertaken within 28 days of referral and intervention is required to commence 28 days after assessment. Assessments

under Part 1 can only be undertaken by registrants from within designated professional groups.

The DU routinely monitors local primary care mental health support services' activity and performance data including those for people under 18.

CAMHS' across Wales have reported lower rates of compliance with these targets than their counterparts delivering services to working age and older adults, frequently missing these national performance targets for the timely delivery of both assessments and interventions. These performance issues are leading to some children experiencing long waits for assessment and intervention.

Consideration of these performance concerns is central to the DU assurance review which will be undertaken in primary care CAMHS in each of the Health Boards in Wales.

The review of primary care CAMHS in Betsi Cadwaladr University Health Board took place between 27th March – 10th April 2019. Verbal feedback was provided to the Health Board Directorate Managers on 11th April 2019.

The Aim and Objectives of the Assurance Review

Aim

To analyse primary care CAMHS data and engage CAMHS staff and stakeholders to gather enumerative and qualitative data allowing a reliable evaluation of primary care CAMHS capability and capacity to meet presenting demand. The assurance review uses an appreciative inquiry approach seeking to provide a constructive approach to impact positively on service provision.

Objectives

- To determine the level of growth achieved in the under 18s LPMHSS, PCAMHS and SCAMHS workforce following commencement of the Measure and the additional WG investment in these services.
- To evaluate whether there is evidence to suggest a demand and capacity mismatch in primary care CAMHS.
- To determine whether any variance exists between primary care CAMHS services and service performance in Wales? If such variation does exist what is the degree of variation and what are the implications of any such variation on, for example, waiting times in primary care CAMHS and flow into and from SCAMHS?
- To produce high quality reports including recommendations to HBs and Welsh Government on the assurance review findings.

Key Findings

- CAMHS staff demonstrated a high level of care and commitment to the children, young people and the families they support.
- CAMH services are integrated, delivering services under Parts 1 and 2 of the Measure. Whilst this provides considerable benefits in terms of critical mass, the thresholds of the service lack clarity in terms of how the requirements of Parts 1 and 2 of the Measure are met.
- The CAPA model is used throughout the service, being particularly well embedded in the Central area. However, staff reported challenges of meeting CAPA requirements within the timescales required by the Measure targets.
- A Single point of access (SPOA) operates in all integrated teams allowing timely decision-making and access to professional advice, however there are some referrals that do not go through the SPOA.
- Staff reported challenges in accessing suitable environments both in terms of geographical distance from CYP and families, age appropriateness and clinical suitability.
- The lack of workforce data prior to the commencement of the Measure and the integrated nature of the service rendered it impossible for the DU to determine the level of growth in service capacity since the commencement of the Measure.
- The HB faces challenges regarding recruitment and retention, a number of vacancies existed at the time of the review. Where agency staff are used, staff reported variability in the quality of this workforce with last minute cancellations impacting upon the service that C&YP receive.
- Data submitted to Welsh Government demonstrate that since 2015 the volume of referrals has increased by over 100%, whilst the volume of assessments and interventions undertaken has shown a more gradual increase.
- Waiting list data and performance activity show that the HB are not routinely achieving the target for assessment within 28 days.
- The case note audit demonstrated that whilst there is a broad range of categories covered in the assessment, consideration of risk and safeguarding were the least well evidenced.
- Waiting list and activity data demonstrate that Interventions are not routinely commenced in line with the performance target.
- Whilst some GPs reported that services had improved, the majority of respondents reported being either unsatisfied or very unsatisfied with the service. Some respondents reported that the service was variable.
- Some GPs reported that they make fewer referrals than they may as they do not expect a positive response from the service.
- Waiting times, service thresholds and effective communication with referrers were considered to be areas where improvements should be made.

Recommendations

1. BCUHB should review the application of the thresholds developed for its CAMH services paying particular attention to ensuring a genuinely primary care approach within its PCAMH service.
2. BCUHB should ensure the use of comprehensive reporting methods to ensure that the full range of PCAMHS activity undertaken is demonstrated.
3. BCUHB should devise a strategic approach to ensuring timely access to clinically suitable and age appropriate environments.
4. BCUHB should ensure that its PCAMH service engages with GPs to ensure a clear and shared understanding of CAMH service thresholds and pathways.
5. BCUHB should review its SPOA to ensure consistency of approach in all service components and the avoidance of potential duplication.

Methodology

Data Gathering and analysis

The review team were provided with information by the HB on the organisation of their CAMHS and in particular the primary care services for under 18s. This included; the Part 1 scheme, relevant operational policies and procedures, pathways, algorithms, workforce and activity data for both specialist and primary care CAMHS activity delivered within its integrated CAMH service. The DU also analysed publicised Office for National Statistics (ONS) data on the BCUHB under 18 population and levels of deprivation by LA area.

The data were used to build a picture of the current service model and its staffing, together with the position shortly after commencement of the Measure.

Fieldwork

Fieldwork within BCUHB consisted of; an introductory interview with the managers of CAMHS, a meeting with primary care practitioners, administrative staff and their manager during which they described their process for prioritising and allocating referrals.

A case note audit was undertaken of a random sample of 180 current and recent referrals to PCAMHS and cases of children and young people open to SCAMHS who had not been afforded relevant patient status. The audit analysed the assessment of the referrals and the outcome of these assessments, using a bespoke audit tool.

A GP questionnaire was distributed via practice managers in each G.P. practice within the HB using DOO Poll.

In parallel to the work undertaken by the DU, the CAMHS/Eating Disorder Network undertook work with primary care CAMHS stakeholders (other than G.P.s) including children, young people, their families and referring agencies. This work was undertaken by means of questionnaires and the running of focus groups.

Reporting

Initial, verbal feedback was provided to the management of the service prior to the production of this report and the report has been subject to scrutiny by the management team to ensure factual accuracy. The CAMHS/ED Network analysis of stakeholder views will be reported separately.

Primary Care CAMHS in BCUHB

In Wales primary care services for under 18s may be provided by three service components; the Local Primary Mental Health Support Service (LPMHSS), other primary care CAMHS sometimes referred to as PCAMHS and in some cases members of specialist CAMHS (SCAMHS) may offer primary care assessments and interventions to under 18s accepted into SCAMHS.

The rationale for primary care mental health services being provided to under 18s from these three potential services components are:

- LPMHSS is only statutorily required to receive referrals from G.P.s. in order to fulfil their duties under the Measure.
- Referrals from other sources such as schools, and third sector services may therefore be assessed by other primary care CAMHS.
- Some under 18s having been accepted into SCAMHS are not afforded “relevant patient” status and therefore remain primary care patients within the Measure definitions.

These service components may be provided by a single staff member delivering both specialist and primary care CAMHS, alternatively primary care CAMHS may be provided by a discreet team.

Within BCUHB a regional model for children and young people and families was agreed in 2012 as part of the Local Primary Mental Health Support Services scheme. PCAMHS are delivered from within a fully integrated CAMH service.

PCAMHS managerial arrangements

Mental health services for children and young people are managed within the Children’s Directorate. Each locality has its own management team with operational oversight being provided by the Assistant Area Director. The Assistant Director for the central area is the strategic and corporate lead for children’s services across the HB, including the Tier 4 inpatient service. Each area has a designated operations manager for children’s services. A CAMHS Clinical Service Manager provides operational management of the CAMHS team within that locality. Teams are also supported by Principle Clinicians and an Administration Manager.

Prior to the Measure, there were separate primary and secondary CAMHs teams. However, since 2012 each locality operates as one integrated team that covers both the primary and secondary care functions as well as providing consultation and liaison services.

The central team has introduced a specific primary care gateway role into one cluster area that assists GPs with training, signposting as well as providing assessment and intervention. The team regard this role positively and it has had an impact in reducing the volume of referrals made to CAMHS.

The PCAMHS prioritisation and allocation process

Each locality operates a single point of access (SPOA) system that covers the majority of referrals made to CAMHS. Access to the SPOA can be made either by telephone, in writing or following face-to-face conversations with a CAMHS professional. Each area has a designated SPOA lead.

Information regarding access and eligibility criteria has been developed for referrers. Teams reported that any professional who is working with a child, including professionals working in primary health settings and any multi-agency service working with children, is able to refer to the SPOA. Parents are not able to directly refer, however parents are able to phone the SPOAs for advice. Once a referral has been received, a CAMHS professional will review the information to determine the level of urgency and response required.

The service reported that approximately 30% of referrals are made by GPs, and that between 70% and 80% of referrals will attend for a Choice and Partnership (CAPA) choice appointment. All teams reported that some referrals do not go through the single point of access. These referrals include crisis referrals that are responded to via the unscheduled care liaison staff. Another example was given in the central team where a psychologist will receive direct referrals from paediatrics bypassing the SPOA. However, referrals that have not come in through the SPOA will also be discussed in the team allocation meeting.

A “referral screening” (an initial documentation record) has been developed for use with all referrals to the SPOA, this includes a record of the referral outcomes and recommendations. The DU case note analysis identified that in some cases the SPOA had logged contacts as a new referral. This means that the chronology of the case was not always clear, for example existing cases open to the CAMHS team may be recorded as a new referral via the SPOA.

The Interface with SCAMHS

All of the CAMHS teams are integrated, delivering both primary and secondary care functions under CAPA. The decision as to whether a child or young person will be offered primary or secondary care support is based upon primary and secondary guidance.

Staff in all areas reported that operating an integrated service is beneficial and feels safe. They felt that being integrated allows staff across the whole service to be supportive of each other enables cohesion and allows staff to bring cases to the multi-disciplinary team for discussion and support.

Despite primary and secondary care guidance being in place it was not always clear where the thresholds lay within the integrated teams. Some staff reported that they were not good at

defining primary or secondary care. For example staff stated that they do primary level work, but this can be for a long time and with complex individuals.

Choice and Partnership Approach

CAPA is used across all the integrated CAMHS teams in BCUHB for the assessment and planning of both primary and secondary care, however it was also reported that the CAPA approach is new in some areas.

All staff appeared familiar with CAPA and consistently described the provision of care as either choice or partnership. These terms were also consistently used in correspondence with children, young people and their families and referrers.

Another benefit of CAPA described by staff was the learning through case discussion and team decision making. However, some staff reported that CAPA led some of them to be confused in what they could offer. In some cases, staff felt de-skilled and unsure about their role as the partnership approach lends itself to specific interventions and some staff did not have the specific therapeutic qualifications required.

A challenge raised by some teams was the ability to maintain CAPA within the 28-day assessment and intervention targets.

Findings

- ***CAMHS staff demonstrated a high level of care and commitment to the children, young people and the families they support.***
- ***CAMH services are integrated delivering services under Parts 1 and 2 of the Measure. Whilst this provides considerable benefits in terms of critical mass, the thresholds of the service lack clarity in terms of how the requirements of Parts 1 and 2 of the Measure are met.***
- ***The CAPA model is used throughout the service, being particularly well embedded in the Central area. However, staff reported challenges of meeting CAPA requirements within the timescales required by the Measure targets.***
- ***A Single point of access (SPOA) operates in all integrated teams allowing timely decision-making and access to professional advice, however there are some referrals that do not go through the SPOA.***

The location of PCAMH services

The HB has five integrated community CAMHS teams providing both primary and secondary CAMHS functions. Each local authority area within BCUHB has a CAMHS team. The CAMHS operational policy states that the teams operate on a 9-5 basis, five days a week, with options to provide evening and weekend clinics subject to demand and availability. An emergency assessment service for young people who have been admitted to paediatric wards is available 7 days a week. However, this appeared to vary between teams as the central area reported that this is available for six days per week.

The service also provides early intervention and prevention functions that operate in schools, hospitals and other primary care settings.

Staff in all areas reported geographical challenges in terms of being able to offer choice to young people and their families due to the associated time and cost for young people and families travelling to appointments. Some staff also reported that travel time is not reflected within job plans.

A concern raised by staff in the HB's Western locality was the transportation of paper records between locations. They were particularly concerned that when notes are taken out of the team base no other member of staff can access them. Staff stated that this felt uncomfortable and that some were refusing to take the notes out. Staff in the HB's Eastern locality also reported that a lot of time is taken tracking files, and obtaining information. This lack of access to information brings challenges within on-call arrangements particularly regarding risk management.

Staff also raised concerns with the environments that they are able to access, in terms of both availability and appropriateness. A range of issues were described including the size of rooms, the privacy of rooms especially within a ward environment and the age appropriateness of rooms. One staff member described working with a teenager in a room that was designed for very young children.

In the HB's Eastern locality, staff reported that they are only able to book a room for an hour, which meant that sessions could overlap. In the Western locality staff reported challenges with finding a vacant room that is suitable to purpose. However improvements were noted due to clinic space being available in the hospital. The Central locality team reported that room availability was less of an issue but that some of the rooms available are in a poor physical condition and have problems with noise and confidentiality. Staff in the Eastern and Central localities reported that service user feedback has highlighted these issues.

Peer Support and Supervision

The National Service model for Local Primary Mental Health Support Services requires that staff will have regular supervision and regular opportunities for continued professional development.

A clinical supervision policy is in place for the HB. The policy states that BCUHB is committed to ensuring that clinical supervision is made available for all registered nursing and specialist primary care practitioners. Furthermore, the operational policy for community SCAMHS states that each member of staff is assigned a clinical supervisor, matched to the work undertaken within their role and that supervision should take place as a minimum on a monthly basis but supervision that is more frequent may be agreed depending on a clinician's needs.

Staff described a range of supervision opportunities available to them, including direct line management supervision, clinical and peer supervision to discuss cases and support decision-making, and informal supervision and support that is received from colleagues and peers.

Many staff reported that supervision arrangements have greatly improved in the last two years.

All staff reported that they felt their teams are very supportive and that colleagues are approachable. Staff reported this as a benefit of being an integrated service.

PCAMHS Training

Staff reported that a range of training is available to them. This includes training in specific therapeutic modalities such as CBT, or risk assessment training such as the Wales Applied Risk Management Network (WARRN) training which has been developed. Staff in the Eastern locality stated that monthly in-house training was provided according to staff need. Other areas reported that they attend quarterly away days that can include training. Some staff reported that they have staff trained in specific interventions but that staff will also have their own skills and toolkit that they will draw upon.

Many staff informed the reviewers that they had attended Level 7 CBT training at Bangor University.

Findings

- *Staff reported receiving regular managerial and clinical supervision, and felt supported by colleagues and peers.*
- *Staff reported challenges in assessing suitable environments both in terms of geographical distance from CYP and families, age appropriateness and clinical suitability.*
- *A range of internal and external training is available to staff.*

Locality Data

Key indicators of potential demand for CAMHS are contained within the demographic makeup of the HB's population, in particular; the proportion of the population under the age of 18, the distribution of this population and the levels of deprivation within local authorities. These data provide useful predictive information on potential demand. The under 18 populations and the deprivation indices within the six local authority areas comprising the HB were therefore considered within the DU analysis of the distribution of presenting demand and the deployment of the PCAMHS workforce.

Geographical area

The geographical area covered by each Local Authority area is detailed in table 1 below.

Local Authority Area	Area Size
Isle of Anglesey	714km ²
Gwynedd	2,548km ²
Conwy	1,130km ²
Denbighshire	838km ²
Flintshire	438km ²
Wrexham	504km ²
BCUHB	6,172km²
Wales	20,780km²

Table 1

Population Age Profile

Published data are available reflecting different age groups within local authority populations. However, there is inconsistency within the data for C&YP. Data are presented in different data sets for under 16s, under 18s, or under 19s. As a result no consistent measure exists for the child and adolescent population. The data available do nevertheless provide a useful indicator and comparator.

BCUHB's under 18 population varies between its six local authority areas, with Wrexham having a higher proportion of children at 22%. Half of the areas across BCU have a rate higher than the Welsh average of 20% but as a whole the HB's average equates to the all Wales average, see table 2 below.

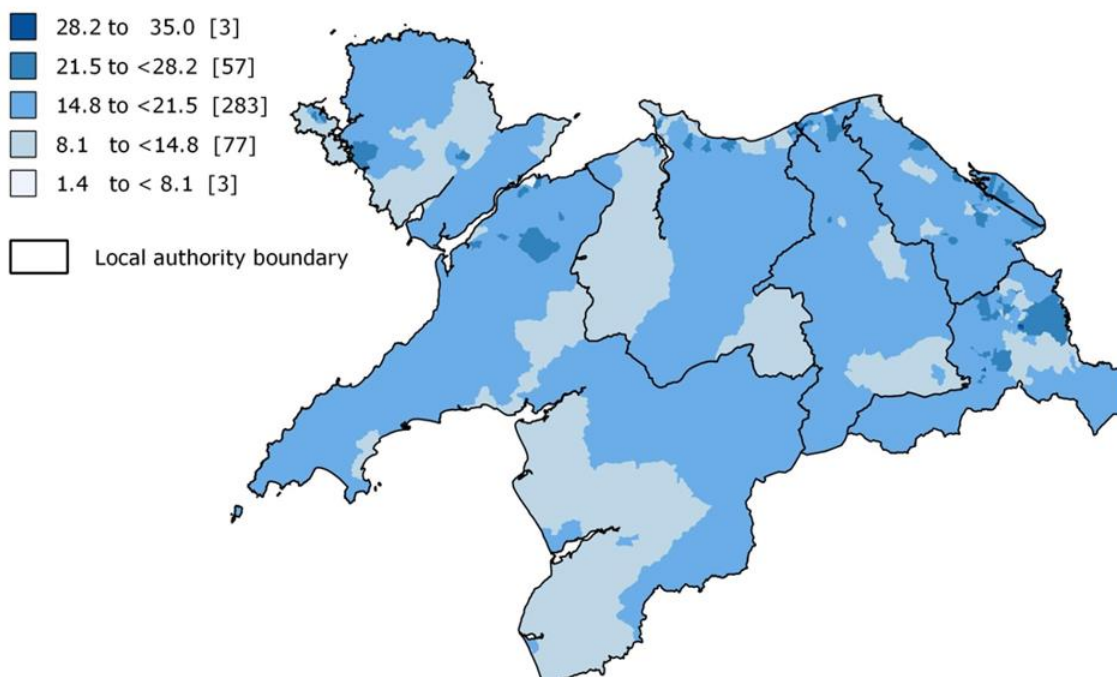
	<18s	All ages	% under 18s
Isle of Anglesey	13429	69794	19%
Gwynedd	23410	123742	19%
Conwy	21499	116863	18%
Denbighshire	19365	95159	20%
Flintshire	32028	155155	21%
Wrexham	29240	135571	22%
BCUHB	138971	696284	20%
All Wales	628289	3125165	20%

Table 2 (ONS Mid Year 2017)

The population of children aged under 16 is distributed throughout the HB as illustrated by Fig 1 below.

Estimated population aged under 16, Betsi Cadwaladr UHB, 2014

LSOA, percentage



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Figure 1

Deprivation

The average number of children (under 19 years) living in income deprivation is markedly different between the six Local Authority areas. Whilst Denbighshire exceeds the national average at 25%, the other five areas are below average, with Gwynedd the lowest at 18% (table 3 below).

% of the population of children in income deprivation by local authority area

	0 - 18
Isle of Anglesey	22%
Gwynedd	18%
Conwy	22%
Denbighshire	25%
Flintshire	19%
Wrexham	22%
All Wales	24%

WIMD 2014

Table 3

Income deprivation consists of a single composite indicator calculated from the following elements:

- Income-Related Benefit claimants
- Certain Tax Credit recipients
- Supported Asylum Seekers
- Certain Universal Credit claimants

Source: StatsWales

A broader measure of deprivation, the Welsh Index of Multiple Deprivation, includes; income, employment, health, education, access to services, community safety, physical environment

and housing. Figure 2 below depicts whole population levels of multiple deprivation, the disparity clearly evidenced with the urban areas more deprived than rural areas.

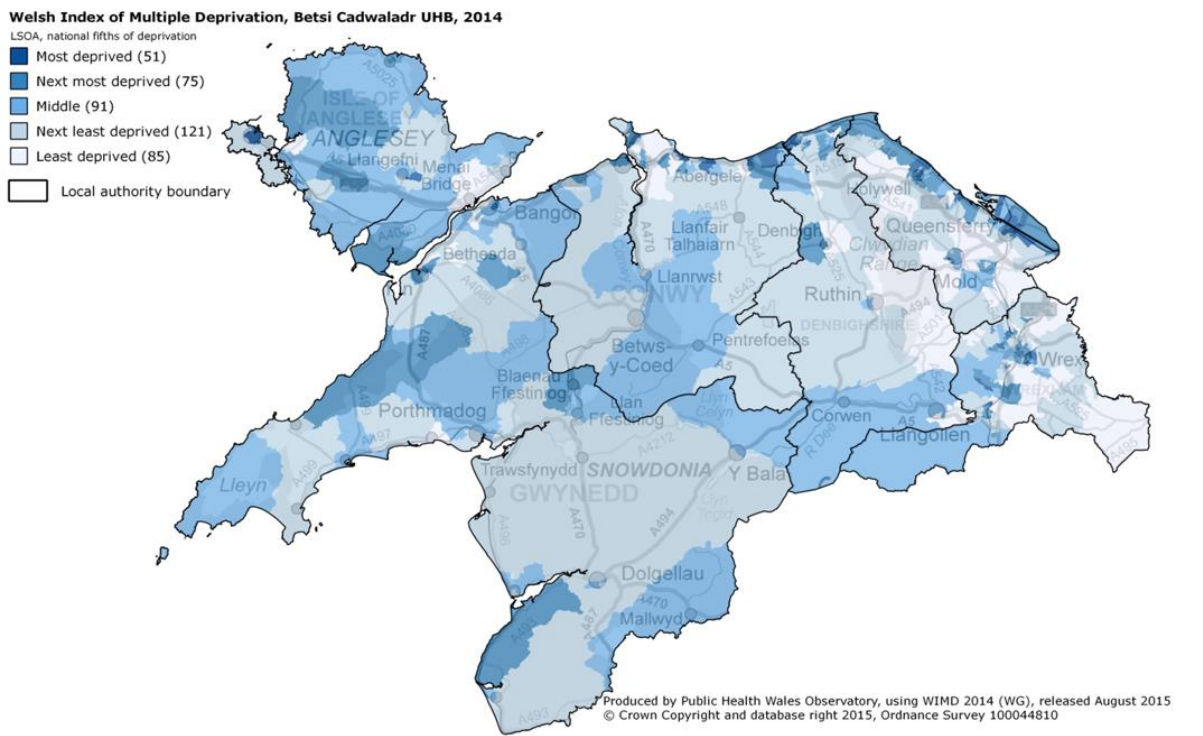


Figure 2

Based on the distribution of the under 18 population and levels of deprivation it would be reasonable to anticipate that staffing is distributed in such a way as to match service capacity to anticipated demand.

Table 4 below briefly summarises the differences in demography and deprivation. These could assist in predicting demand and the allocation of workforce by Local Authority.

	Lowest	Highest
Number of children under 18	Isle of Anglesey	Flintshire
% of children under 18	Conwy	Wrexham
Income deprivation	Gwynedd	Denbighshire
Size of geographical area	Flintshire	Gwynedd

Table 4

Findings

The factors that may affect demand in each local authority area differ, and the capacity directed to meet demand should acknowledge and reflect this. The service should ensure that the distribution of the Primary mental health staffing within the Integrated teams reflect these factors.

Staffing

AFC Banding	Conwy	Denbighshire	Flintshire	Gwynedd & Anglesey	Wrexham	BCU total
Admin						
2	1.6	2		1.4		5
3	1.7	3.2		4.4		9.3
4	1.8	1		2.44		5.24
5	0.5	0.5		1		2
7	0.15	0.15				0.3
Support Worker						
3						
4			1.4	1	1.03	3.43
OT						
5		0.6				0.6
6		3.2				3.2
Social Worker						
6	3.7	2.5	2	12.36	4.56	25.12
7		1				1
Nursing						
5	1	0.6	0	1.9		3.5
6	5	4.4	4.91	10.6	8.11	33.02
7	1	1	2	3	3.64	10.64
8	0	0	1	1		2
Assistant Psychology						
4	1	1	2		2	6
5			0.4			0.4
Clinical Psychology						
7	2.4	1	4.6	0.6	0.76	9.36
8a	3	2	2.2	2.2	3.4	12.8
8b	1.9	2	1.8	1	2.75	9.45
8c				1	0.69	1.69
Therapist						
6			1		1	2
Consultant						
	2	2	2.6	2.6	2.5	11.7
Other						
6			2	0	3.74	5.74
Total	26.75	28.15	27.91	46.5	34.18	163.49

Table 5

Table 5 above shows the CAMHS establishment in each area at the time of the review. The total establishment includes staff that will provide either primary care, secondary care or both. The establishment will also include staff who provide liaison and consultation to schools and staff who provide crisis support and in-reach to wards. The information does not incorporate vacancies within the service at the time that the data were supplied.

The workforce numbers received reflect the integrated nature of the teams. It is not therefore possible to identify the size of the primary care workforce, or how this has grown since commencement of the Measure.

Staff throughout the HB reported vacancies and challenges with the recruitment and retention of staff. They also reported that it can take up to two years for new staff to be fully trained. The senior management team reported recruitment as one of the biggest challenges including balancing offering opportunities to staff whilst retaining the staff required within services.

A number of staff reported that agency staffing is frequently used to cover deficits with some good agency staff being used on a long-term basis. Staff also reported there have been occasions when agency staff have cancelled attendance at short notice, or simply not turned up for work on the day. Some were reported as having a poor skill set which has impacted unfavourably upon C&YP.

Findings

- *The lack of workforce data prior to the commencement of the Measure and the integrated nature of the service rendered it impossible for the DU to determine the level of growth in service capacity since the commencement of the Measure.*
- *The HB faces challenges regarding recruitment and retention, a number of vacancies existed at the time of the review. Where agency staff are used staff reported variability in the quality of this workforce with last minute cancellations impacting upon the service that C&YP receive.*

Service Demand and activity

Referrals, Assessments & Interventions

The data submitted to the DU for the purpose of the review are detailed in table 6 below. They illustrate the number of referrals received and the assessment and intervention workload for the PCAMHS between July 2017 – June 2018.

Activity was analysed and is presented in three ways; the total number of referrals, assessments and interventions undertaken per 1000 of the under 18 population, the rate per WTE practitioner as per establishment figures at the time of the review and the rate per WTE practitioner based on staff in post.

	Conwy	Denbighshire	Flintshire	Gwynedd & Anglesey	Wrexham	BCU total
Under 18 Population	21499	19365	32028	36839	29240	138971
Staff establishment who could potentially assess	20	20.3	21.11	36.26	26.41	124.08

Table 6

Table 6 above is based on an assumed numbers of staff eligible to assess under Part 1 of the Measure (without vacancy figures), to give indicative ratios and a comparison of potential demand on staff within the HB localities.

Referrals (July 17 to June 18)

Referrals	Conwy	Denbighshire	Flintshire	Gwynedd & Anglesey	Wrexham	BCU total
GP	422	425	668	536	601	2,652
Other	688	891	740	715	951	3,985
Total	1,110	1,316	1,408	1,251	1,552	6,637
Per 1000 under 18 pop	52	68	44	34	53	48
Per WTE staff establishment	56	65	67	35	59	53

Table 7

Table 7 shows the total number of referrals received from GP and other sources between July 2017 and June 2018. Of the total number of referrals, 39.9% were received from General Practitioners. This information shows that when considered as a ratio per 1000 of under 18s, referrals are unevenly distributed with the highest referral rate being in Denbighshire and the lowest in Gwynedd and Anglesey.

Assessments

Assessments	Conwy	Denbighshire	Flintshire	Gwynedd & Anglesey	Wrexham	BCU total
GP	173	215	205	212	280	1,085
Other	304	325	170	205	176	1,180
Total	477	540	375	417	456	2,265
Per 1000 under 18 pop	22	28	12	11	16	16
Per WTE staff establishment	24	27	18	12	17	18

Table 8

Table 8 above shows the number of assessments undertaken following a referral. A total of 2,265 C&YP (34.1%) received an assessment. Of the referrals received from GP's 40.9% received an assessment. Of the referrals received from other sources 29.6% received an assessment.

The ratio of the number of assessments per staff member able to assess varies across the areas, with Gwynedd and Anglesey having the lowest and Denbighshire the highest.

Interventions

Interventions	Conwy	Denbighshire	Flintshire	Gwynedd & Anglesey	Wrexham	BCU total
GP	64	104	219	142	278	807
Other	142	187	156	173	150	808
Total	206	291	375	315	428	1,615
Per 1000 under 18 pop	10	15	12	9	15	12
Per WTE staff establishment	10	14	18	9	16	13

Table 9

Table 9 above shows the number of interventions commenced following an assessment. A total of 1,615 CYP received an intervention from PCAMHS (71.3% of those assessed). Of those assessed following a referral from a GP 74.3% received an intervention. Of those assessed following a referral from another source, 68.4% received an intervention.

The ratio of interventions commenced per staff member varies between the localities. Gwynedd and Anglesey has the lowest at 9 per staff member per year, and Flintshire the highest at 18.

The NHS delivery framework only requires performance activity to be reported on referrals received from GPs or secondary mental health services as per the requirement of Part 1 of the Mental Health (Wales) Measure. Table 10 below shows the comparison of the activity data contained within Welsh Government submissions and total activity submitted by the HB to the DU for the same period.

The table also shows the percentage of referrals that received an assessment and the percentage of assessments that received an intervention. The HB has stated that GP referrals are only a proportion of the total referrals received and that reported performance activity does not reflect the total activity of the service. Table 10 supports this assertion.

July 2017 – June 2018	Referrals	Assessments (% of referrals)	Interventions (% of assessments)
Per DU submission	6,637	2,265 (34.1%)	1,615 (71.3%)
Per WG Submission	1,524	1,189 (78%)	851(71.5%)

Table 10

Figure 3 below illustrates the activity data submitted to Welsh Government for referrals received and assessments and interventions undertaken by BCUHB PCAMHS since 2015. It demonstrates that whilst the volume of referrals has increased in each year that the rate of assessments fell between 2017 and 2018 but rose between 2018 and 2019. Whereas the rate of interventions rose between 2015 and 2018, but fell between 2018 and 2019.

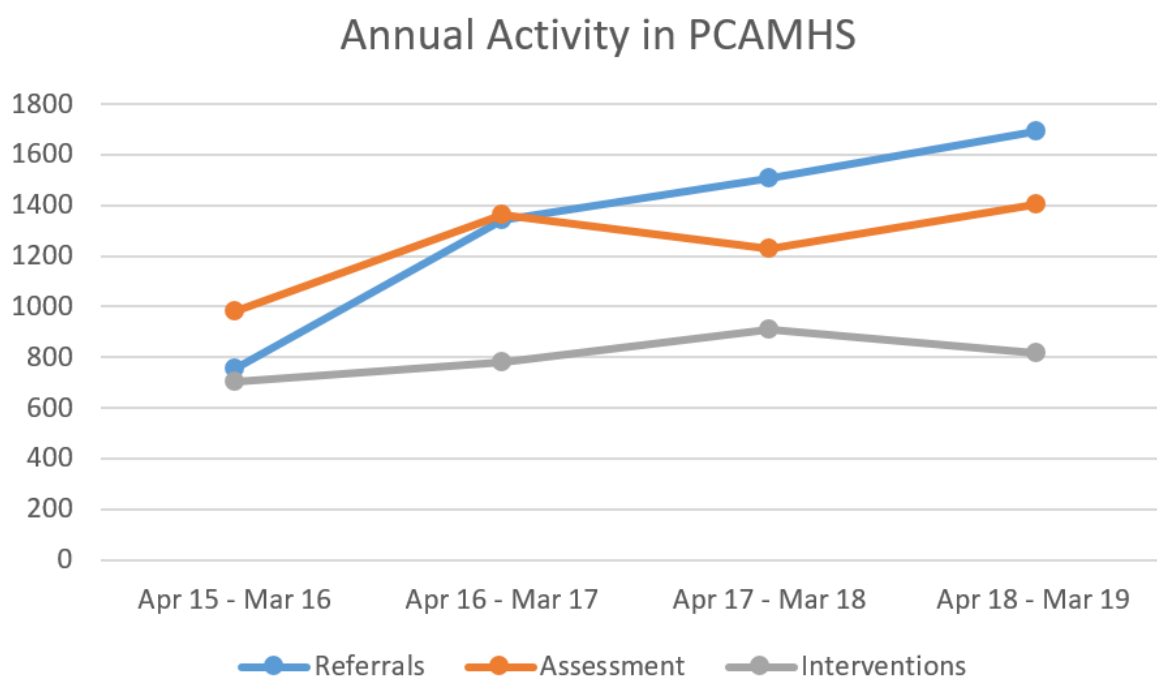


Figure 3

Findings

- Data submitted to Welsh Government demonstrate that since 2015 the volume of referrals has increased by over 100%, whilst the volume of assessments and interventions undertaken has shown a more gradual increase.
- Data provided to the Delivery Unit for the review shows a larger volume of referrals, assessments and interventions when compared to performance activity submitted to Welsh Government.

Assessment performance & waiting lists

A snapshot was provided to the DU of the BCUHB PCAMHS waiting list for assessments as it stood at 30th June 2018. These data reflect those children waiting for support from the PCAMHS team, and not all under 18s some of whom may be awaiting support from the adult LPMHSS. These waiting list snapshot data are set out in table 11 below.

	Assessment waiting list snapshot 30/06/18					
	Conwy	Denbighshire	Flintshire	Gwynedd & Anglesey	Wrexham	BCU
0 - 28 days	48	55	58	29	44	234
29 - 56 days	3	20	38	3	42	106
57 - 84 days			18		6	24
85 - 180 days			1			1
181 - 365 days						0
366 days+						0
Total waiting for assessment	51	75	115	32	92	365
Per 1000 population	2.37	3.87	3.59	0.87	3.15	2.63
Per WTE staff establishment	3	4	5	1	3	3

Table 11

The snapshot assessment waiting list data above demonstrate that at the 30th June 2019, 131 C&YP had been waiting over 28 days for an assessment. Flintshire had the most C&YP waiting for an assessment and had the longest waits, while Gwynedd and Anglesey had the fewest number waiting for assessment.

Figure 4 below demonstrates that between July 2015 and January 2019 the HB achieved the 80% target for assessments being completed within 28 days on eight occasions.

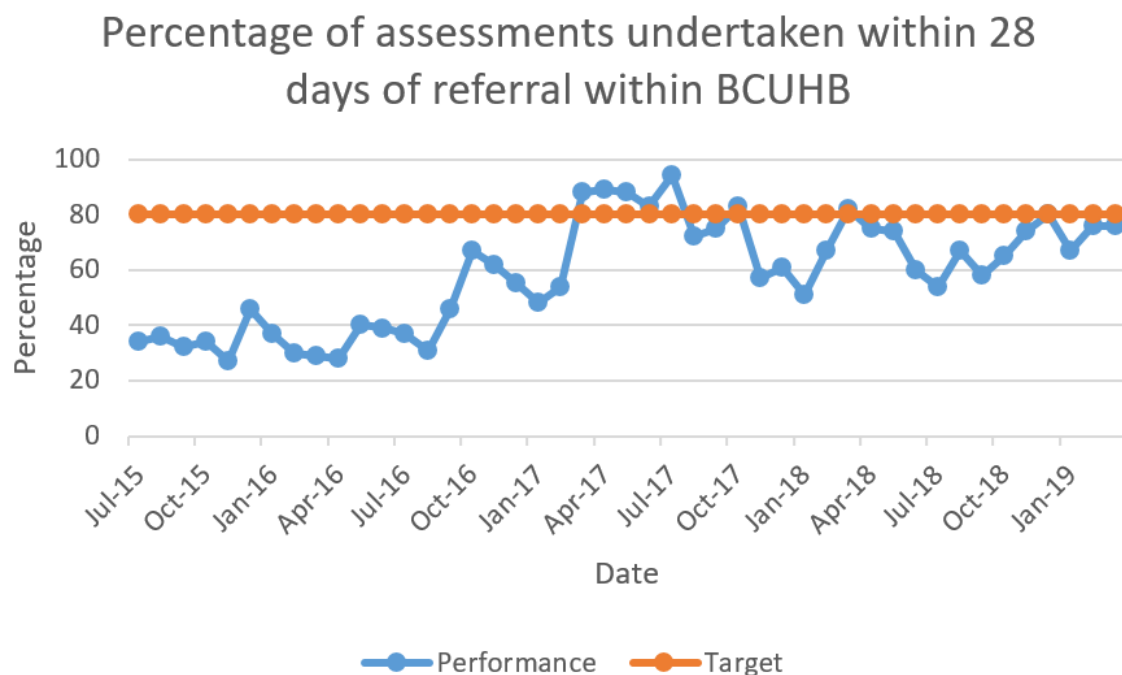


Figure 4

Case note review

In order to fully analyse the functioning of PCAMHS a case note audit of primary care referrals, assessments, and outcomes was undertaken. This consisted of 180 cases covering all of the local authorities.

The case note audit recorded the date the referral was received, the date that the assessment was undertaken as logged on the assessment pro-forma and the date that initial intervention commenced. Of the case note's audited 118 (66%) were referrals received from GPs.

For the purpose of reporting the performance of the primary mental health service the assessment is the first choice appointment.

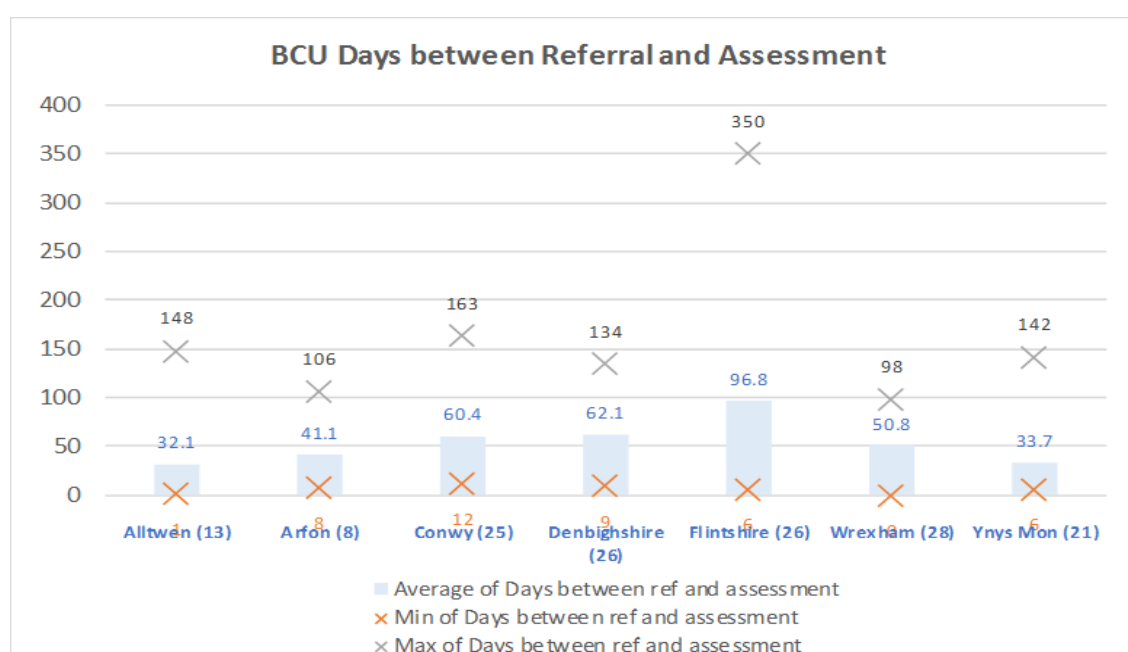


Figure 5

Of the cases audited across the HB the average number of days between referral and assessment was 57.9. The lowest average was in Alltwn (32.1 days), and the highest average was in Flintshire (96.8 days) figure 5 above.

33 records were missing dates and were not therefore included in the audit's analysis. Of these, ten were referred on and six did not attend or were not brought to the choice appointment and were subsequently discharged prior to an assessment. There were also referrals that had not been accepted by the team for an assessment, and others where referral or assessment dates could not be found in the case notes.

Additionally there were referrals received for children and young people who were already open to the CAMHS team, including some whom were relevant patients and had a care and treatment plan. In some cases it appeared that the single point of access were recording duty contacts as new referrals.

The recording of assessments

The operational policy states that the first clinical contact is a choice appointment, which includes a primary mental health assessment for those eligible under the Measure. Documentation has been developed to record assessments. A standard letter template is also completed and sent to the young person and their family detailing the assessment and the outcome of the choice appointment. Of the 180 case notes audited 146 (81%), evidenced an assessment record having been completed.

The case note audit sample considered the range of areas covered within mental health assessments (Figure 6 below).

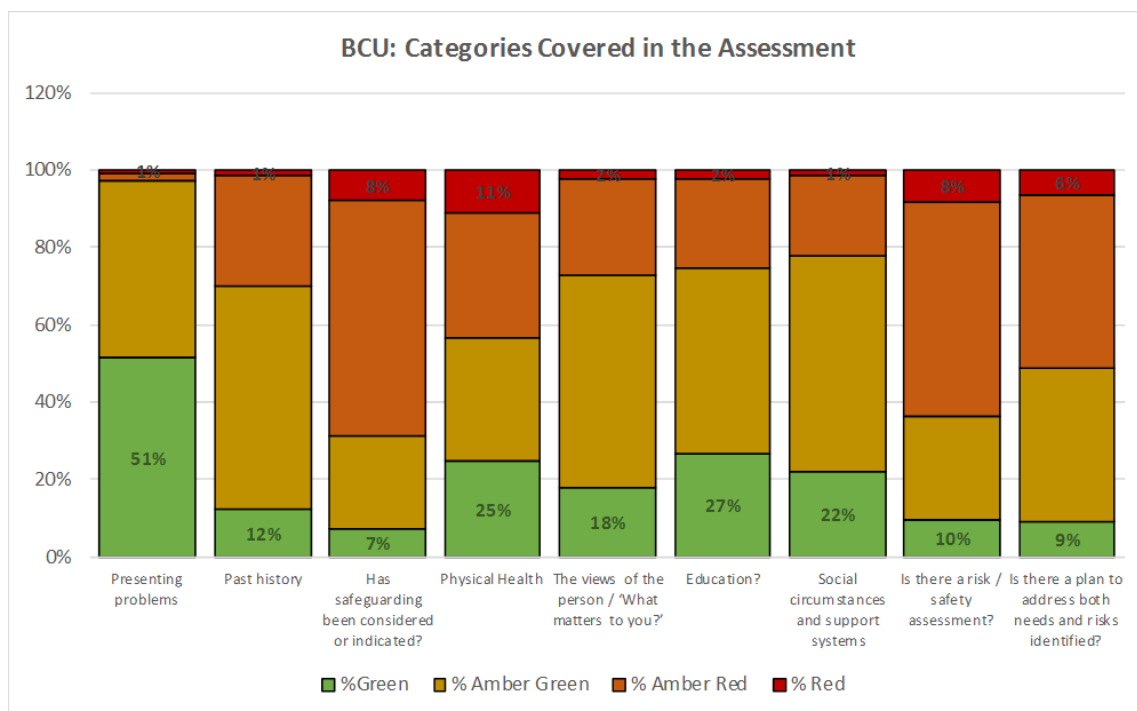


Figure 6

Evidence of presenting problems was the most well recorded area. 97% of cases audited were rated as green or amber green for the inclusion of presenting problems. Evidence that social circumstances and support systems were considered was also addressed well. Within the case notes audited, 78% of cases were rated as green or amber green for the quality and detail of assessment.

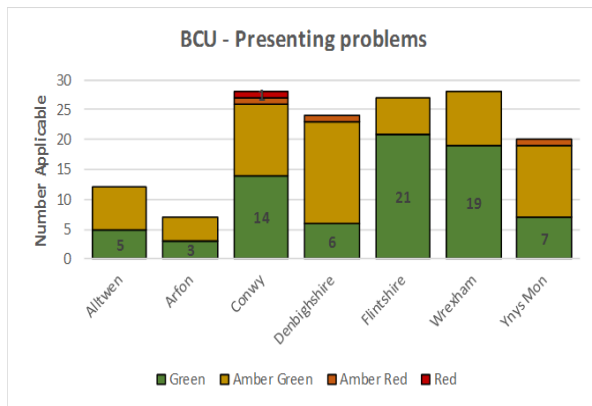


Figure 7

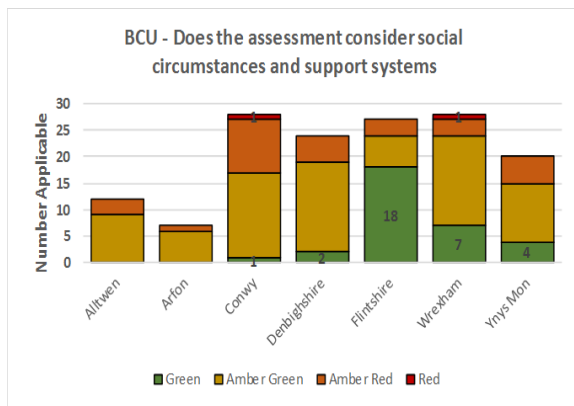


Figure 8

The inclusion of safeguarding issues was less evidence in the case notes. 69% of cases notes were rated as red or amber red for the recording of safeguarding issues (Figure 9 below).

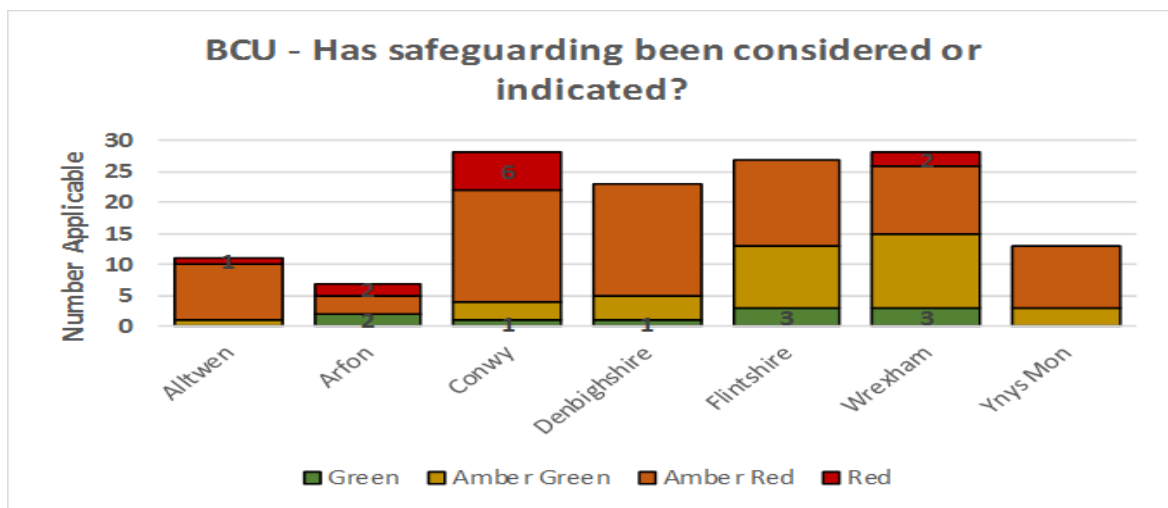


Figure 9

The CAMHS operational policy states that choice appointments will aim to combine assessment, including risk assessment, motivational enhancement, psycho-education, goal setting and things to try at home or pre partnership work.

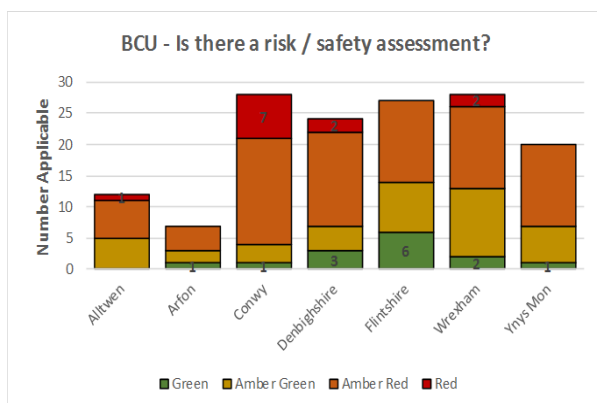


Figure 10

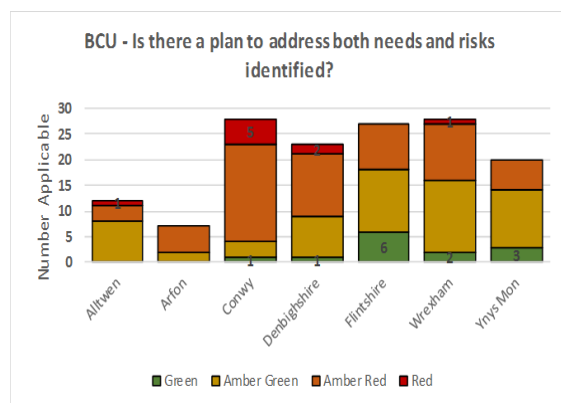


Figure 11

Within most teams within the HB the majority of risk assessments (64%) were rated as red or amber red, and 51% of cases were rated as red or amber red for evidencing a plan to address needs and risk.

Outcome of the Assessment

One of the duties the LPMHSS is required to carry out is to report the outcome of assessments. As the LPMHSS function in BCUHB for under 18s is conducted by the CAMH service this duty is on CAMHS to report these outcomes. Of the 180 cases reviewed, 95 (52.7%) were assessed as requiring an intervention from PCAMHS, 13 (7.2%) were provided with information and advice, five (2.7%) were referred on to secondary care and four (2.2%) were discharged back to the referrer table 12 below.

	Alltwen	Arfon	Conwy	Denbighshire	Flintshire	Wrexham	Ynys Mon	Grand Total
Intervention from LPMHSS	11	6	15	16	17	17	13	95
Back to referrer (patient declined / unavailable)					2		2	4
Provision of information and advice			3	3	3	4		13
Referral to secondary care		1	1			1	2	5
Referred/signposted to other services	1		5	3	4	7	3	23
Other (state in comments)		1		2				3
(blank)	3	7	6	6	3	2	10	37
Grand Total	15	15	30	30	29	31	30	180

Table 12

In 23 cases the outcome recorded was referred on or signposted to other services. These other services included health psychology, AFC, Gender Identity (GIDS), neuro developmental services, cruise bereavement and the local education authority.

Findings

- *Waiting list data and performance activity show that the HB are not routinely achieving the target for assessment within 28 days.*
- *Of the cases audited, 52.7% identified an intervention as an outcome of the assessment.*
- *The case note audit demonstrated that whilst there is a broad range of categories covered in the assessment, consideration of risk and safeguarding were the least well evidenced.*

Intervention Performance & Waiting List

Practitioners record all activity that is not an assessment as an intervention. This is standard practice for PCAMHS throughout Wales. The data relate to the number of interventions started per child, not the number of individual sessions delivered. Therefore the data cannot differentiate between a child seen for 1 intervention appointment, 6 appointments or more than 6.

Both the duration and frequency of treatment, the “dosage”, and the amount of time staff spend on assessments, will impact on the time available time to deliver interventions. The data contained in table 13 below do not therefore entirely demonstrate the potential demand for interventions that may be present without these confounding factors.

A snapshot was provided to the DU of the BCUHB PCAMHS waiting list for intervention as it stood at the 30th June 2018 these data are set out in table 13 below.

	Intervention waiting list snapshot 30/06/18					
	Conwy	Denbighshire	Flintshire	Gwynedd & Anglesey	Wrexham	BCU
0 - 28 days	22	19	26	3	45	115
29 - 56 days	3	3	20	11	24	61
57 - 84 days		1	15	19	25	60
85 - 180 days			10	17	23	50
181 - 365 days						0
366 days+						0
Total waiting for intervention	25	23	71	50	117	286
Per 1000 population	1.16	1.19	2.22	1.36	4.00	2.06
Per WTE staff establishment	1	1	3	1	4	2

Table 13

The snapshot data above shows that at the time, there were 286 CYP waiting for an intervention to commence, of which 171 (59.7%) had waited longer than 28 days.

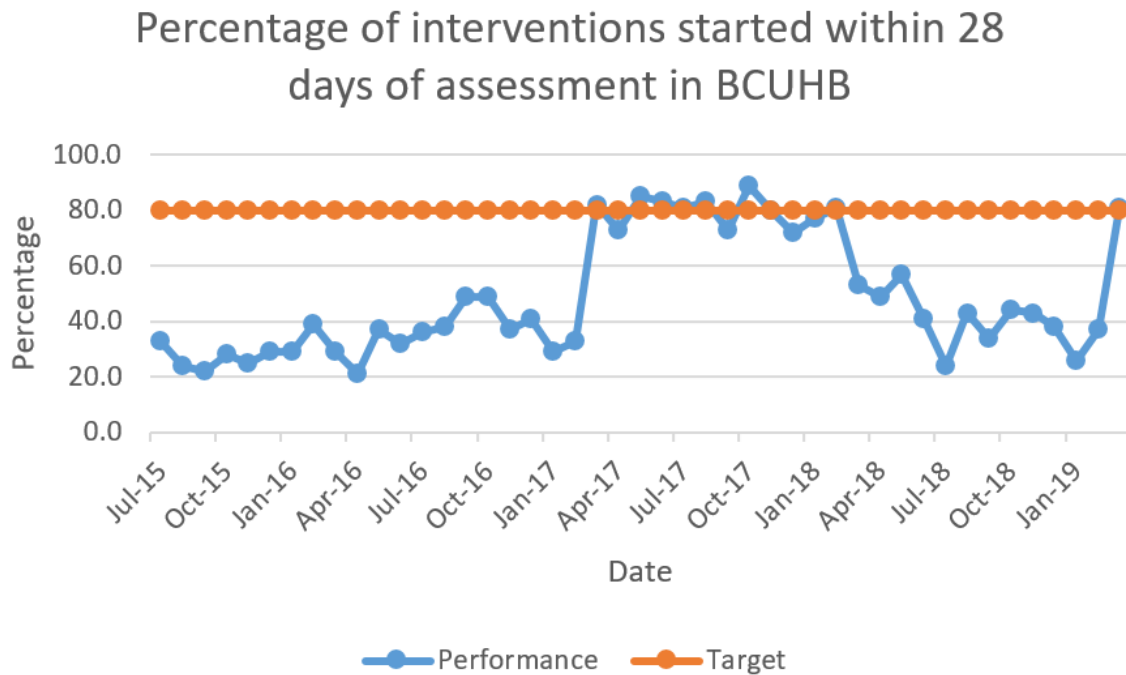


Figure 12

Figure 12 above shows that between July 2015 and Jan 2019 the HB achieved the 80% target for commencement of interventions on nine occasions.

Within the case note audit missing data meant that it was not always possible to determine the length of time between assessment and intervention. Where the review team were able to identify the date of intervention commencement, the average number of days between assessment and intervention was 62.7. All teams identified cases as outliers. The longest outliers were 313 days in Conwy and 231 days in Wrexham figure 13 below. 101 records did not include the date of the assessment, the date of the intervention or both. These cases were therefore not included within the analysis.

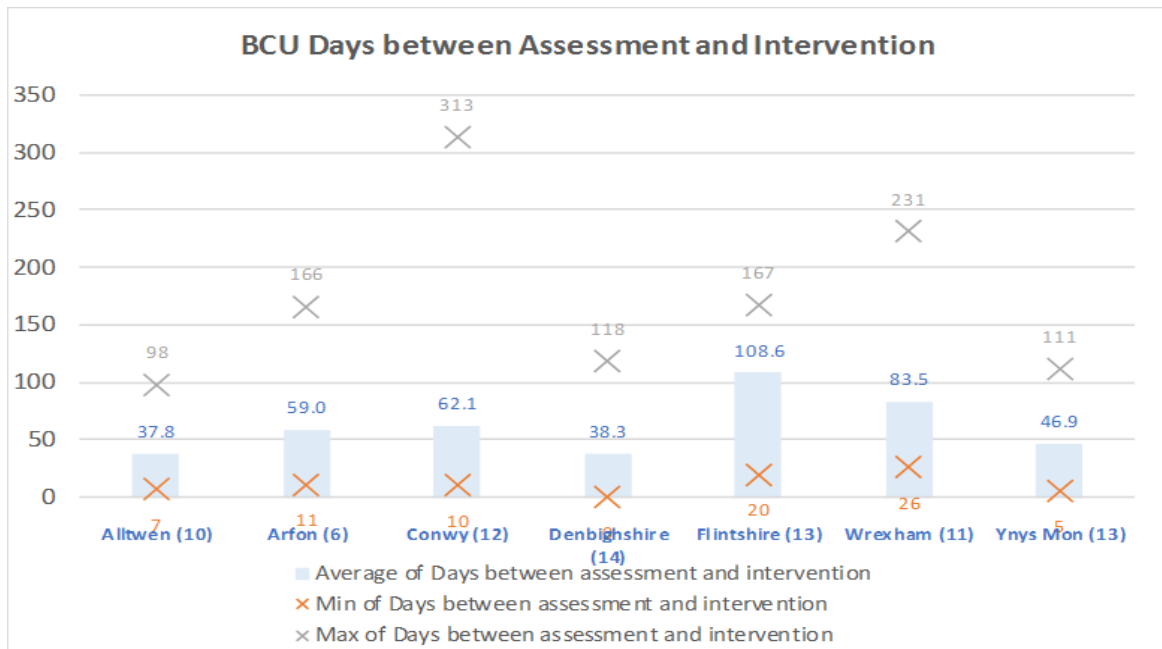


Figure 13

Intervention Modalities

The agreed regional model states that mental health intervention in primary care can include cognitive behavioural therapy (CBT), solution focused brief therapy, interpersonal psychotherapy, behavioural programmes and parent counselling. Interventions can be provided individually i.e. one to one, as targeted group work or as a universal approach such as to a whole class or school.

The HB have produced a framework for psychological therapies for C&YP across BCUHB, which identifies psychological interventions that are delivered within primary care and those delivered within secondary care CAMHS.

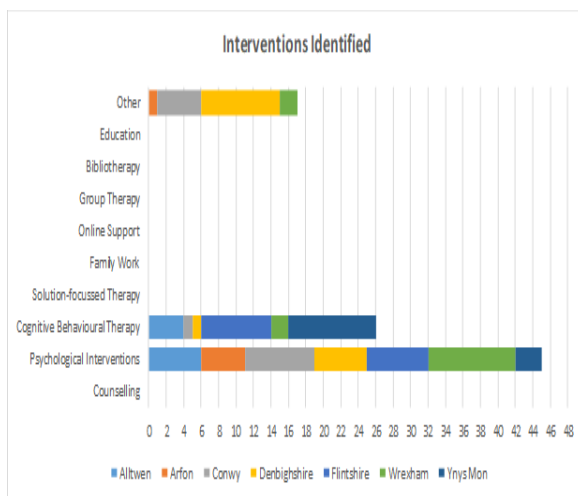


Figure 14

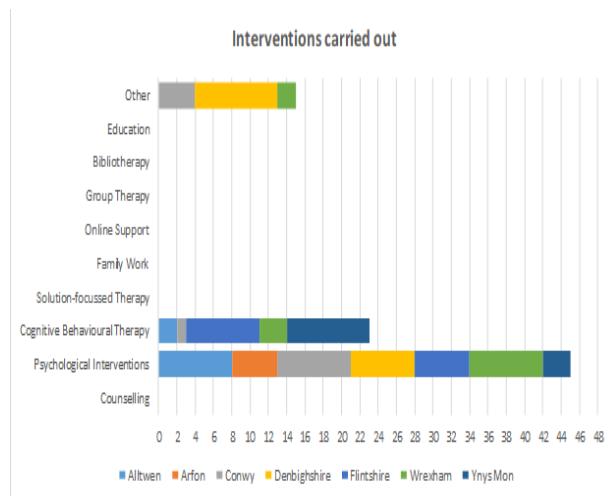


Figure 15

The case note review identified 88 cases in which interventions were identified as being required. Of these in 83 (94.3%) cases the audit established evidence that the intervention commenced. The majority of interventions identified were described as psychological interventions (45 cases). Cognitive behavioural therapy (CBT) was specifically described as an intervention in 26 cases, 17 interventions were described as other, which included DBT and family therapy. However in nine cases, the interventions described as other were not specified.

The recording of interventions and measurement of outcomes

The LPMHSS and therefore PCAMHS is required to develop and maintain robust governance systems to ensure the effective use of its resources and achieve optimum outcomes for service users. Therefore the recording of interventions and measurement of outcomes should be routine.

Where C&YP are receiving interventions from the service within either primary or secondary care this is provided within the CAPA framework under core or specific partnership. The operational policy states that the core partnership worker generally remains the key worker throughout the pathway. Interventions that are of a higher intensity or where specific evidence based interventions are used these are described as specific partnership work.

One outcome following SPOA is referral to the Early Intervention and Prevention Service (EIPS) which offers consultancy to staff. The case note review found that CYP referred to this service would receive an assessment and interventions from the team offering both direct and indirect support to the person. Because this is considered a consultation and advice service, its activity is not included in PCAMHS reporting. However, the EIPS staff are considered a component of the integrated CAMHS team.

The HB provided the review team with guidance on when outcome measures are used. This guidance specifically cites the use of CGAS, EQS and GBOs at different stages of the care pathway. Where partnership continues beyond eight sessions, the outcome measures should be used every three months. The Eastern locality provided the review team with this information. It is unclear how widespread the guidance is used throughout the service.

The case note audit identified the use of an outcome measurement tool in 39 cases 29%. Of these, 26 cases (14.4%) evidenced the use of a specific tool. The Conwy team demonstrated the greatest evidence in the use of tools (9 cases).

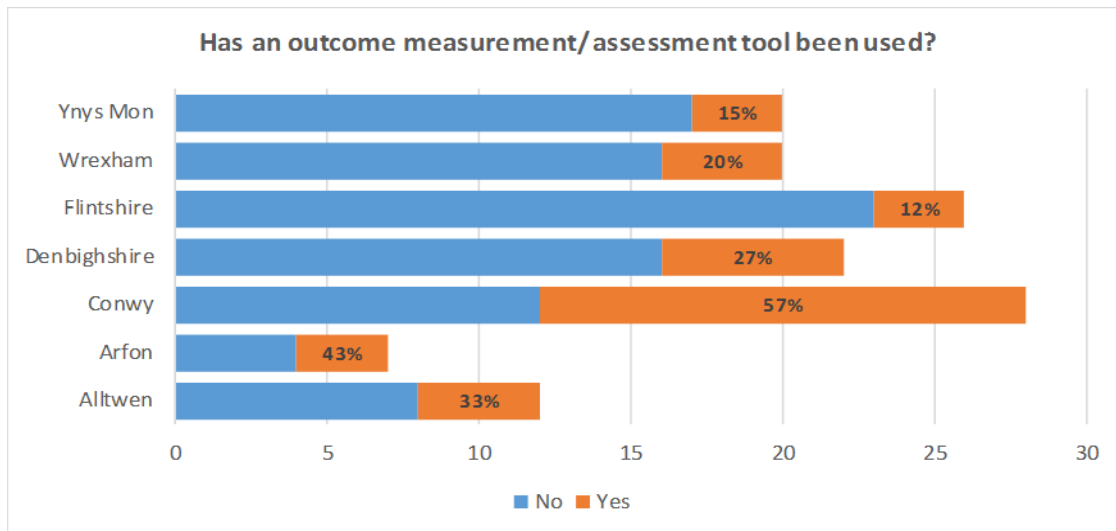


Figure 16

The outcome tools used across CAMHS included; CGAS, RCADS, Childrens Anxiety Scale, and mood and feelings questionnaires.

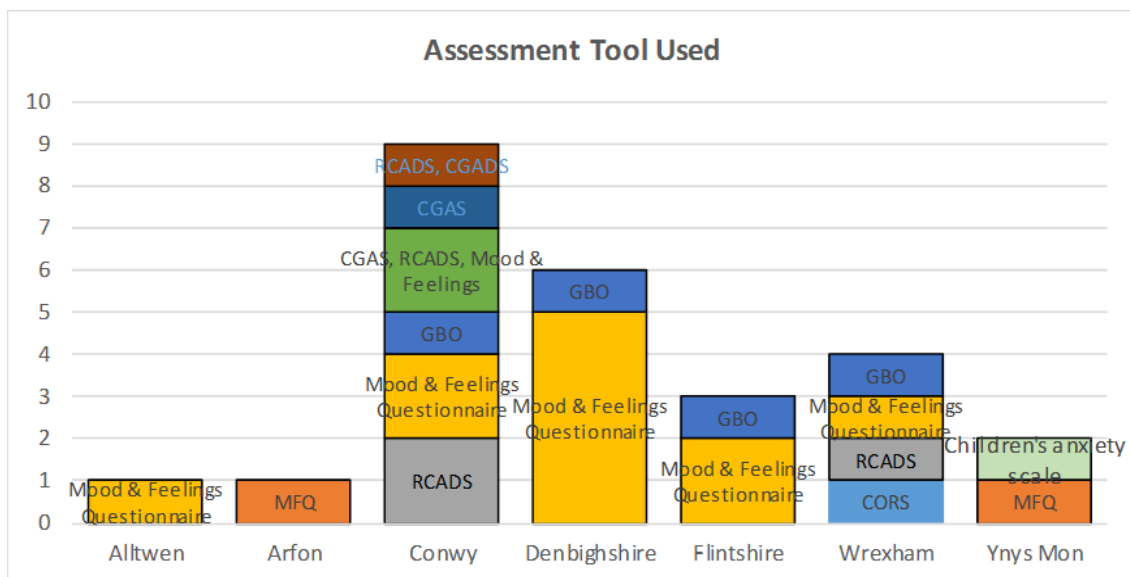


Figure 17

Recording of Discharge

Of the 180 cases audited, 32 (17.7%) had been discharged following an intervention by the service. All bar one young person had been discharged back to the care of the GP. The single exception was due to a request by the young person for a service break rather than discharge, which the team were supported of.

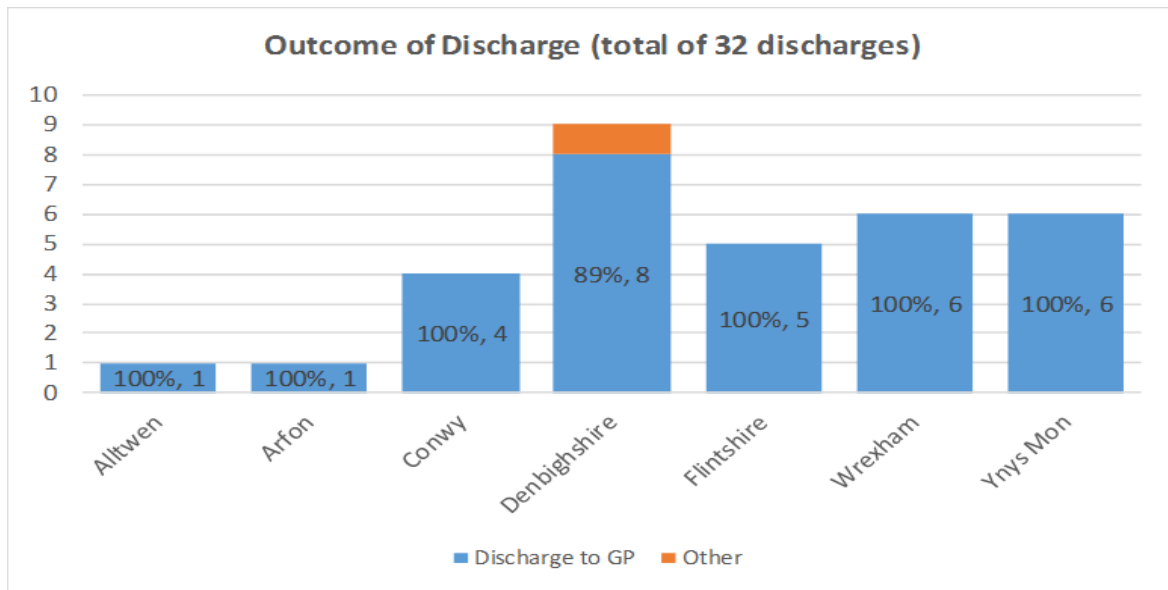


Figure 18

The guidance for the use of outcome measurement states that it should be undertaken at the end of partnership. However, only one case was identified by the audit in which outcome measurement was completed at discharge, this was a GBO.

Findings

- *A variety of psychological modalities were evidently being used in practice and delivered under the partnership approach.*
- *Waiting list and activity data demonstrate that interventions are not routinely commenced in line with the performance target.*
- *The case note audit identified the use of outcome measurement in all localities. The greatest prevalence of the use of outcome measurement was in Conwy and Denbighshire.*
- *The EIPS team was described as a consultation service. However, it undertakes both assessments and interventions directly and indirectly. EIPs activity is not included within the performance reporting.*

Signposting

In addition to undertaking assessments and interventions the Measure requires that LPMHSS staff signpost C&YP to other services and liaise with agencies to provide support in meeting need.

Figure 19 below illustrates the number of C&YP reported as having been offered signposting support following an assessment.

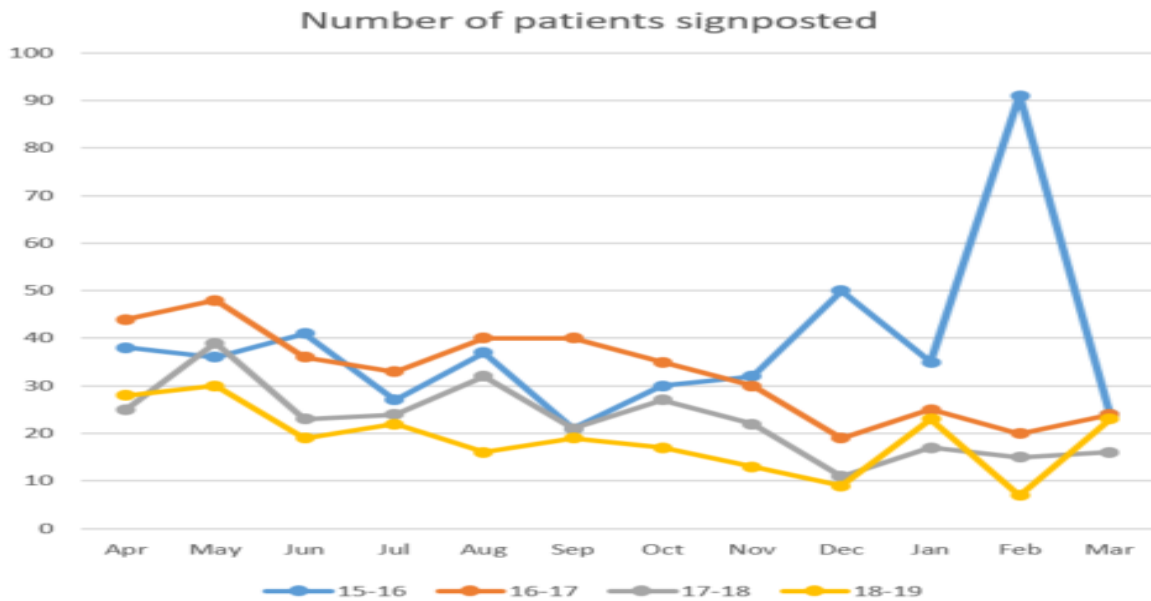


Figure 19

The case note audit identified that of the 180 cases reviewed, 23 (12.7%) of cases evidenced signposting as an outcome of the assessment. Staff reported that the frequency of signposting is not entirely captured in the reported figures but that signposting can take up a significant amount of staff time. They also reported that due to short term funding arrangements it can be hard to remain fully aware of the availability of third sector support these service's eligibility criteria and that communication with other agencies can be problematic.

Many staff reported good relationships with partner agencies but that this can often be person dependant. Staff also commented that understanding as to what the CAMHS service provides is variable.

Information & advice

Part 1 of the Measure requires primary care mental health services to provide information and advice. The requirement includes advising children and their families schools, GPs, and other statutory and non-statutory child and family services engaged in meeting the needs of C&YP experiencing emotional and mental health problems.

The provision of advice and information can assist other agencies to increase their confidence and competence in meeting the needs of children and their families.

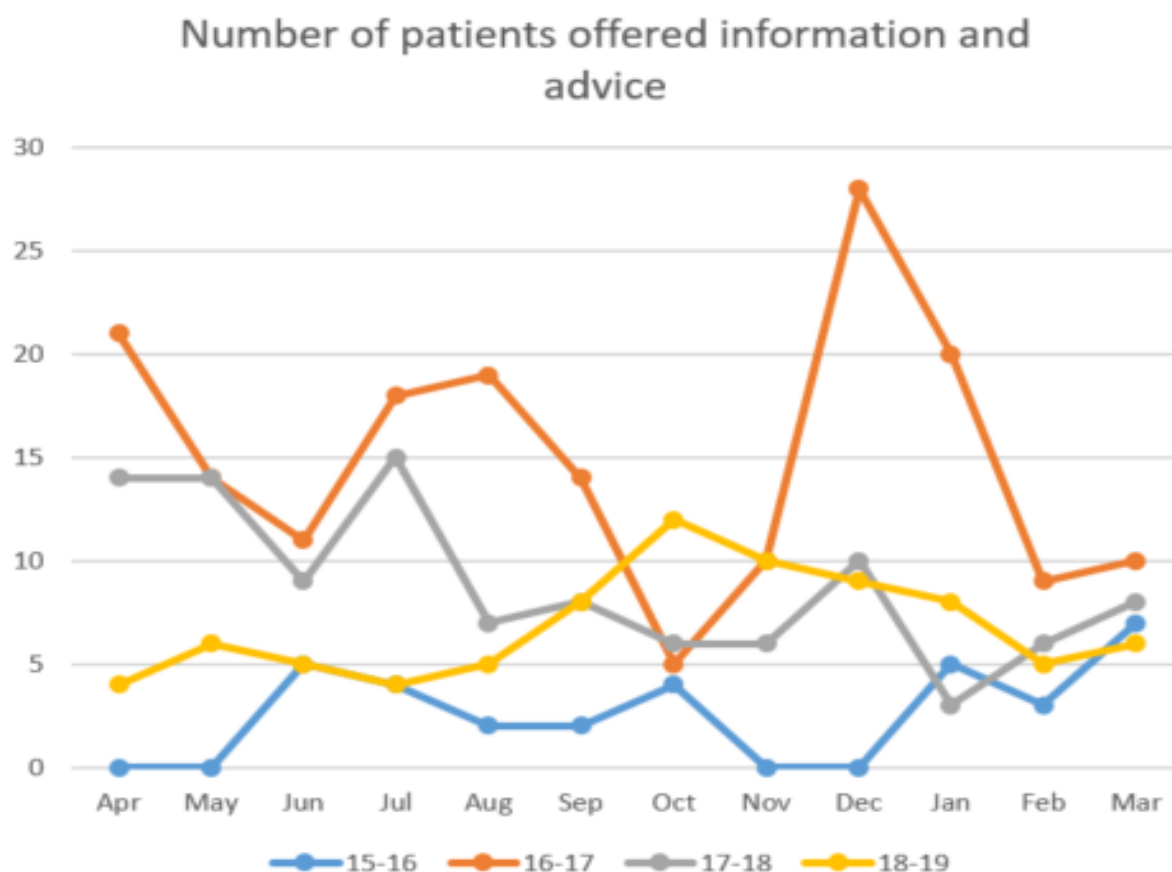


Figure 20

The DU case note audit identified 13 C&YP (7.2%) who were offered information and advice as an outcome of their assessment. Figure 20, based on submissions to Welsh Government demonstrates the number of C&YP who were offered information and advice as an outcome of assessment between 2015 and 2019.

Findings

- *Staff reported that the work involved in signposting is not always captured within activity data.*
- *There are no consistent trends evident in the last 3 years in terms of the numbers of patients offered signposting, information and advice following assessment.*

The Views of General Practice

An important component of the DU review of BCUHB PCAMHS was to elicit the views of General Practitioners within the HB. In order to achieve this a questionnaire was sent to GPs via their Practice Managers. The response rate was broadly even across the three localities (Figure 21 below).

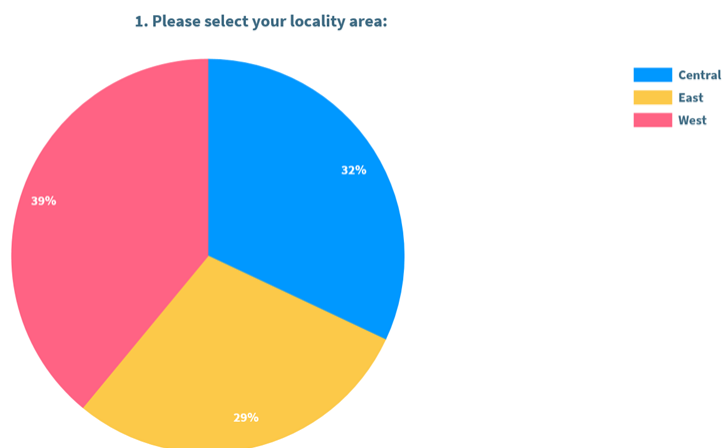


Figure 21

The Frequency of GP Referrals

GPs were asked on average how often they make a referral to PCAMHS (figure 22).

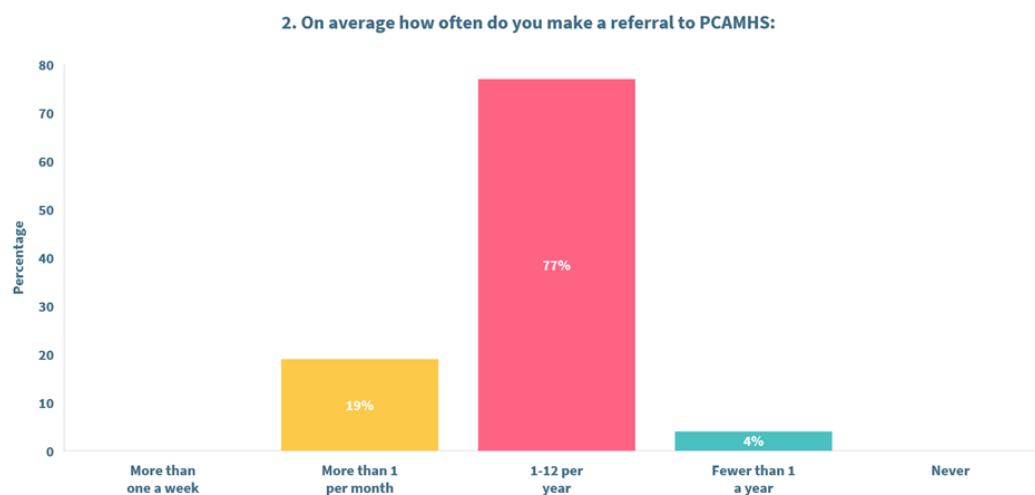


Figure 22

The majority of respondents reported that although this can vary, they refer to the service approximately every 2-3 months however some GP comments suggested that they make approximately one referral per month. Two respondents stated that they make more than

one referral a month. Some GPs commented that they do not make referrals to the service as either they are re-directed or the referral is signposted back to the GP:

- *Varies, depends on demand.*
- *Every 3-4 weeks.*
- *At least 1 a month, from both our English or our Welsh patients.*
- *It can vary but I feel I probably average making one referral a month to PCAMHS.*
- *I don't refer as always been told to direct everyone to school nurse/ counsellor.*
- *I do not make many referral considering the numbers of children I see.*
- *Around 2-3 times a year now, but this has lessened because the referral pathway has become far too bureaucratic and seemingly obstructive.*
- *I refer less patients to CAMHS than I would like because of the difficulty in having referrals accepted by them.*
- *I rarely refer because access to the service is so poor.*

The Reason for GPs making Referrals

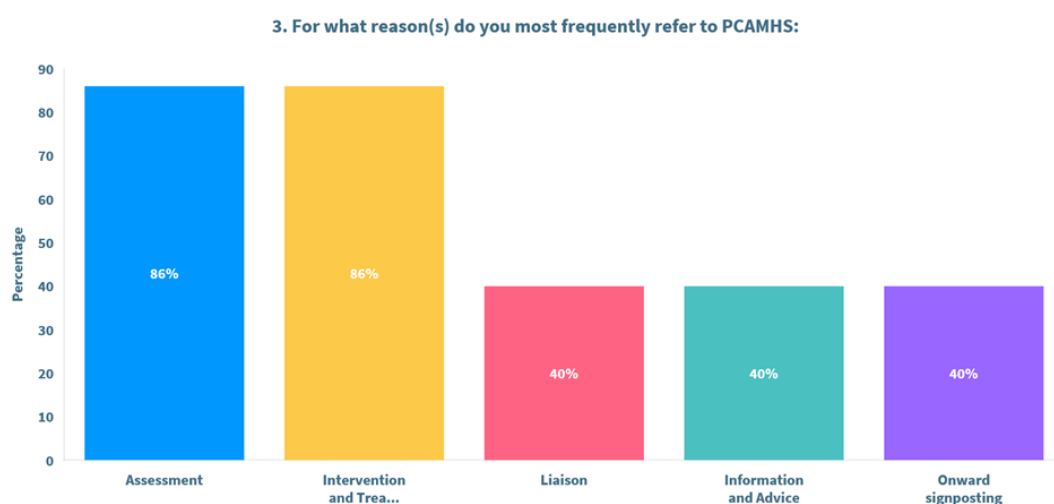


Figure 23

The main reason for making a referral was reported as a request for an assessment or intervention and treatment. Many respondents suggested that an assessment, and where required, an intervention was the expectation following a referral:

- *For support and diagnosis when has tried primary care intervention, i.e. seen school counsellor, tried online advice support/apps etc or when clear mental health diagnosis that will need psychiatric input.*
- *Mainly for support and treatment.*
- *Usually assessment expected, it is hoped this will lead to intervention and treatment although at times it has led to helpful information and signposting.*

A number of respondents commented on specific clinical presentations that would prompt a referral such as suicide or self-harm, anxiety and low mood. ADHD was also referenced within the responses received:

- *I see a lot of young people with mental health issues. I only refer when I feel the severity of the condition is beyond my expertise and requires the input of a specialist team.*
- *Self-harm/suicidal. Autistic spectrum, ADHD.*
- *Depression, severe anxiety, very poor self-esteem.*
- *Low mood/self-harm/OCD/panic disorder, ADHD assessments.*
- *Assessments for ADD require a specialist team and are amongst the most frequent referrals.*

The Outcome of Referrals

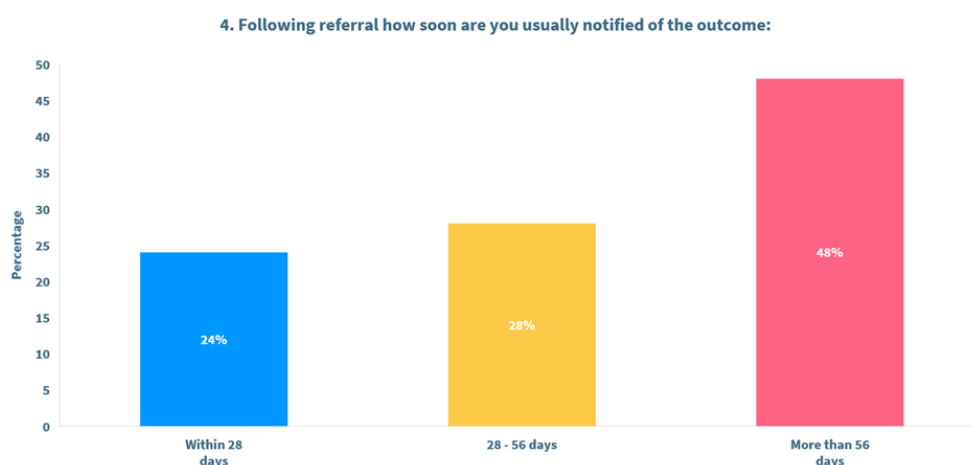


Figure 24

The community SCAMHS operational policy requires that ‘the team will communicate with the referrer within two weeks of the assessment.’ However, 48% of respondents stated that they were notified of the outcome of an assessment more than 56 days following a referral:

- *Communication can be very slow, we may not get anything back for a while after patient has been seen.*
- *Notified quickly, but usually referral bounced back to us, patient not actually assessed, leaflets given for us to pass on to patient.*
- *Varies case by case - very infrequent to have written feedback either at all or in near timeframe. SPOA at times very quick to respond, other times have never phoned back when messages left.*
- *Usually have to chase up referrals as patients have not received a timely appointment.*
- *Several months later.*
- *This has improved compared to previous.*
- *Long delay in reply.*

Satisfaction with PCAMHS

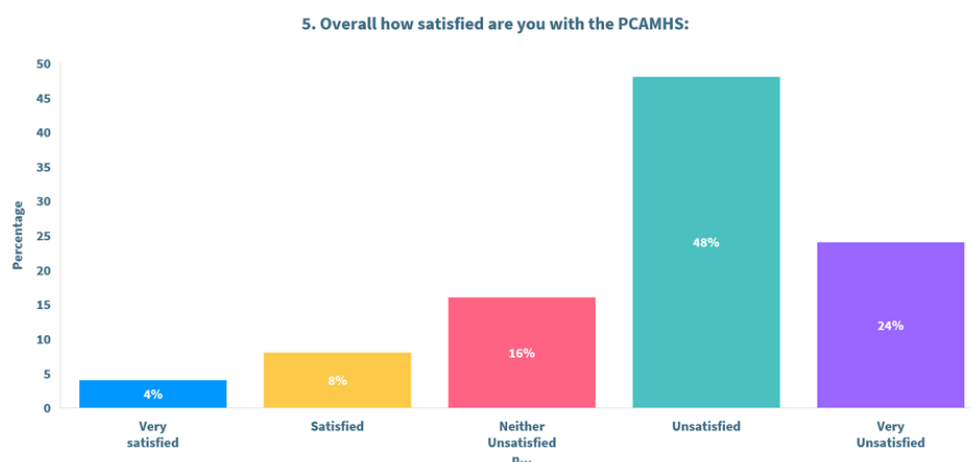


Figure 25

8% of respondents stated that they were satisfied and 4% indicated that they were very satisfied with the service. However, the majority of respondents 72% reported that they were unsatisfied or very unsatisfied.

One respondent who had expressed satisfaction with the service stated that they felt the service has improved. Many respondents expressing neither satisfaction nor dissatisfaction commented that this was because they felt the service was inconsistent:

- *Service is very variable - not consistent.*
- *When patients are seen I feel the service is good it is just so difficult to get them seen. The criteria for referrals seems to change and get stricter without perhaps that filtering through to PC. There are sometimes useful alternatives again that I was not aware of e.g. ADTRAC.*

Of the respondents who reported being either unsatisfied or very unsatisfied their comments suggested that this was due to the length of time a child or young person had to wait for a service, the quality of communication with the referrer and the referral response:

- *The waiting time is far too long resulting in patients re-attending at primary care when in many cases we have nil else to offer apart from CAHMS assessment. Frequently have to write expedite appointments.*
- *Excessive waiting times results in patients being repeatedly presented back to us. Parents/carers are worried, frustrated and having difficulty coping.*
- *Long waiting time to be seen.*
- *Length referral times are too long*
- *Long waits for CAMHS input and ADHD assessments.*
- *Appears to be very reluctant to see and assess issues especially around children with ASD related problems.*

- *Access is extremely poor - they only take on the most seriously children and there is a very long waiting list.*
- *Apart from the waiting list, I think the patients that are seen by CAHMS get a good service.*
- *I am not aware of how to contact you for advice when I am concerned about a young person, also when I do refer patients with genuine concern about them the response from CAMHS has not always addressed my concerns very well.*
- *When children and adolescents are at most need, there are hurdles in the way of access to this service and the waiting times for new appointments and in-between are unacceptably long.*
- *The bar to accepting a referral is ridiculously high.*

Improvements

6. Can you suggest improvements to the PCAMHS service in your area (if yes, you may want to think about referral pathways, patient access, waiting times and children with mental health crisis please give detail in the comments):

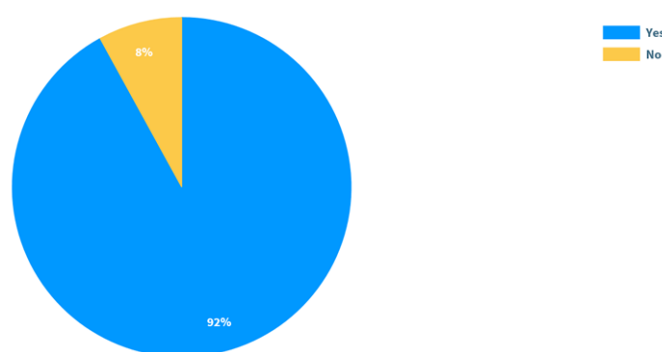


Figure 26

In total 92% of those responding, suggested improvements that could be made. A number of the improvements suggested reducing waiting times:

- *Shorten waiting times.*
- *Waiting times are too long, including the time from assessment to treatment.*
- *Quicker waiting times - better triage.*
- *We need shorter waiting times.*
- *Waiting times need to be significantly reduced. A 9 to 5 service Monday to Friday does not meet the needs of a 24/7 mental health problem.*

Suggestions were made concerning improving referral guidelines and pathways:

- *Better knowledge regarding referral pathways and criteria and sharing of availability of alternative services in and outside of the NHS that we can avail from PC.*
- *Better referral guidelines for primary care including who to refer to and when, better information about who to contact when immediate concerns about a child.*
- *Have an all Betsi access protocol that is simple for us to refer into but also advises on what other services are available and how to access them.*
- *There is no WCCG referral pathway as there is with most specialities.*

A number of respondents suggested a single point of access across the whole system as an area of improvement:

- *One single access point for team then to organise and signpost. Primary care are not aware of different agencies and referral criteria.*
- *Single referral route.*
- *Referrals could be redirected to the appropriate service, without involvement of the GP a second time. Useful points of contacts and advice. I am not sure who works in the CAMHS in my area. I am not sure what support there is.*

Other suggested improvements included developing cluster based practitioners, such as the pilot role that currently exists within one cluster:

- *Would you consider a primary care based CAMHS who could provide initial assessments then sign post onwards or refer into CAMHS then if appropriate, as previously mentioned, as a cluster.*
- *We have employed a family wellbeing practitioner working across 6 practices, a lot of the anxiety/depression and behavioural problems will be dealt with through this service, this has shown to reduce the referrals from our practices to CAMHS. This project should be considered on a BCU wide level and funded as such going forward.*
- *We have the benefit of a family wellbeing practitioner within our cluster and I have no doubt that this has reduced the number of referrals made to CAMHS considerably.*

Findings

- ***Whilst some GPs reported that services had improved, the majority of respondents reported being either unsatisfied or very unsatisfied with the service. Some respondents reported that the service was variable.***
- ***Some GPs reported that they make fewer referrals than they may as they do not expect a positive response from the service.***
- ***Assessment and intervention were the main reasons reported for making a referral to PCAMHS.***
- ***Waiting times, service thresholds and effective communication with referrers were considered to be areas where improvements should be made.***

Acknowledgements

The Delivery Unit would like to extend thanks to the staff of Betsi Cadwaladr University Health Board for their co-operation and contributions during the review and to the General Practitioners who took time to complete the DU questionnaire.

The CAMHS ED Network is seeking the views of children, young people, families, carers and wider stakeholders. These will be reported to the Health Board in a separate report.

Health Board		GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19			
<i>To improve health and provide excellent care</i>			

Report Title:	Update on review of centralised vascular services
Report Authors:	Dr David Fearnley, Executive Medical Director (based upon briefing by Dr Kate Clark, Secondary Care Medical Director and service review lead)
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	This report provides an update of the service review that is being undertaken as part of the delivery of the new centralised vascular service.
Approval / Scrutiny Route Prior to Presentation:	This report was requested as an action at the October 2019 board workshop meeting.
Governance issues / risks:	<p>This report focuses on the incidents reported and new risks since the centralised vascular service was established in April 2019. There is a system of clinical governance that ensures the investigation of all incidents and puts in place actions to mitigate further incidents occurring.</p> <p>The analysis so far indicates that incident reporting has increased, most incidents have resulted in negligible harm, and those incidents that have resulted in harm do not appear to be related to the service centralisation.</p> <p>The service review has not yet been completed and further detailed analysis will be undertaken as part of that review over the next few months. This is because new data from national work will become available and which will enable benchmarking with other services.</p> <p>Additional clinical assurance be also sought from a series of clinical summits within the health board over the next three months to enable a 'deep dive' into the clinical service and allow the clinical teams to discuss the quality and safety of their service with the executive team.</p> <p>Finally, an external specialist clinical view will be obtained to help develop actions arising from the service review.</p> <p>It is expected that the additional work will ensure a comprehensive service review is completed and it will be presented to the Health Board by March 2020.</p>

Financial Implications:	There are no specific financial implications within this report.
Recommendation:	The Board is asked to note this report for information and assurance.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and service planning			
Equality Impact Assessment			
This report does not propose a change of policy or direction.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Purpose

This report provides an update about the planned service review of the centralised vascular services, as agreed at the Board Workshop in October 2019. The service review is expected to be completed by March 2020 following additional executive and clinical team discussion, analysis of new national data, and external specialist clinical advice to help prepare actions that arise from the review.

Background

The centralised vascular service in Ysbyty Glan Clwyd opened to patients on Wednesday 10th April 2019, adopting a service model found across the UK. As the major arterial site, it houses a vascular hybrid theatre and dedicated ward providing all emergency and elective arterial surgery and complex endovascular interventions. This model is supported by the reconfiguration of job plans to enable the consultant staff to be available to support emergency work during normal working hours, ward rounds every day, and a non-resident out of hours on call. Outpatient consultations, investigations, diagnostic procedures, renal dialysis access surgery, varicose vein treatments and day case surgeries continue to be delivered at all three acute sites. There has been a significant investment in the new service, including £2.9 million on staffing, £2.260m of funding from Welsh Government to build the hybrid theatre and a charitable donation of £0.5 million from the Livsey Trust for equipment.

A full review of the transition is underway and this will include themes from incidents and complaints, clinical pathway reviews, outcomes and delivery metrics.

There are two key national programmes of work also underway that will help with the service review. Welsh Government met Health Boards on 30 October 2019 to consider the National Vascular Registry data and the (currently embargoed) 2019 annual report, and this will enable comparison with other health boards (and almost 100 organisations that perform vascular surgery) and will inform the service review. The National Vascular Registry is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales.

Also, the Wales Abdominal Aortic Aneurysm Screening Programme team are visiting the vascular service on 8 November 2019, to discuss the achievements and areas of concerns and will visit the Hybrid Theatre and Vascular Ward, at Ysbyty Glan Clwyd.

Additional executive meetings with the clinical team will take place to allow a 'deep dive' into the quality of service. The service review will also include external specialist clinical advice which will result in a clinically informed review of the quality of the service and identify areas for further service development, by March 2020.

On 29 October 2019, Healthcare Inspectorate Wales (HIW) wrote to the Health Board to share some concerns that they had received, requesting details about the service

review and expected timescale for the work to be completed. They categorised their concerns as follows:

- Governance
- Service model
- Implementation
- Service delivery and patient outcomes

As a result of the HIW letter and emerging new national data and standards, the service review will consider all of the issues raised and base its findings on internal and external evidence to enable a comprehensive and robust plan for the future development of the centralised vascular service.

Quality outcomes

All incidents that have occurred between April-September 2019 within the new service have been reviewed and the number of incidents reported has increased in comparison with the same period last year, which is in keeping with incident reporting across the Health Board. It reflects a good culture of reporting incidents. All incidents are reported to the bi-monthly vascular clinical governance meeting. There were 291 datix incidents reported across the service between April - September 2019. Of these there were 3 major incidents. The issues relate to:

- A fall on the vascular ward (Ysbyty Glan Clwyd)
- A patient who self-presented at Ysbyty Glan Clwyd with signs of acute limb ischaemia and there was a delay in alerting the surgical/vascular team
- The transfer of a patient who presented with limb ischaemia to Wrexham Maelor Hospital who was found to have metastatic cancer

Following the review of incidents by the service, it is thought to be very unlikely that any serious incidents were related directly to the centralisation of vascular services.

Mortality and Morbidity

At this point in time it is not possible to interpret changes in mortality rates because there is significant monthly variation and relatively very small numbers, but the crude mortality rate remains the same.

The Health Board has received correspondence referring to two deaths and these deaths have been discussed at the bi-monthly vascular clinical governance meeting. In one case, a patient self-presented to hospital and a diagnosis of stroke was made initially, but after a delay of several hours it was recognised that the symptoms were resulting from an acute limb ischaemia. Once the correct diagnosis was made the vascular team were involved and the patient received prompt treatment. However, the patient deteriorated and died shortly after surgery. The key learning outcome related to Emergency Department knowledge and expertise and this is being addressed.

The second death was in relation to a patient who developed an ischaemic limb but transfer to Ysbyty Glan Clwyd was not agreed with the family, and the patient

subsequently died from a medical condition. Lessons have been shared via the vascular and secondary care governance structure.

In relation to amputations, data is only available to the beginning of June 2019 and the numbers are small, but show a slight reduction. This will continue to be monitored.

Clinical governance

The vascular network has a weekly multidisciplinary team (MDT) meeting and business meeting and all relevant clinical and non-clinical staff are invited. This reports into a bi-monthly network governance meeting.

The vascular network has reviewed the service performance and identified risks, summarised below. All of the risks are being reviewed as part of the service review and any new actions will be identified and completed following the review.

- Alignment of vascular inpatient beds
- General surgery staffing to cover out of hours and weekends for vascular
- Waiting times for Renal Access Surgery
- Junior doctor cover for the vascular service in hours
- Delivering effective theatre utilisation
- Delivering referral to treatment times
- Clarity on the pathway and clear communication across sites
- Impact of cover colleague on the service
- Repatriating patients and clarity of the pathways for accessing beds in peripheral hospitals
- Cancellation of vascular cases requiring HDU / ITU beds
- Vascular consultant on call rota cover

Summary

A full service review will be completed by March 2020. It will include feedback from executive meetings with the clinical team, external specialist expert clinical advice, refer to new national data sources and address the recently reported HIW concerns. To date, no serious incidents relating to the centralisation of vascular services have been reported. However, incidents in relation to clinical pathways and delays in transfer have been reported and actions taken. More comprehensive actions will be agreed as part of the service review to ensure any additional resources are identified and wider system learning can be achieved.

Recommendation

The Board is asked to note this report for information and assurance.

Health Board**7.11.19**
GIG
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NHS
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 Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

To improve health and provide excellent care

Report Title:	Ambulance Performance - Welsh Ambulance Service Trust (WAST) BCUHB Area Performance and Quality Report October 2019
Report Author:	Kerri Hitchings WAST Planning and Performance Directorate Liz Wedley WAST Operations Manager East Jonathan Sweet WAST Operations Manager West
Responsible Director:	Lee Brooks (WAST Director of Operations) Claire Bevan (WAST Executive Director of Quality and Nursing)
Public or In Committee	Public
Purpose of Report:	To update the BCUHB Board on WAST performance and associated service improvement actions.
Approval / Scrutiny Route Prior to Presentation:	This report has been approved by WAST Director of Operations and Executive Director of Quality and Nursing. The report has been discussed during the quarterly meeting between WAST BCUHB Area Locality Management Team and BCUHB Senior Management Team on 29th October 2019.
Governance issues / risks:	1) Variation in timeliness of response 2) Notification to Handover lost hours
Financial Implications:	1) Demand and Capacity Planning review
Recommendation:	The Board is asked to note the attached report for information

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Leadership and governance			
Equality Impact Assessment			
Not required for performance report of this nature			

Disclosure:

BetsiCadwaladr University Health Board is the operational name of BetsiCadwaladr University Local Health Board



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NHS Trust

Welsh Ambulance Services NHS Trust (WAST) Betsi Cadwaladr University Health Board (BCU) Performance and Quality Report October 2019

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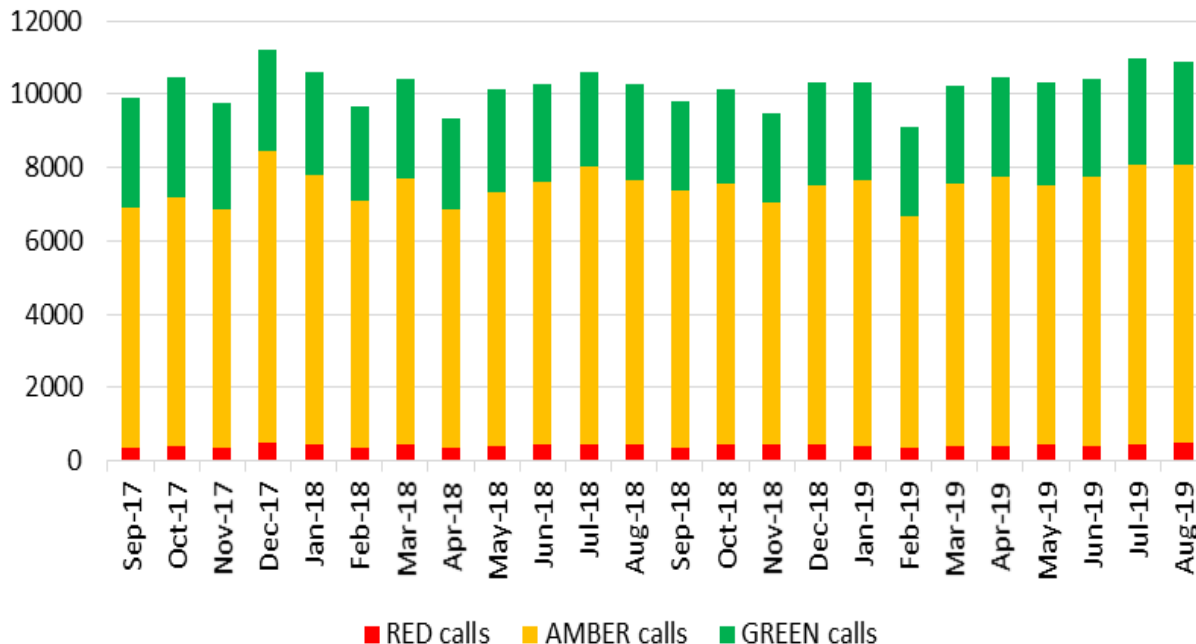
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Welsh Ambulance Services
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DEMAND

Total Verified Incidents

Total Verified Demand split by RED, AMBER, GREEN
Betsi Cadwaladr



Analysis

- **Total Demand levels remained fairly stable** over the two years reported. Year on Year there was an **overall decrease of 0.2%**.
- However, there were fluctuations between the category of calls.
- **Red demand saw a year on year increase of 2.5%**. However, this is not as significant as the pan-Wales increase in red calls which was 6.4%.
- **Amber calls saw a year on year increase of 1.3%**, compared to a pan-Wales decrease of 1.2%.
- **Green calls saw a year on year decrease of 3.9%**, compared to a pan-Wales decrease of 5.0%.
- Demand for the period September 18 – August 19 resulted in 5118 Red calls, 85,547 Amber calls and 31,851 Green calls.
- In comparison demand for the same period the previous year resulted in 4993 Red calls, 84,488 Amber calls and 33,144 Green calls.

Local Improvement Actions

- 1) Frequent caller management plan – monitor frequent caller activity and develop multi agency action plans for Top 10 callers with view to reducing likelihood of repeat calls
- 2) Careline demand management plan – Careline a super user of WAST services, work package to commence Q3 19/20 focusing on Careline demand reduction.

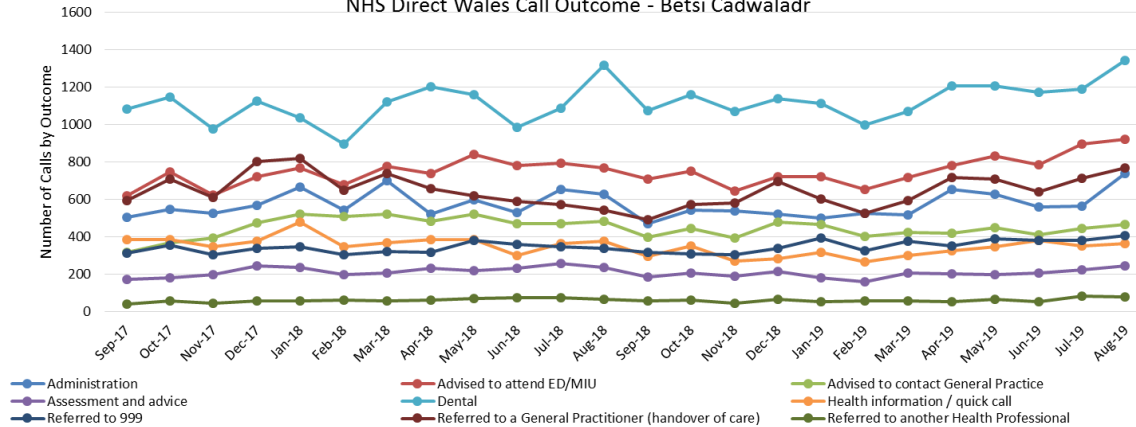
National Improvement Actions

Other Key Improvement Actions	Completion Date
Demand and Capacity Review	Nov-19
Demand Forecasting	Ongoing

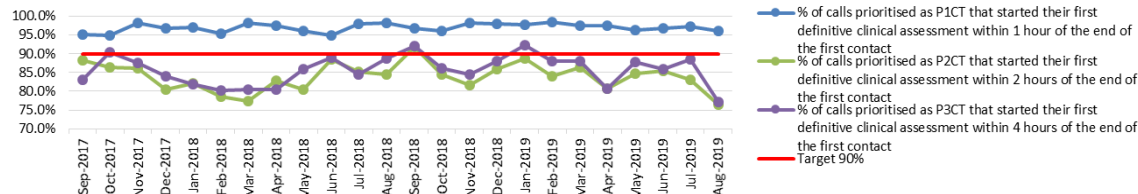


NHS Direct Wales (NHSDW)/Patient Engagement Community Involvement (PECI) for BCU

NHS Direct Wales Call Outcome - Betsi Cadwaladr



Timely Clinical Triage of NHS Direct Wales Patients - Betsi Cadwaladr



Analysis

- Dental referrals continue to be the top outcome for NHS Direct calls in BCU.
- Followed by advised to attend ED/MIU and Referred to GP as the top 2 and 3 outcomes respectively for NHS Direct calls.
- The total number of calls over the season April to August, was higher in 2019 than in same period 2018
- The highest priority calls, P1CT, continue to provide a timely response, within 1 hour, continuously achieving over the 90% target.
- The lower priority calls, P2CT and P3CT, continue to be below the 90% target for providing a response within 2 hours and 4 hours respectively.

National Improvement Actions

IMTP Deliverable	Completion Date
Complete rollout of 111 service across Wales	2020/21
Other Improvement Actions	
Recruitment Plans for Paramedics and Band 5 nurses to NHSDW	Ongoing
Review of 111 demand	2020/21

PECI Update

- Established good links with the Patient Engagement Team at BCU; PECI team are invited to attend the 3 Regional Engagement Practitioner Forums held across North Wales.
- Met with Head of Patient & Service User Experience at BCU and have established a good working relationship with her Team.
- Llandudno Hospital will be holding a community open day on Saturday 30th November. PECI Team/WAST have been invited to participate.
- BCU will be the host organisation of this year's 'It Makes Sense' event for Sensory Loss Awareness Month. WAST were the 2018 host organisation and have provided practical help and advice to BCU. WAST will be attending the event held by BCU on 28th November. The event will offer an opportunity for WAST to engage with the sensory loss community in North Wales.

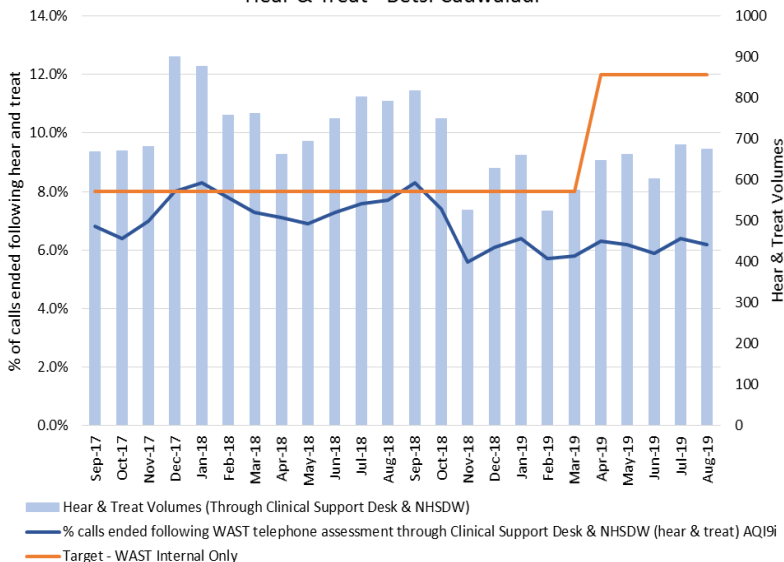
Dementia Update

- In the UK we have Emergency Services Strategic Commitments on Dementia. As part of our joint work on improving the skills of our workforce, we have delivered telephone skills and awareness sessions to nearly 800 call takers across Police, Fire and Ambulance services.
- These training sessions are delivered with people living with dementia alongside us. Sessions in North Wales are being held for Police, Fire and Ambulance services in 2020.
- The feedback from the sessions was overwhelming, with participants reporting: one of the best inputs on a training day; I can honestly say hand on heart - the best input I've personally had; and having someone living with dementia to share their experiences and points of view was beneficial.
- When asked about their biggest learning point, participants said: being able to understand what a person with dementia experiences and gaining a better understanding of how I can help them; to speak slower and allow more time for people to answer questions; better understanding of feelings and emotions; and adapting your speech and use of words to try and understand what is happening in their reality.



Hear & Treat

Hear & Treat - Betsi Cadwaladr



Analysis

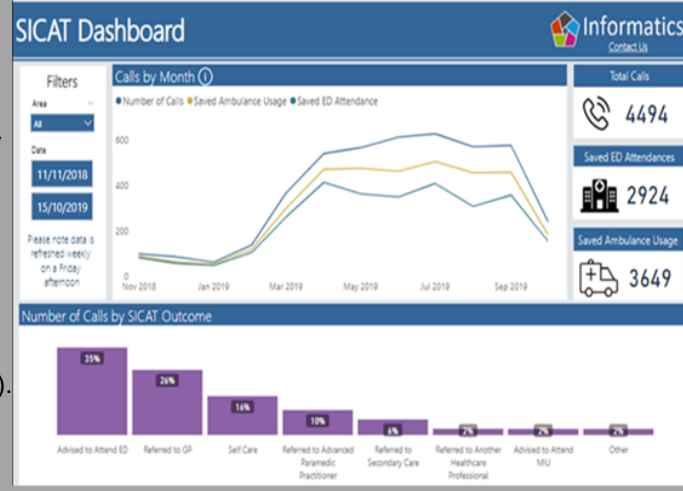
- In BCU, the **Clinical Service Desk (CSD) and NHSDW (Hear & Treat)** achieved **6.2%** performance in August 2019, compared to 7.7% in August 2018 **a decline of 1.5%.**
- In BCU, 675 ambulances were stopped in August 2019, compared to 791 in August 2018.
- The All Wales Hear & Treat rate in August 2019 was 8.3% however this did not meet the internal 12% performance target for 2019/20.

National Improvement Actions

Key Improvement Actions	Completion Date
Additional Clinicians for the Clinical Service Desk (CSD)	Jun-19
Full cross-directorate Clinical Review of the Clinical Contact Centre Functions.	Oct-19
Winter Planning (Welfare Calls and C3 Remote Working)	Oct-19
Review of activity flows	Sept-19

Local Actions & Single Integrated Clinical Assessment & Triage (SICAT)

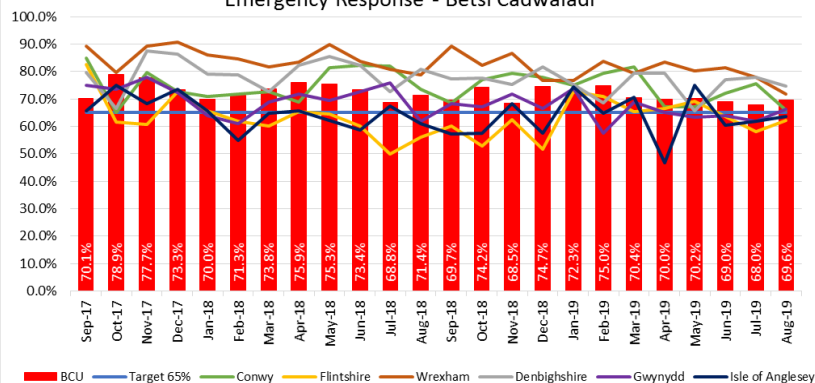
- SICAT Admin now in place to assist with fielding calls and providing call backs to crews and Phase 2 of SICAT roll out in North Region.
- A review of SICAT is planned which will improve its contribution to hear and treat rates as it's currently not contributing to hear & treat as initially expected.
- ICAN trial successfully rolled out and a future model is being looked at to make this a permanent service offer. The ICAN CENTRES are based at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor and support the Emergency Departments at each hospital by offering a listening ear to patients who come to the ED but don't have a physical injury or a medical reason for seeking help.
- Health visitor trial a success, again a future model is being developed.
- BCU East winter pilot to target residential homes, care homes and Minor Injury Unit's (MIUs). Minor Injury Units via telephone triage and 'eyes on' triage via Advanced Paramedic Practitioner (APP).
- Bank/Rapid Response Vehicle (RRV) overtime. This will target inappropriate requests to WAST.
- Clinical Service Desk in the north needs further development due to attrition rates. Local recruitment has been discussed.





Red Performance

% of Emergency Responses to Red Calls Resulting in an 8 minute
Emergency Response - Betsi Cadwaladr



Local Improvement Actions

- 1) Review of deployment plans completed Q2 19/20
- 2) New deployment plans introduced during Q3 19/20
- 3) North West Return to Footprint of resources deployed out of locality to high acuity incidents
- 4) North East Return to Footprint of resources Clear at Wrexham to Flintshire locality
- 5) GoodSAM alerting solution
- 6) Community First Responder development programme
- 7) Missed Red breach analysis and dynamic issue escalation
- 8) Clinical Tam Lead (CTL) Team Dashboards and associated Performance Management Framework
- 9) North Region 90 Day Plan

National Improvement Actions

Key Improvement Actions	Completion Date
Red Improvement Plan	Weekly updates ongoing, Mechanism to cease enhanced performance management is yet to be agreed with NCCU.
Weekly Performance, Demand and Capacity Review meeting	Weekly ongoing
Immediate Release Requests Process Revision	Aug-2019

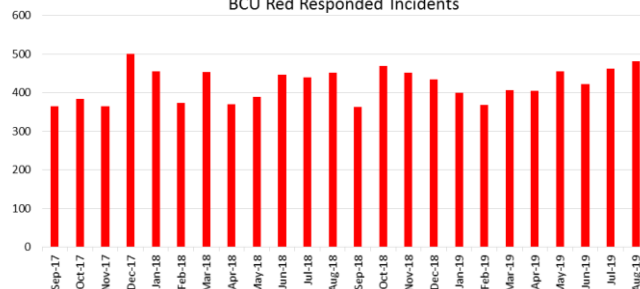
Other Improvement Actions

Due to the deterioration in Red performance, the Trust moved into enhanced performance management via the National Collaborative Commissioning Unit (NCCU) and as a result of an instruction to do so from Welsh Government. Red performance is being closely monitored, with the current improvement focus being on overproducing on RRV unit hours, more effective deployment of existing resource, incident upgrades and overnight performance.

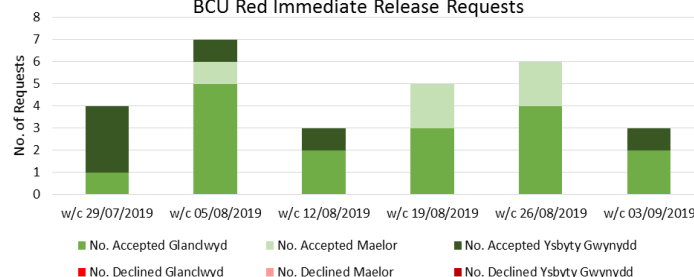
Analysis

- % of emergency responses (attendance to patient) to Red calls within 8 minutes, has consistently remained above the 65% target over the last 12 months for BCU. August 2019, Red 8 minute performance was 69.6%, compared to 71.4% for August 2018.
- Performance in Flintshire (63%), Gwynydd (54.5%) and Isle of Anglesey (61.9%) did not meet the 65% performance.
- There has been a **gradual decline in the monthly performance**, linked in part to the increase in red incident demand.
- A large factor at an All Wales level are the increased lost hours due to delayed handovers at hospital. Detailed analysis at a BCU level has confirmed that overall there is no significant correlation between red performance and handover delays. However, at a locality level, analysis has identified a **positive correlation between increasing lost hours from hospital handover delays in Glan Cwyd Hospital and red performance in Conwy**.
- **Red immediate release request data for BCU is positive with 100% of requests being accepted in August 2019**. The highest number of requests were in respect to Glanclwyd Hospital.

BCU Red Responded Incidents



BCU Red Immediate Release Requests

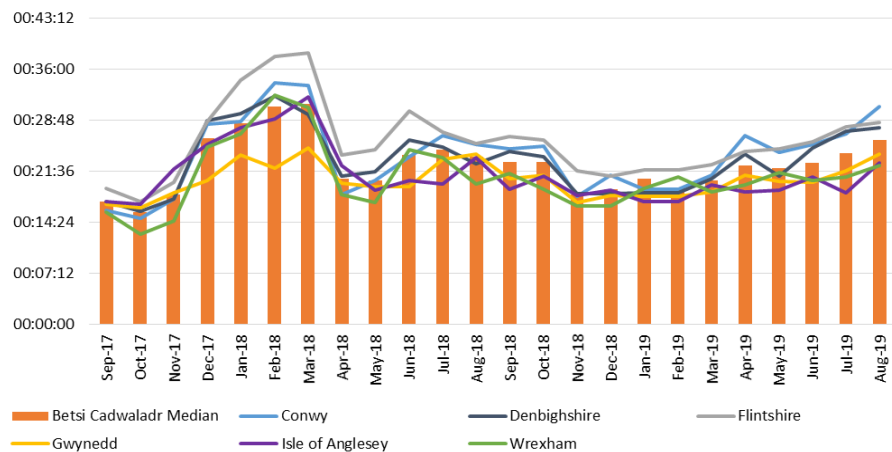




Step 3 – Come to See Me

Amber Performance

BCU Amber Median Response Times



Analysis

- As demonstrated in the graph, **Amber performance is an area of concern and continues to worsen.**
- The graph shows that Amber median, 65th and 95th percentiles are on a slight upward trend.
- Performance is better than that seen in the winter of 2017/18 when conditions were particularly challenging.
- The median response time for BCU in August 2019 was 23 minutes and 58 seconds.
- Gwynedd reported the best median response time; 20 minutes 59 seconds and Conwy the worse at 27 minutes 09 seconds.
- All Wales Amber median in August 2019 was 30 minutes 52 seconds.

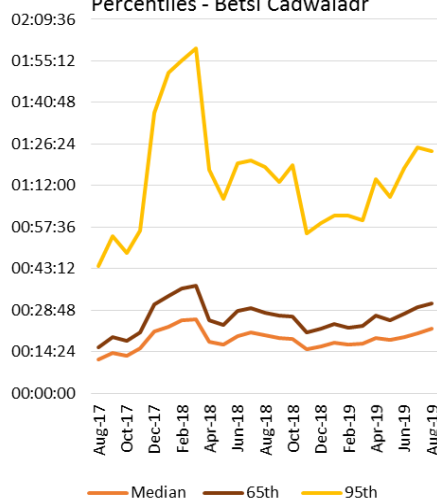
Local Improvement Actions

- Review of deployment plans completed Q2 19/20
- New deployment plans introduced during Q3 19/20
- North West Return to Footprint of resources deployed out of locality to high acuity incidents
- North East Return to Footprint of resources Clear at Wrexham to Flintshire locality
- CTL Team Dashboards and associated Performance Management Framework

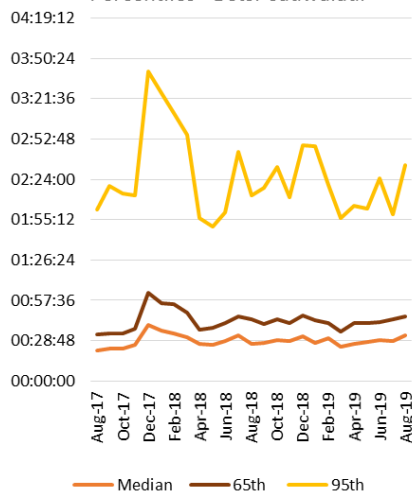
National Improvement Actions

IMTP Deliverable	Completion Date
Implement the recommendations of the Amber Review	Nov-19
Roll out the Trusts Falls Framework	Mar-20

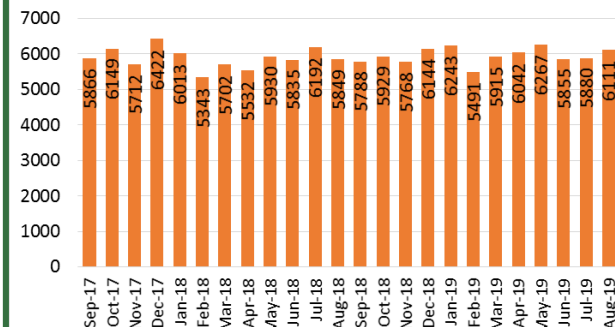
Amber 1 Median, 65th & 95th Percentiles - Betsi Cadwaladr



Amber 2 Median, 65th & 95th Percentiles - Betsi Cadwaladr



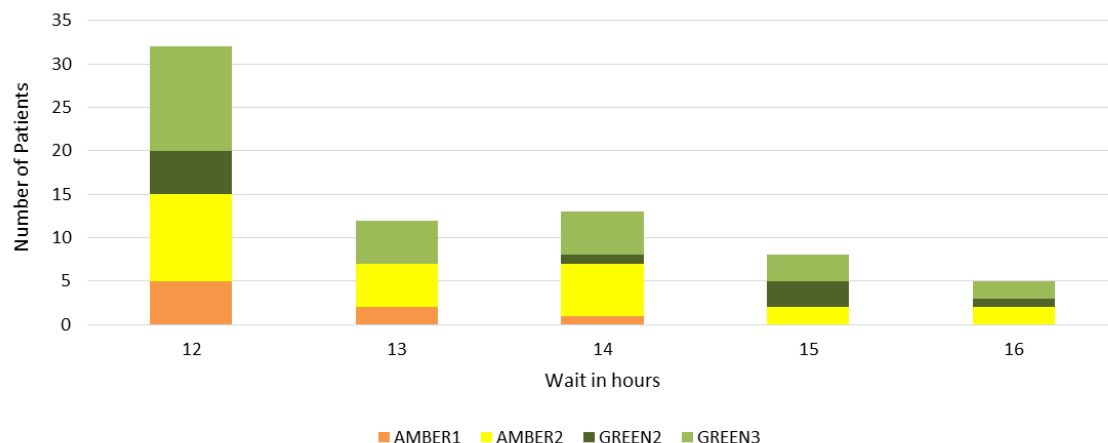
BCU Amber Incidents Resulting in Attendance at Scene



Step 3 – Come to See Me

Longest Waits

BCU Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Sep-18 to Aug-19)



Month	BCU No. of Patients Waiting by Hours					Grand Total
	12	13	14	15	16	
Sep-18	3	2	4	1	3	13
Oct-18	4	2	3		1	10
Nov-18	2			2		4
Dec-18	1		1			2
Jan-19	9	1		1		11
Feb-19		1	1			2
Mar-19		1				1
Apr-19		2				2
May-19	5			1		6
Jun-19		1		2		3
Jul-19	6		1		1	8
Aug-19	2	2	3	1		8
Grand Total	32	10	10	7	5	64

Analysis

- The table shows the number of patients per month that have waited over 12 hours for a response split by number of hours waited.
- The data demonstrates that 8 patients waited over 12 hours in August 2019.
- The graph shows the number of waits over 12 hours, split by final priority category and is the cumulative position over the last 12 months, September 2018 to August 2019.
- The data demonstrates that the **majority of patients waiting over 12 hours fall into the Amber 2 and Green 3 categories.**
- In the last 12 months, of the patients waiting over 12 hours: 46.2% were Green 3; 34.4% were Amber 2; 13.0% were Green 2; and 6.4% were Amber 1.

Local Improvement Actions

- Locality Performance Management Framework and escalation process
- SICAT
- Advanced Paramedic Practitioner in Clinical Contact Centre (CCC)
- Health Board Clinical Leads supporting CCC during peak periods
- CCC Demand Management Plan
- 3 x Betsi Cadwaladr University Health Board / WAST Conference Calls daily

National Improvement Actions

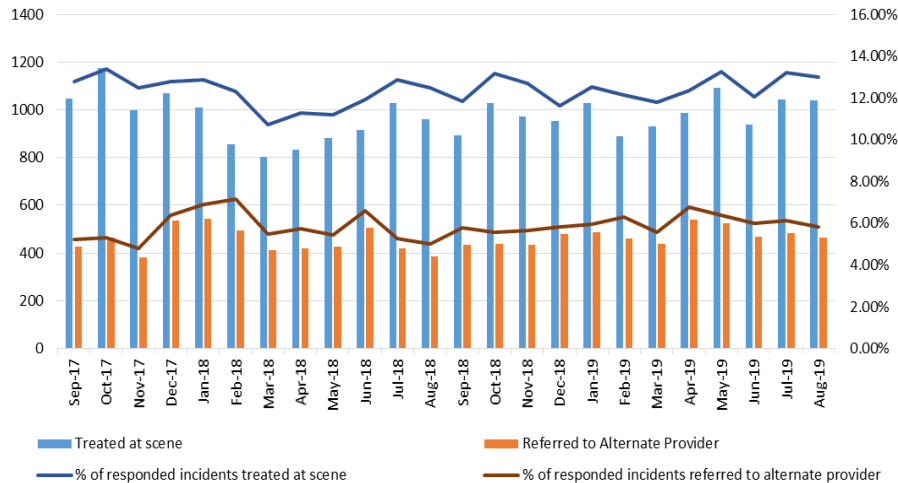
Other Key Improvement Actions	Completion Date
Actions to reduce the very longest waits	Ongoing
Patient Safety Team Reviews of Longest Responses	Ongoing



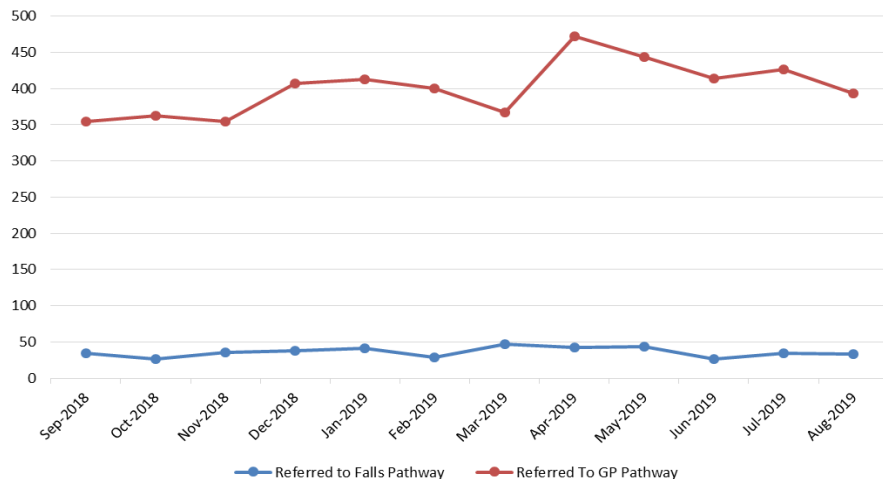
Step 4 – Give me Treatment

Treatment at Scene and Pathway Referrals

BCU Incidents Treated at Scene vs Referred to an Alternate Provider



Referrals to Falls and GP Pathways - Betsi Cadwaladr



National Improvement Actions

IMTP Deliverable	Completion Date
Develop new pathways with Health Boards	Baseline assessment and review Sept-19.
Introduction of new pathways	Oct – March 20

Analysis

- Percentage of incidents treated at scene, 13.8% in August 19, and the percentage of incidents referred to alternative providers, 5.8% in August 19, has remained somewhat stable over the last 12 months. In August 18, the percentages were 12.5% and 5.0% respectively.
- Incidents treated at scene was 1040 in August 2019, compared to 959 in August 2018.
- Incidents referred to alternative providers was 466 in August 2019, compared to 386 in August 2018.
- The second graph shows the volumes of two of the referral pathways over the last 12 months. Referrals to the falls pathway has remained stable, whereas referrals to GP is on an upward trend. (Future versions will include more detailed pathway referral data).

Local Improvement Actions

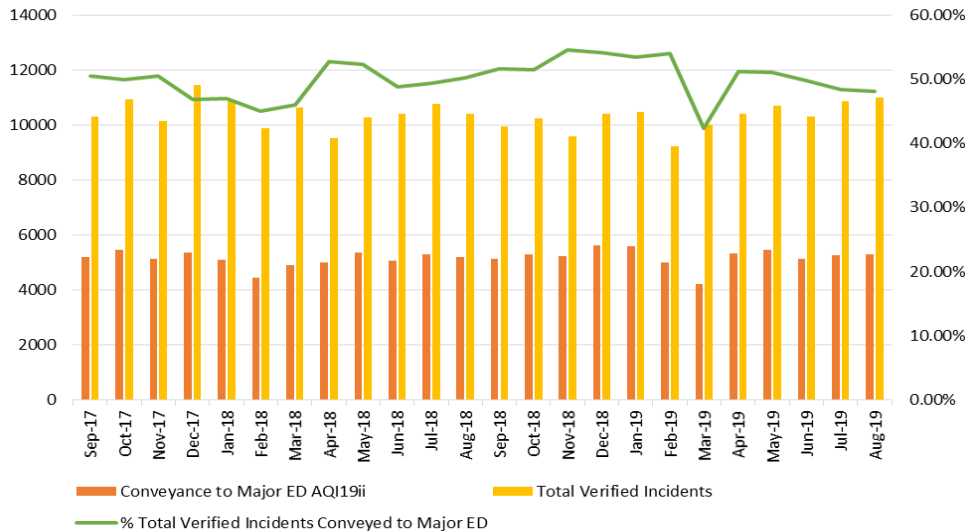
- 1) A Single Integrated Clinical Assessment and Triage hub (SICAT) has been set up to proactively manage and increase the number of Health Care Professional (HCP) calls for low and medium acuity patients. In addition, this will provide clinical support to clinicians to work towards sustainability. These measures also support delivery of Healthier Wales funded activities.
- 2) North region clinically safe admission avoidance work streams
- 3) MIU Utilisation
- 4) APP in CCC
- 5) APP and Pacesetter primary care rotation
- 6) CTL Team dashboards
- 7) Emergency Department (ED) Breach Analysis identifying missed opportunities for ED avoidance



Step 5 – Take me to Hospital

Conveyance

Conveyance to Major Emergency Department (ED) - Betsi Cadwaladr



Analysis

- The graph to the left demonstrates that the **volumes and proportions of total verified incidents conveyed to major emergency departments (EDs) are both slightly higher.**
- In August 19, the % of total verified incidents conveyed to major ED was 48.14%. The pan-Wales rate was 46.77%.
- The average % of total verified incidents conveyed to major ED was 50.83% in the 12 months up to August 2019, compared to 49.07% in the same period of the previous year. The target for this indicator is a reduction trend.
- 4,046 patients were conveyed to major EDs in August 2019, compared to 3,796 in August 2018.
- Pan-Wales the Trust conveyed 18,447 of patients to major EDs in August 2019, compared to 18,721 the previous year.
- Graph below shows the volume of incidents conveyed by type of receiving unit.
- The highest volumes are to Other Units such as maternity or mental health. There were no conveyances to medical admission units.

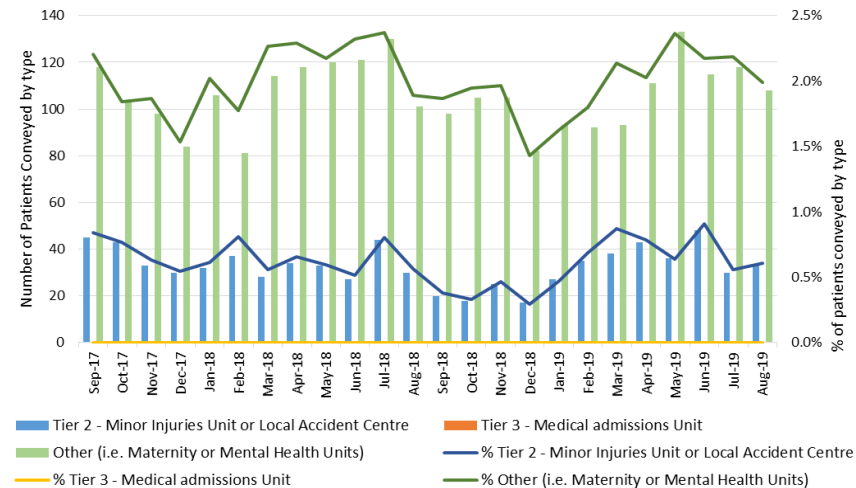
National Improvement Actions

IMTP Deliverable	Completion Date
Continue expansion of APP role (If funded and agreed with Commissioner)	Sep-19
Evaluate & implement APP/non-medical prescribing framework	Mar-20

Local Improvement Actions

- 1)Pacesetter funded APP rotation has been embedded into primary care in collaboration with BCUHB and GP clusters. Next step is to commence the education framework and evaluation for the project.
- 2)There has been improved Utilisation of MIU's by ambulance crews in North Wales and focus is on increasing the utilisation of alternative care pathways promoting clinically safe admission avoidance.
- 3)North region clinically safe admission avoidance work streams
- 4)SICAT
- 5)APP in CCC
- 6)Clinical Team Leader (CTL) Team dashboards
- 7)Emergency Department (ED) Breach Analysis identifying missed opportunities for ED avoidance

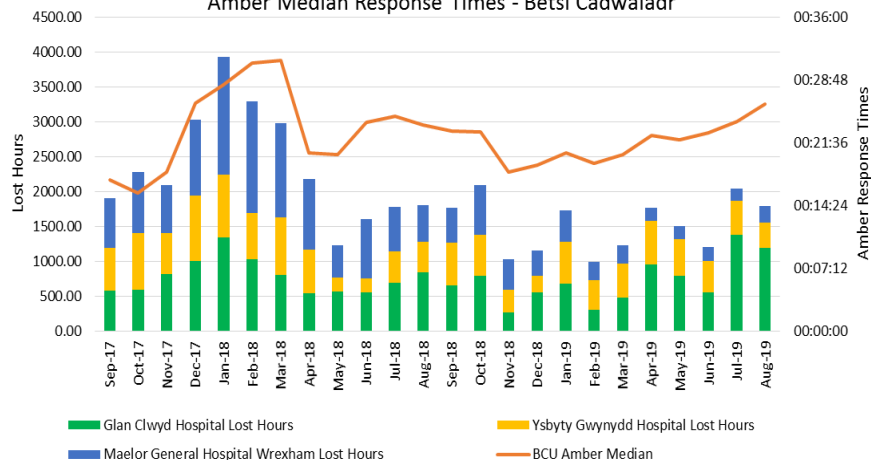
Patients Conveyed to Hospital by Type - Betsi Cadwaladr



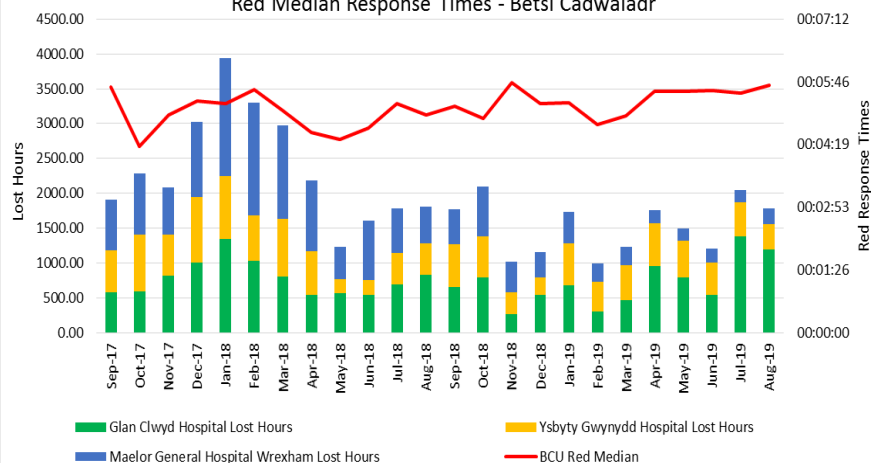
Step 5 – Take me to Hospital

Hospital Handover Delays

Notification to Handover Lost Hours against
Amber Median Response Times - Betsi Cadwaladr



Notification to Handover Lost Hours against
Red Median Response Times - Betsi Cadwaladr



Local Improvement Actions

- 1) ED breach analysis
- 2) Clinically safe admission avoidance work streams
- 3) BCUHB Unscheduled Care Programme (USC)
- 4) Regular local USC meetings with BCUHB colleagues
- 5) Effective application of immediate release policy

National Improvement Actions

Key Improvement Actions	Completion Date
Work with HBs to support unscheduled care system to reduce hospital handover	Ongoing

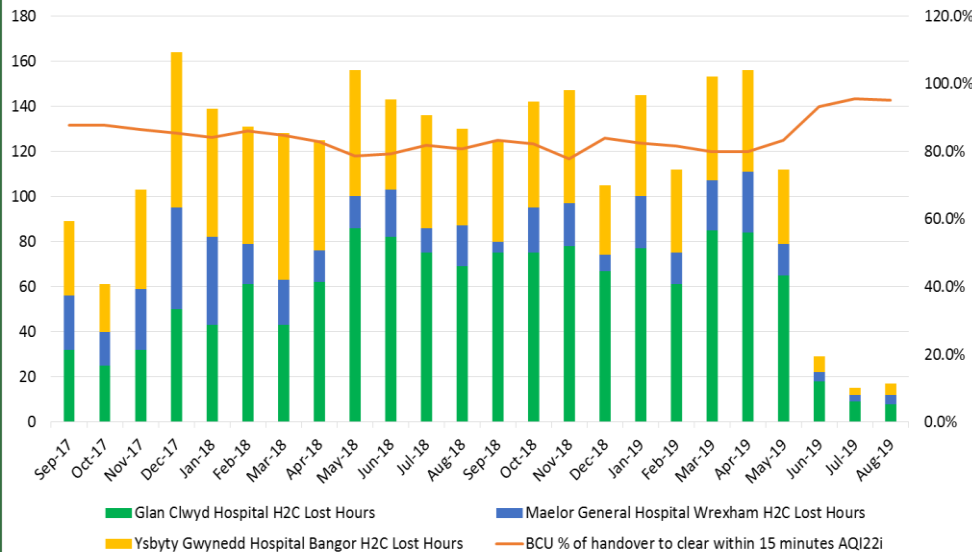
Analysis

- Notification to handover delays lost hours has improved overall in BCU over the last 2 years.
- In the last 12 months, 19,135 hours have been lost compared to 29,113 in the previous year, a decrease of 34%.
- This is significant compared to All Wales that has experienced a year on year increase of 11% over the same period.
- However, **August 2019 at 1,863 lost hours is higher than the same period in the previous 2 years**, 1,852 in 2018 and 1,382 in 2017.
- The increase is attributed to a considerable increase in lost hours in July and August 2019 in Glan Clwyd Hospital, whereas Maelor General Hospital has improved significantly compared to the previous year.
- At an All Wales level there is significant correlation between handover delays and Red and Amber median response times, as handover lost hours increase, so do response times.
- For BCU, there is no correlation between red median response at a Health Board level. However, at a locality level, analysis has identified a **positive correlation between increasing lost hours from hospital handover delays in Glan Cwyd Hospital and red performance in Conwy**.
- Alternatively, **Amber response times in BCU do have a positive correlation with lost hours** at both Health Board and locality level, however not as significant as the All Wales position.

Step 5 – Take me to Hospital

Handover to Clear

Handover to Clear Lost Hours - Betsi Cadwaladr by Hospital



Analysis

- **Handover to clear delays are on an overall decreasing trend.**
- **1,270 hours were lost** in the last 12 months, period September 2018 to August 2019, compared to 1506 hours in the same period last year.
- In August, a total of 17 hours were lost to handover to clear delays. A significant improvement when compared to the previous year where there were 130 lost hours in August.
- Pan-Wales the same picture is shown; **the Trust lost 10,116 hours** in the last 12 months, period September 2018 to August 2019, compared to 10,829 hours in the same period the previous year.
- In August, a total of 283 hours were lost to handover to clear delays. A significant improvement compared to the previous year where there were 701 lost hours in August 2018.
- The **percentage of handover to clear within 15 minutes** of transfer of patients to hospital staff was 95.2% in August 2019, compared to 80.7% in August 2018.
- Pan-Wales the percentage was 88.0% for August 2019, compared to 73.1% in August 2018.
- The commissioning intention is an improvement.

National Improvement Actions

Key Improvement Actions	Completion Date
Handover to Clear Improvement Plan	ongoing
Implementation of Dual PIN Process of the Hospital Arrival Screen (HAS) system or alternative technology. (A specific element of the H2C Plan above)	August 2019

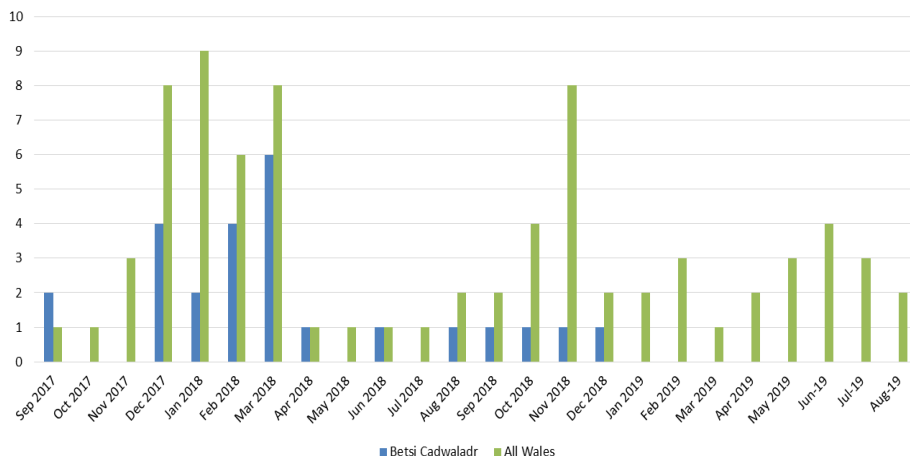
Local Improvement Actions

- 1) Implementation of HAS Screen Dual PIN solution
- 2) Handover to Clear Service Improvement work stream
- 3) Wrexham and Bangor routinely achieving KPI of 95%
- 4) Glan Clwyd performance typically 93%



Serious Adverse Incidents (SAIs)

Number of Serious Adverse Incidents Reportable to Welsh Government
All Wales vs Betsi Cadwaladr



Analysis

- The volumes of serious adverse incidents (SAIs) in BCU are significantly lower than the All Wales position.
- There have been no SAIs in BCU since December 2018.
- The Trust continues to review and discuss high volumes of potential Serious Adverse Incidents (SAIs) at its Serious Case Incident Forum. The themes and trends from those cases reported as SAI's are long handover and response delays, call categorisation, missed allocation and clinical practice issues.

National Improvement Actions

Key Improvement Actions	Completion Date
Creation of a Patient Safety and Experience Learning and Monitoring Group (PSELMG).	Complete
Reconfigure Serious Incident Process.	Mar-20
Implementation of Serious Incident Joint Investigation Framework	Oct-19

Coroners Activity

The trust continues to receive large numbers of requests for information from coroners. The impact of the numbers received through winter of 2017/18 is still being felt. The majority of cases relate to incidents where there was a delayed ambulance response to a patient in the community.

Date Coroner Request Received		2017/18	2018/19	2019 to date
Total Number of Coroner Requests	All Wales	229	238	133
	BCU	29	58	29
Date of Incident Coroner Request Refers to		Incident 2017/18	Incident 2018/19	Incident 2019 to date
Total Number of Coroner Requests	All Wales	244	218	90
	BCU	41	52	14

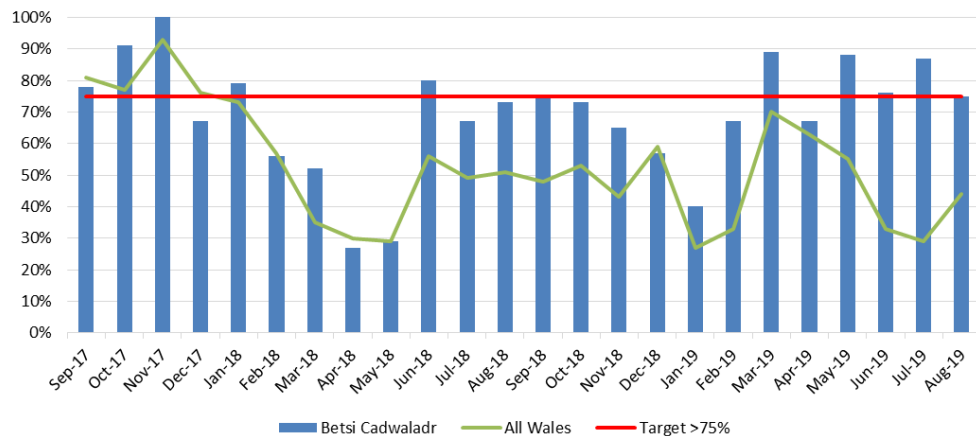
Local Improvement Actions

- Development and updating of the North Wales Risk Register has commenced. This work will be carried out by the Business Support Officer and closely monitored by the Regional Business Manager.
- Dedicated Operations and CCC Concerns leads
- Monthly Management Team meeting focusing on Risk, Concerns
- Incidents escalated and reviewed in partnership with BCUIB colleagues



Concerns

30 Day Concerns Compliance Performance by Percentage
Betsi Cadwaladr



Analysis

- For Betsi Cadwaladr (BCU), the **percentage of responses to concerns** within 30 days decreased slightly in August to 75% from 87% in July and 76% in June 2019. However, **performance remains to be achieving the 75% target since May 2019.**
- The number of total concerns for August (19) decreased compared to July (25).
- Overall for BCU has a higher rate of compliance than the All Wales position. For All Wales, the **percentage of responses to concerns** increased to 44% in August from 29% in July and 33% in June 2019.
- For All Wales, the number of total concerns for August (73) decreased compared to July (127) which had an impact on the in-month performance.
- It must be noted that the way compliance against the 30 day target is calculated has changed.** The position will be reported based on the number of concerns (formal concerns requiring a regulation 24 letter and On the Spot concerns that have exceeded 2 days are now known as formal concerns suitable for local resolution) closed during the month. Welsh Government requested the change in reporting and have requested historical data is provided for 2018/19. The change in how the data is reported was implemented in Datix in August 2019 and will be amended in this report from September data onwards, including historical data.

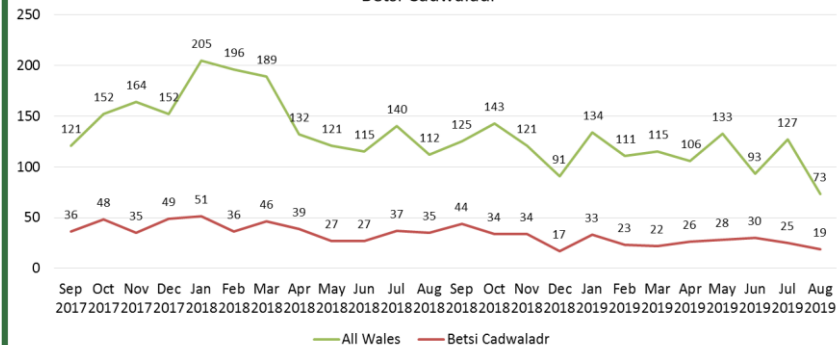
National Improvement Actions

Key Improvement Actions	Completion Date
Winter Planning 2019/20	Sep-19
Introduce training and opportunity to resolve a larger proportion of concerns received "at source"	Jan-20
Redesign Investigation report templates and provide mechanism for earlier patient / family contact.	Sep-19
Ensuring consistency of up to date information relating to improvements that align to the concerns raised.	Complete

Local Improvement Actions

- 1) Dedicated Operations and CCC Concerns leads
- 2) Monthly Management Team meeting focusing on Risk, Concerns
- 3) Incidents escalated and reviewed in partnership with BCUHB colleagues

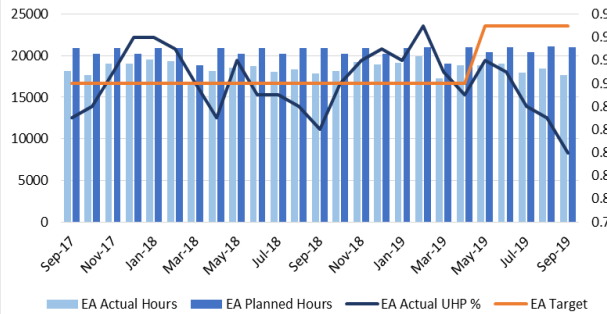
Number of Concerns (all types) by Received Date
Betsi Cadwaladr



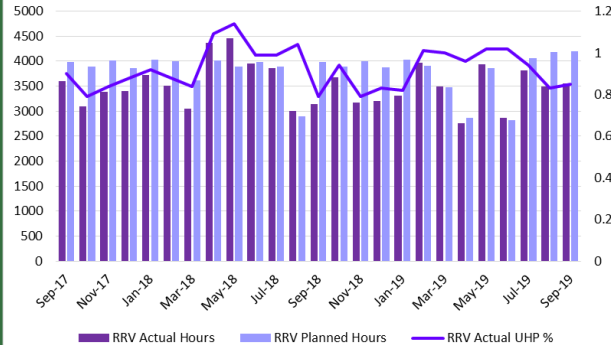


Production and Capacity

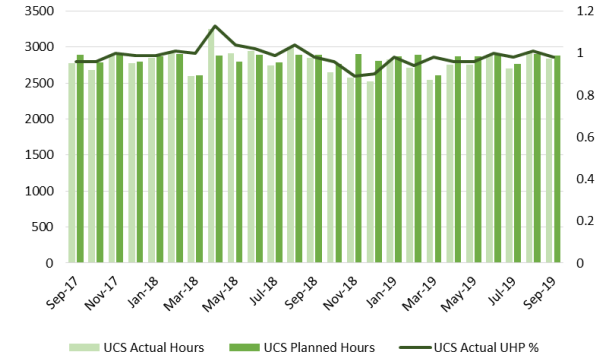
BCU Emergency Ambulance Unit Hours Production
Planned vs Actual



BCU RRV Hours Planned vs Actual



BCU UCS Hours Planned vs Actual



Analysis

- Emergency Ambulance Unit Hours Production (UHP) saw a decline in August 2019 to 84%.
- The actual emergency hours available over the last two years shows a fluctuating picture.
- Linked to this are the actual hours available of UCS and RRV crews. UCS actual hours show a similar picture of stability.
- RRV actual hours have increased in recent months.
- As demonstrated in the graph, APP hours show a fluctuating picture, however planned and actual hours are on an upward trend.
- One of the commissioning intentions is to improve our UHP and actual hours put out.
- The agreed target with the NCCU is a 95% target for RRV and EA UHP as an interim measure pending the Demand and Capacity Review, however BCU have not achieved this to date.

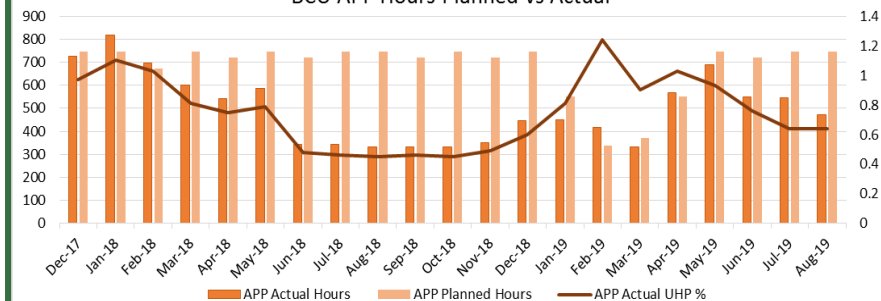
Local Improvement Actions

- 1) Patient centred deployment review: Western - complete Central & Western – On track. North - Planned.
- 2) Implementation of local recruitment initiatives aligned with National policies.
- 3) Advanced rostering of CFR's utilising an electronic or paper based system.
- 4) Tri-service volunteer strategy embedded to maximise support offered to vulnerable people utilising 3 x 999 services.
- 5) Resource department decision making framework to prioritise shift cover
- 6) Abstractions management
- 7) Resource Performance Management Framework
- 8) Handover to Clear Service Improvement work stream
- 9) Prompt RRV Clear following EA arrival dynamic performance management

National Improvement Actions

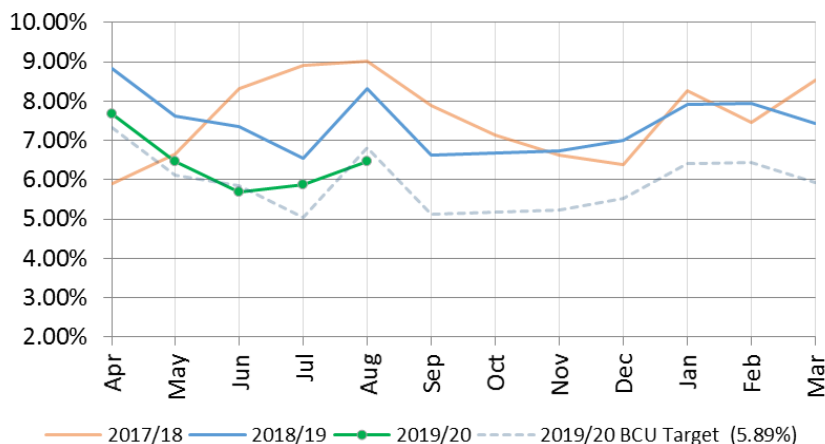
IMTP Deliverable	Completion Date
Deliver an improvement in resource availability levels	Mar-20
Other key Improvement Actions	Completion Date
Demand and Capacity Review	Nov-19
Reduce vacancy levels through Big Bang events	Annually
Roster reviews	Sep-20
New Resource Dashboard	Continuous
Healthier Wales	TBC

BCU APP Hours Planned vs Actual



Sickness

BCU Sickness Levels



Local Improvement Actions

- 1) Continued work to promote MIND training and raise awareness of support offered to WAST staff as part of the Wellbeing Strategy.
- 2) A monthly CTL dashboard has been introduced to cover areas of performance, PADR's and clinical indicators (with the exception of ROSC).
- 3) Fortnightly meetings with Management Team and Occupational Health
- 4) Monthly meetings with WODI colleagues focusing on patterns, trends analysis
- 5) Robust application of Managing Attendance Policy
- 6) Weekly review of Short Term Sickness
- 7) Fortnightly review of all LTS
- 8) Tailored action plans
- 9) Wellbeing Action plans

Analysis

- Overall sickness absence increased in August by 0.59% to 6.47%.
- Compared to the August 2018 rate of 8.32% we are recording a 1.85% decline.
- Locally, sick absence rates for BCU show a decreasing picture year on year.
- Absence for August 2019 in Conwy & Denbighshire was 9.91%, Flintshire & Wrexham was 5.06% and BCU West was 5.69%.
- Overall Trust wide sickness absence increased in August by 0.69% to 7.51%, this is also an increase when compared to the August 2018 rate of 7.25%.
- Supporting managers and directorates to effectively manage sickness absence and health and wellbeing remains a high priority.

Improvement Actions

IMTP Deliverable	Completion Date
Approve & implement a HWB strategy	Apr 2020
Other Key Improvement Actions	Completion Date
Improve resources to support line managers	Ongoing
Address shortfalls in Occupational Health Service	Dec 2019
Implement actions to address short term absence	Dec 2019
Monthly review of all LTS cases	Ongoing



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Developments and Planning

Non-Emergency Patient Transport Service (NEPTS)

Transport Solution Team

NEPTS has developed an innovative proposal on managing the transport requirements of patients who do not have an eligible medical need for transport. The proposal which will be supported by the Healthier Wales funding, will introduce a system whereby non-eligible patients are supported to find and book alternative transport arrangements to help them access their treatment. This proposal will also ensure the service is operating fully within the guidelines set out by WHC 2007(005). A briefing paper and engagement plan to support the delivery of the proposal has been shared with Welsh Government. WAST is expecting to undertake a separate demand & capacity review of NEPTS in the second half of 2019/20.

National Call Taking

In April 2019, NEPTS virtually merged our 3 regional patient bookings centres. Merging the regional booking centres into a single point of contact has provided an enhanced call taking system, allowing calls to be directed to the next available pan-Wales call taker, ensuring that patient and HCP calls are answered as quickly as possible. The merging of the 3 booking centres has resulted in a significant decrease in the length of time calls are waiting to be answered, with the average waiting time being reduced from 1 minute 30 seconds to 30 seconds. With calls being answered in a timely manner, the number of abandon calls has reduced by 60%. Providing a single point of contact has further enhanced the quality of the service for patients, by ensuring that consistent and updated information is being shared with patients and HCP when making a booking.

End of Life

Non-Emergency Patient Transport Service (NEPTS) has been providing pre-planned transport to End of Life Care (EoLC) patients for many years. However, in the event of a sudden deterioration, clinicians often resorted to calling 999 in the belief this was the quickest way to get transport. However, 999 calls are prioritised so that paramedics attend patients with potentially fatal yet reversible conditions. This results in patients dying from an irreversible terminal illness being given a lower priority, and therefore waiting longer to be transferred to their preferred place of death.

As the service did not have any dedicated resource available for End of Life journeys, a decision was made to implement a service that could utilise existing resources across WAST and its delivery partners. An all-Wales booking number was established and utilised one of the WAST discharge desks as a central booking point for healthcare professionals (HCPs) to contact.

To ensure the required information was captured to achieve the best patient experience, an End of Life booking form was developed in partnership with palliative care clinicians. A NEPTS End of Life guidance document was also established to help HCPs understand what the service is, how it works and which number to use to contact the service.

In August 2017, the NEPTS EoLC Rapid Transport Service was piloted in four sites in Wales. Each of the initial journeys was evaluated for timeliness and to ensure that the relevant HCP's feedback was built into the operation of the service. The service is now available across Wales and has carried out almost 600 journeys. A recent review of the service revealed the median waiting time for an ambulance booked through the EoLC Rapid Transport Service is 52 minutes.

Transfer of Work

The 2016 NEPTS business case set out the recommendation to establish a new commissioning process and for WAST to act as the main national provider of NEPTS on behalf of NHS Wales. It was agreed that it would do this through using a mixed economy model of providers to ensure flexibility, quality and value for money.

At the same time, it was confirmed that EASC would act as the commissioner for all NEPTS services provided through WAST and other providers (to be commissioned via WAST), and that a Quality and Delivery Assurance Framework would be designed and implemented in order to support this, in the same way that has been developed for EMS and EMRTS.

To date Cardiff & Vale University Health Board, Velindre NHS Trust, Hywel Dda University Health Board and Swansea Bay University Health Board have transferred the commissioning responsibility for NEPTS to WAST.

The Transfer of Work has taken significant steps forward throughout 2019 with ongoing dialogue with health board leads and the Chief Ambulance Service Commissioners (CASC) office. Over this period there have been extensive conversations with Betsi Cadwalader University Health Board, establishing a baseline of activity, details of service cover and transferring principles. These details will be considered at a joint BCUHB and WAST Executive Team meeting in November 2019.



All Wales Transfer and Discharge Service

Both the WAST and EASC Integrated Medium Terms Plans (IMTP) articulate a commitment to develop a single "All Wales" transfer and discharge service.

An initial workshop was held in April and a wider workshop on the 09 July 2019, with all health boards invited. An invitation was also extended to the Critical Illness Implementation Group in light of recent investment from the Minister and the NCCU was represented. Internally, work is now being progressed to develop an outline model for November 2019, based on all the feedback from the workshops and learning from discussion for other areas of strategic change.

Health Board Service Changes

The most imminent strategic service changes which are of material importance to WAST relate to:

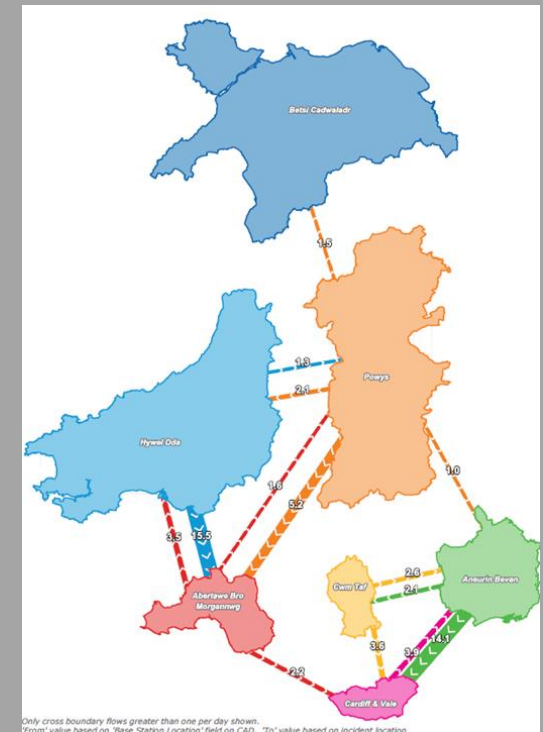
1. The launch of a South Wales and South Powys Major Trauma network on the 01 April 2020.
2. The opening of the Grange hospital.

BCU service changes:

- **Vascular** - WAST are aware of the recent reconfigurations of vascular services in the health board and it remains important that both organisations planning and performance teams work closely to understand any emerging flow implications and test these against the hypothetical figures agreed ahead of go live.
- **Stroke** - In addition we are cognisant of the ongoing work regarding the reconfiguration of stroke services across the health board boundary. Again it remains important that both organisations planning and performance teams work closely on this to understand and agree pathways, implications on flow and the commissioning implications. WAST has been working closely with WHSCC and the CASC and are now in the process of finalising a contract to convey eligible stroke patients for Thrombectomy to the Walton Hospital (and Southmead in Bristol). This service will be outsourced to a private provider (an approach equally endorsed with WHSCC and the CASC).
- **HMP Berwyn paramedic pilot scheme** in partnership with BCUHB and the Ministry of Justice has been implemented and will be monitored throughout in order to gauge success and modify if required.

Inter-Hospital Transfers

Future versions of the report will include detailed information on inter-hospital transfers





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Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Developments and Planning

Winter Plan

All Wales Winter Plan

WAST's has a National Winter Plan underpinned by Health Board level plans. The plans are across the five step ambulance care pathway. There is also a NEPTS national winter plan. WAST undertook a lessons learnt exercise after last winter. Two key lessons were to: 1) plan on the basis of winter monies become available 2) extend the operation of the Silver Cell that operated over the festive period into January (and other periods if required).

WAST had agreement from EASC for the funding of the following initiatives that will start in the winter period (and continue beyond the winter period):

- Working with WAST's partner of choice, St John Cymru Wales, increase the Trust's unscheduled care service capacity and help backfill the lost hours from handovers through expanded St Jon Cymru Wales over the next 12 months i.e. 10 additional shifts per day;
- Improve patient facing colleagues' access to clinical information and senior decision making in support of on scene clinical assessment via the Clinical Support Desk (CSD), in particular, patient clinical records supported by more clinicians in the CSD; and
- The utilisation of alternate providers as an interface at key acute hospital sites where handover delays are particularly prominent (Glan Clywd, Morriston, Prince of Wales and Royal Gwent) to improve handover of WAST patients and provide care under WAST supervision to the point of handover to the hospitals thereby freeing up WAST staff to respond to patients in the community.

The exact start dates of the schemes is to be confirmed. WAST has also offered every health board the option to fund enhanced NEPTS discharge and transfer capacity. Some health boards have expressed an interest (nothing yet from BCU). We have also updated our Resource Escalation Action Plan (REAP) Toolkit and we held a Winter Plan desk top exercise in Oct-19 to test our arrangements. We are also collaborating with the NCCU on improving system/regional escalation arrangements, for examples diverts.


Whilst not part of the winter planning, we also have agreement from EASC to recruit an additional 46 full time equivalents (30 Paramedics, 12 EMT and 4 UCA) via bank staff, retire and returns and Paramedics from other ambulance services, who will come on stream during the Winter Plan period. This recruitment is linked to the current EMS Demand & Capacity Review, the initial findings of which will be presented to 12 Nov-19 EASC.

WAST has also been working with Cardiff University Business School on forecasting and the plan is supported by a tactical day by day demand forecast over the period of the plan with the ambition to introduce predictive performance reporting during the winter period.

BCU Specific Winter Initiatives

The WAST BCU winter plan includes the usual focus on boosting ambulance hours during peak periods through overtime, bank staff, the deployment of response capable managers and so on. It also includes extra provision of SICAT during peak periods, WAST attendance at safety huddles and the reinforcement of SOPs, for example, Wrexham's Alcohol Treatment Centre, use of taxis and referral pathways. All health board level plans have been reviewed by the AD Response and a checklist of good practice issued to all AOMs from this peer review process.



Health Board	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
7.11.19	

Report Title:	Annual Plan Progress Monitoring Report (APPMR)
Report Author:	Mr Mark Wilkinson, Executive Director of Planning & Performance
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	This report provides the Board with a summary of progress against the key actions within the Annual Plan
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Executive Team and approved by the Executive Director of Planning and Performance.
Governance issues / risks:	The paper identifies through the RAGP rating any actions where there is a risk to delivery. Where the risk is rated red a statement is provided as to the reasons and actions being taken to address. Quarterly the progress against milestones are assessed and a random sample of evidence to support the self –assessments is undertaken.
Financial Implications:	The actions within the operational plan are in line with the Health Board's financial plan
Recommendation:	The Health Board is asked to note the report and to assist in addressing the governance issues raised.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Leadership and Governance - this paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by monitoring the progress in implementation of the Board's operational plan with increased scrutiny on progress from the executive team.

Equality Impact Assessment

The Health Board's Operational Plan has an equality impact assessment completed. This report provides evidence of progress against this plan.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



GIG
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Betsi Cadwaladr
University Health Board



September 2019

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This report presents performance against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital and estates.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Additional assurance will be provided on a quarterly basis with narrative in support of the rating given to a random selection of plan actions. Where a red rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

As it is the end of the second Quarter 2019/20, this report includes a sample of evidence for two of the Actions within each programme. Lead Executives have compared their rating in light of the Q2 milestones. The sampling aims to provide a consistency check on the application of the RAGP rating and additional evidence to provide assurance that the rating is appropriate.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G	G	G						M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G	G	G						
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	G	G	G	G	G	G						M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	G	G	G	G	G	G						M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	A	A	G	G	G	M						M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	G	G	G	G	G	G			M			M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	G	G	G	G	G	G			M			M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care		A	A	A	A	A						M

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Quarter 2 Sample Report: AP001 - Smoking cessation opportunities increased through Help Me Quit

Milestones due to be met in Quarter 2:

There are no milestones to meet in Quarter 2 for this Action.

Summary of Position

- Uplift (65%) in smoking cessation staff for Help Me Quit in Hospital
- Following transfer of Stop Smoking Wales service to Health Board, developing closer integration of cessation services and healthcare services to utilise all elements of the system to their best effect – pooling expertise and experience.
- Review of Level 3 Pharmacy service practices in order to enhance smoking cessation offer and recording of validated quit rates.
- Implementation of a rolling programme of Help Me Quit in Primary care.
- Supporting GP Clusters to prioritise tobacco control in Cluster IMTPs.
- Smoke Free Premised Task and Finish Group coordinating actions in support of planned introduction of Regulations in 2020.

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Quarter 2 Sample Report: AP008 - Partnership plan for children progressed with a strong focus on adverse childhood experiences (ACE)

Milestones due to be met in Quarter 2:

There are no milestones due for Quarter 2 for this Action, However, achievement of the Milestone for Quarter One, “AP008A - Review of the Neurodevelopment Pathway” is yet to be confirmed.

Summary of Position

Following the two successful bids in August to Welsh Government for Neurodevelopment Services; Recurrent funding to close capacity and demand gap; Non recurrent funding to address current waiting list position a Regional Neurodevelopment Steering Group has been set up to roll out the bids and address 6 key work-streams:

1. Plan of Action
2. Data recording and reporting
3. Development of a North Wales Service Specification
4. Workforce opportunities
5. Waiting List Recovery
6. Communication.

Work streams 1 & 2 have been completed, Work-stream 3 has identified in practice all three health economies are now using the All Wales Standard for referrals, though the workforce applying them differ slightly. Work stream 5 has developed a tender to go out in the next month. Work-stream 5&6 in development. Initial findings suggest the timeframe for workforce recruitment to close capacity – demand gap is likely to be 9-12 months, during which the demand will exceed capacity and therefore add an additional 150-200 onto the Waiting list recovery work-stream. Once the tender is public we will be in a better position to estimate how many suppliers and by inference the length of time to clear the 1200(+150-200) currently waiting beyond the target

Improved partnership working is taking place across children's services. All services are gradually focusing their work with an 'ACE aware and trauma informed' approach. This particularly takes place within our services for Children who are Looked After (LAC) where there is significant multiagency team work to enable earlier intervention. This is as a result of the Children's Transformation Bid investment. Partnership working is also evident for the implementation of the Additional Learning Needs (ALN) Act, with work taking place to develop the role of the DECLO. More recently a multi- disciplinary arrangement has been agreed between the health board and third sector partners in the development of an On-call rota for the provision of care to children at the End of their Life, as expected within the palliative care standards.

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Programme Care Closer to Home Matrix

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	G	G	A	A	A	M						M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	G	G	G	G	G	G			M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	G	G	G	G	G	G						M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	A	A	G	G	G	M						M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G	G	G			M			M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	A	A	A	A	A	M						M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G	G	G						M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A	A	A						M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	G	G	G	G	G	G						M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	G	G	P									M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A	A	A			M			

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Quarter 2 Sampled Report: AP010 - Put in Place Community Resource Team Maturity Matrix and support to progress each CRT

Milestones due to be met in Quarter 2

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- Integrated/ partnership elements of the Care Closer to Home project have been incorporated within the Community Services Transformation Programme. A key element of this work is the establishment of 14 integrated health and social care Localities, based on the geography of GP clusters. The development and expansion of Community Resource Teams (CRTs) is central to this work.
- To support this work, a **Localities Road Map** is now in place to guide Area Integrated Service Board's (AISBs) in the development of integrated health and social care Localities. This Road Map is supported by an agreed **Project Workbook** which provides a number of practical tools to support development, including:
 - Glossary of terms
 - **Maturity matrix**
 - Mobilisation plan
 - Stakeholder analysis
 - Communications plan
 - Risk register
- Area ISBs are applying the **Maturity Matrix** in order to establish a baseline, and then again at 6 and 12 months, as a way of evidencing distance travelled.
- Conversations are being had across Areas to agree **Locality Leadership/** management structures for the new integrated health and social care Localities, with the Central Area holding a facilitated session in early September 2019. Similar conversations in the other Areas are expected to take place over the coming months.
- Working collaboratively with Public Health Wales, work has started to develop a regional template for **Locality Population Needs Assessments**. The data developed as a result of these assessments will inform and support the development of CRTs, by providing the evidence base from which to make decisions about resource allocations and service development priorities.

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Quarter 2 Sampled Report: AP017 - Develop and Implement a Social prescribing model for North Wales

Milestones due to be met in Quarter 2

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- There are a plethora of predominantly county-based social prescribing programmes across North Wales, commissioned through short-term funding streams. All are focused on the 3rd sector, and respond to locally-identified needs.
- BCUHB is now working to commission the Elemental software package that will allow for greater co-ordination, tracking and measuring of outcomes between the various programmes.
- At a North Wales level, a Community of Practice (COP) has been established as a partnership between BCUHB and Wrexham Glyndwr University, to enable practitioners to network, share good practice, identify learning and training needs, and identify opportunities for research and evaluation. The COP meets on a quarterly basis, and is attended by over 80 participants on each occasion.
- BCUHB has also worked with Bangor University to identify research funding, which aims to enhance the local evidence base. On an All Wales basis, BCUHB is a partner in the Wales institute for Social Prescribing Research, working with a number of academic institutions, and looking to access significant research monies to build the academic infrastructure around social prescribing in Wales.
- Proposals are currently being formulated to ensure the continued funding for 2019-20 programmes so that the current good practice can be continued.

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Programme Planned Care Matrix

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	G	G	A	R	R	M						M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	G	G	A	A	A	M						
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	A	A	A	R	R	M						
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	A	A	A	A			M			
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	G	G	A	A	A	M						
AP025	Implement year one plans for Endoscopy	Executive Director Health Sciences	G	G	A	R	R	R						
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director Health Sciences	G	G	A	R	R	A						M
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	A	A	A	A						M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care		G	A	G	G	G			M			
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	G	G	G						
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities		G	G	G	A	A						M

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AP021. Implement preferred model for acute urology services.

The preferred service model is being reviewed against the overarching Health Board Strategy to ensure it remains aligned. This is as a result of the uncoupling of the Robotic Assisted program and the potential of introducing a new model of care which could enhance day case surgery. This model may form part of the planned care strategy rather than being specific to Urology, this will be explored in a further and final workshop, scheduled for 25th October 2019.

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AP025 - Implement year one plans for Endoscopy

Milestone 1/June 2019 - Put in place in year service delivery plan

There is an in year service delivery intention which is awaiting confirmation of funding from WG. Delivery of this plan has been hindered by the delay in the Vanguard unit being commissioned and the rooms in Wrexham coming fully on stream. YG and YGC have insourced additional capacity regularly at the weekend as agreed.

Milestone 2/September 2019 – Endoscopy deliver sustainable delivery plan including staffing and estate.

The North Wales Endoscopy Group has been established with workstreams including Workforce, Estates, Capacity & Demand and Pathways. These mirror the National Endoscopy Programme Board; with which the H Board is fully engaged, workstreams;. The H Board has undertaken Capacity and Demand modelling with the DU and this is to be further refined during November and will inform our plan going forwards. The H Board have continued to insource activity as above and await a decision on funding.

Milestone 3/March 2020 - Endoscopy develop JAG accreditation timetable/plan

The National Endoscopy Programme Board has commissioned a JAG preparation visit for all Health Boards which is currently being arranged. This will inform the planning process to achieve full accreditation.

AP025 - Systematic review and plans developed to address diagnostic service sustainability

Milestone 1/June 2019 – Ensure capacity plan for in year demand is in place.

Insourcing for CT, MR and Non Obstetric Ultrasound has been agreed for the Radiology Service until the end of December 2019 with RMS. Insourcing will be required until March 2020 and additional funding for Radiology has been requested from Welsh Government.

Milestone 2/March 2020 – Develop capacity plan for future demand (equipment and staff)

Kendall Bluck are currently conducting a review of Radiology Services and this will be used to inform the basis of the proposal for sustainable radiology services in time for the Milestone date.

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Quarter 2 Sample Report: AP022 - Business case, implementation plan and commencement of enabling works for orthopaedics

Milestones due to be met in Quarter 2:

AP022A - Finalise Orthopaedic Plan

AP022B - Commence implementation plan and enabling works for Orthopaedic Services

Summary of Position

The 3 funded elements of the Orthopaedic Plan are progressing well;

1. Consultant recruitment the HB has received an excellent response to the adverts for ortho cons with over 50 applications. Interviews scheduled for October 2019. However RAG remains amber as there will be a time lag before the posts are filled and they will impact upon additional activity for this year.
2. Outsourcing 7450 cases to NHS England providers. Transfer of patients has begun to take place to Agnes Hunt and Countess of Chester in accordance with the plan. Treatment has commenced and we do not anticipate any issues in delivering the planned 750 cases. Further outsource capacity is being sought from other providers to support delivery of the backlog reduction. Contracts not yet finalised hence rating remains amber
3. Estate – capital planning work is progressing with costed returns expected by the end of December 2019.

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Quarter 2 Sample Report: AP026 - Fully realise the benefits of the newly established SURNICC service

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- The North Wales Neonatal Service underwent it's final Transition in November 2018.
- Babies under 26 weeks gestation and those requiring Surgical or Cardiac care are transferred to England.
- Transfer pathways are in place and are working well.

Medical Staffing

Representation from the Wales Deanery visited YGC in February 2019, it was agreed that Neonatal Trainees would be returning to YGC from March 2020, we are expecting 4 Trainees. All the Neonatal Consultants have agreed to become Educational Supervisors. We are now fully recruited to our Neonatal Consultant posts, there is cross cover at Tier 2 Registrar Level with the Paediatric Team and there are 2 SHO's due to commence soon.

Nurse Staffing

Recruitment is ongoing, 1 WTE B6 and 2 WTE Band 5 are due to commence in post in October 2019. Over recruitment of Band 5 Nursing Staff to address difficulties in recruiting band 6, to undertake QIS – Quality in Speciality Course in Conjunction with Bangor University.

01.12.18 - 30.09.19 North Wales Activity

24 babies were cared for at YGC between the gestational age of 26 Weeks and 31+6 Weeks who were booked in WMH
4 babies were cared for at YGC between the gestational age of 26 Weeks and 31+6 Weeks who were booked in YG
5 Babies were cared for in WMH between the gestational age of 30 Weeks and 31+6 Weeks
2 Babies were cared for in YG between the gestational age of 31 Weeks and 31+6 Weeks

Posts	Central - WTE	Current Position
Consultant Neonatologists	7	Fully recruited
Band 5	37.12	38.12 (0.92 WTE Over Recruited)
Band 6	16.5	13.08 WTE (Under Recruited)
Band 3	5.5	5.1 WTE (0.4 WTE Under Recruited)
Total WTE	66.12	56.3

CARE DAYS	YGC Q1 Total	YGC Q2 Total	YGC Total	WMH Q1 Total	WMH Q2 Total	WMH Total	YG Q1 Total	YG Q2 Total	YG Total
Total Intensive Care Days	106	98	204	10	14	24	5	6	11
Total High Dependency Care Days	313	175	488	41	77	118	58	46	104
Total Special Care Days	484	406	890	444	668	1112	305	287	592
Total Normal Care Days	1	0	1	0	1	1	23	37	60
Cannot calculate care level total	0	1	1	4	7	11	0	0	0
Total Patient Care Days	904	680	1584	499	767	1266	391	376	767

01.04.17-30.09.19 26W - 26W+6D

11 Babies 26w - 26w+6d gestation were cared for in YGC from 01.04.17 to 30.09.19

IC Days	HD Days	SC days
85	473	323

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AP029	Demand Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	G	G	G	G	G	G			M				
AP030	Demand Enhanced care closer to home / pathways	Executive Director Primary and Community Care	G	G	G	A	A	M			M			M	
AP031	Demand Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	G	G	G	A	R	M							
AP032	Demand Improved Mental Health crisis response	Executive Director of MH & LD	G	A	A	A	A	M						M	
AP033	Demand Improved Crisis intervention services for children	Executive Director Primary and Community Care	A	A	G	A	A	A						M	
AP034	Flow Emergency Medical Model	Executive Director Nursing and Midwifery	G	G	A	G	A	M							
AP034	Flow Management of Outliers	Executive Director Nursing and Midwifery	Grey	Grey	Grey	G	A	M							
AP035	Flow SAFER implementation	Executive Director Nursing and Midwifery	G	A	A	A	A	M			M				
AP036	Flow Ablett / PICU for Mental Health (linked to estates section/ plan)	Executive Director of MH & LD	G	A	A	A	A	G						M	
AP037	Flow Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	G	G	G	G	G	M			M				
AP038	Discharge Integrated health and social care	Executive Director Nursing and Midwifery	A	A	A	A	A	M						M	
AP039	Stroke Services	Executive Medical Director	A	A	R	A	R	R							

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

September 2019



AP031. Workforce shift to improve care closer to home

This action required the recruitment of advanced nurse practitioners, which has not been successful to date. We have been out to agency with limited success and are continuing to try and recruit to the posts. We have significant gaps at Wrexham in both nursing and medics, hence the highlighted Red position.

AP039. Stroke Services

The business case could not be approved at the present time as the proposed clinical model did not have a financial pipeline to support the revenue costs. Therefore further work is being undertaken to revise the case and develop the clinical pathway.



Quarter 2 Sample Report: AP032 - Demand - Improved Mental Health Crisis response

Milestones due to be met in Quarter 2:

AP032A – Implement alternative crisis pathway

Summary of Position

- Integrated ICAN Pathway has been developed and agreed will support people of all ages and will focus on ensuring that people receive the right support, in the right place, at the right time.
- ICAN Centres have been tested both in the community and within unscheduled care.
- The ICAN Mental Health Urgent Care Centres, support people in crisis who present at our Emergency Departments between the hours of 7pm and 2am but do not require medical treatment or admission to a mental health facility.
- Since launching in January, the service has supported over 1,400 people in crisis.
- An evaluation report will be provided within the next reporting period.
- A recent social return on investment analysis found that for every £1 invested, more than £5 of social value was created.
- We have identified our First ICAN Community Hubs. Community Hubs will offer a local one stop shop of resources to better support people in their communities, ensuring people get the right help and support at the right to prevent problems from escalating.
- We have identified our first ICAN Primary Care test sites.
- We have tested ICAN Volunteers operating from Ambulance control with a view of implementing a pilot study
- ICAN Training has been accredited and launched. We **will be starting to deliver the training across organisations and communities in North Wales**

Three Year Outlook and 2019/20 Annual Plan
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Quarter 2 Sample Report: AP036 - Flow – Ablett/PICU for Mental Health

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Positon

Actions	Outcomes	Timeline
Meetings progressing well with plan	Scoping work and data analysis to be undertaken	With sustained focus, the T&F & Board are on track to deliver the programme. There is however; a significant amount of work to be undertaken. To progress this work, Ward Manager needs to be released and backfilled for the agreed period of 3 months.
Clinical and Operational Pathways drafted	Further evidence base sourced	
Transport options scoped, to remain the same by offering a blend of using our own transport & for those patients presenting a higher risk, 365 will be commissioned	Teams informed and engaged, communication plan drafted	
Detailed data analysis undertaken including demand and capacity exercise	Detailed programme plan agreed	
Engagement with CHC and partners underway with clear plan to progress	PID agreed & CAMMS updates up to date	
EQIA, DIPA & HIA complete	Pathway drafted	
Seclusion options have been worked through and the group agreed the need for Tryweryn to have extra care area. A bid will need to be completed for the enabling works	Transport arrangements agreed	
Seclusion Policy to include the use of extra care facility	Consensus agreed on Seclusion	
Further evidence base sourced, literature search complete and informed any decisions made thus far		
ECT arrangements are under review		
Decommissioning of Taliesin and future plans requires further discussion		

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

September 2019

Plan Ref	Actions	Executive strategic Lead	submitted to Committees						Self Assessment and milestone due indicator (M) from revised outlook report July 2019					
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	G	G	G	G	G	M						
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	G	G	G	G	G	M						M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	A	A	A	A	A	M						M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	G	A	A	A	A	M			M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	A	G	G	G	G	M			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	G	G	A	G	G	M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	G	A	A	A	A	M			M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	G	G	G	A	A	G			M			M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	A	A	A	A	A	M						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Executive Director Workforce & Organisational Development	A	G	G	G	G	M			M			M

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Monitoring of progress against Actions for Year One (2019/20)

September 2019



Workforce Integrated Learning & Improvement

Quarter 2 Sample Report : AP045 - Develop an integrated multi professional education and learning improvement programme in liaison with HEIW

Milestones due to be met in Quarter 2:

AP045A - Enhance working relationships with local education providers to develop stronger academic links

AP045E - Improve attraction

Summary of Position

AP045A - Enhance working relationships with local education providers to develop stronger academic links:

An Education Improvement plan is in place to develop relationships and promote joint working between BCUHB, Higher Education partners, Further Education partners and Local Authority Education leads.

A new Multi-Professional Educational Governance Group has been established, the objectives of which are to strengthen relationships and partnerships with education providers including Health Education Improvement Wales (HEIW), to support and develop education pathways to build a competent, sustainable and flexible workforce. Draft Terms of Reference for the group have been updated to reflect new contacts with education partners and Health Education Improvement Wales (HEIW). The draft Terms of Reference build on those established for the existing 'Training and Education' sub group, which were developed to support the delivery of the Recruitment Strategy.

Mapping of local and national education provision has been completed in readiness for the first meeting. The first meeting will be held on the 21st October 2019

AP045E - Improve attraction:

A scoping exercise has been conducted to map all events, the target groups, age range of targeted groups, and event type in order to ensure appropriate engagement between the Health Board and external partners in order to attract the local population to consider careers within the NHS. 38 events were supported in the 2018/19 school year, 15 events have been planned or already supported in this academic year to date (September-November). A Careers advisor event is being organised by HEIW, BCUHB are represented, the event provides local career advisors with information about health careers. A meeting has taken place with a small local company who delivers careers advice to primary schools WOW (World of Work) sessions are delivered in a fun and interactive way to encourage children to start to think about the types of work available.

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Quarter 2 Sample Report: AP046 - Develop a strategic equality plan for 2020-2024

Milestones due to be met in Quarter 2:

AP046E - Aligned the objectives to:-

- Living Healthier Staying Well (LHSW) priorities, the Clinical Services Strategy and Workforce Strategy
- The seven partnership well-being objectives, developed in accordance with our duties under the Well-being of Future Generations Act 2015
- The objectives aligned to the Regional Population Needs Assessment and BCUs North Wales Area Plan priorities in response to the Social Services and Well-being (Wales) Act 2014

AP046F - Developed draft SEP 2020- 2024 in line with the duties and undertaken external consultation prior to presentation to Board

Summary of Position

The Strategic Equality Plan has been developed to meet our statutory requirements following extensive research and engagement with a broad range of Stakeholders between January and July 2019. This has included our Equality Stakeholder Group comprising individuals representing people with protected characteristics; the Gwynedd Older People's Forum; the Centre for Sign Sight Sound; Local Partnership Forum, Local Negotiating Committee and Healthcare Professionals Forum; Betsi Cadwaladr University Health Board Stakeholder Reference Group; staff groups and a range of individuals both within and outside the organisation.

The Corporate Engagement Team have also been involved in distributing questionnaires at events they have attended over the last few months. This work has informed the development of a number (8) of strategic equality objectives that will be aligned to the development of the Integrated Medium Term Plan so that they become embedded within operational plans for the organisation. The Plan was approved by the Equality and Human Rights Strategic Forum in August 2019 and was submitted to Strategy Partnerships and Population Health (SPPH) Committee on 1st October 2019 where approval was given for a period of public consultation. The Plan will now be widely circulated and published on our website for public consultation. The final draft will return to SPPH in December 2019 before going to Board for final approval.

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September 2019

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP064	Well-being Hubs	Executive Director Planning and Performance	G	G	A	A	A	A						M
AP066	Ruthin Hospital	Executive Director Planning and Performance	G	G	G	G	P							M
AP067	Vale of Clwyd	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP068	Orthopaedic Services	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	G	G	G	G	A	R						M
AP070	Wrexham Maelor Infrastructure	Executive Director Planning and Performance	R	R	R	R	P	M						
AP071	Hospital Redevelopments	Executive Director Planning and Performance	G	G	G	G	A	A						M
AP072	Central Medical Records	Executive Director Planning and Performance	G	G	G	G	A	A						M
AP073	Residencies	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	G	G	G	G	A	G						

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AP069 Ablett Mental Health Unit.

Following appointment of the Supply Chain Partner, the Project Board has reviewed the programme

- The outline business case is the key document in that it defines the case for change and sets the project programme and budget envelope
- The Project Board have noted that the timescale for completion of the OBC is dependent upon 2 critical factors:
 1. The consultation/engagement in support of the relocation of services from Bryn Hesketh
 2. Together with the SCP the Project Board have undertaken further work to assess the risks and deliverability of the current preferred option (partial demolition, rebuild and refurbishment of the existing unit) This review has indicated that consideration should be given to the benefits/consequence of an alternative option to develop a new build solution on the YGC site (to mitigate the risks of the interface with operational services and expected planning objections)
- Together these factors have indicated the need to extend the period of development of the OBC from Jan 20 to May 20.
- By ensuring the OBC is robust and comprehensive the Project Board believe that the planned completion of the FBC and commissioning of the new facility will not change from the original programme.

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Quarter 2 Sample Report: AP062 - Statutory Compliance/Estate Maintenance

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

Estate condition and performance summary report 2017/18 (2018/19 Report available in November 2019)

- Agreed programme of discretionary capital investment across BCU 19/20
- Estates & Facilities budget £3m
- Project delivery reported through to the Capital Programme Management Team
- Projects delivered on priority and based on Estates & Facilities Risk Register
- Pan BCU Projects - Fire Management and Asbestos Removal
- All projects currently on target for delivery by 31st March 2020 and draft bids for 20/21 currently being developed from Estates & Facilities Risk Register

High Risks (£m)	Significant Risks (£m)	Moderate Risks (£m)	Low Risks (£m)	Risk Adjusted Cost (£m)
28.6	20.1	54.5	38.6	53.4

WG Indicator	Definition	BCU Performance	NHS Wales Average
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	74%	81%
Statutory compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	78%	87%
Fire Safety compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	79%	90%
Functional suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes required.	85%	82%
Space utilisation	A minimum of 90% of the estate should be fully used	88%	91%
Energy Performance	The estate should consume no more than 410kWh/m2	<421 kWh/m2	<409kWh/m2

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Quarter 2 Sample Report: AP074 - Integrated Care Fund (ICF) schemes

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

Proposals have been reviewed across the Health Board and Councils to provide integrated joint office accommodation (CRT's) and schemes that support dementia services. The following details progress to date.

- OPMH Dementia Unit, Bryn Beryl. Is a new build extension to provide day care accommodation for Older / Adult Mental Health. The scheme has been procured with planning approval received, and is now at business case stage. **AMBER**
- Tywyn Community Resource Team. Work has been completed to provide integrated joint office accommodation, with the Hospital in Tywyn **GREEN**
- LlanfairPG Community Resource Team. Feasibility to provide accommodation for an integrated joint office is complete up to planned permission stage. However as number of ecological and planning issues have been raised, which need resolution before the scheme can progress any further. **RED**
- Cefni Garden will provide a dementia friendly garden within a courtyard on the Cefni Hospital Site, design is complete with procurement ongoing. It is anticipated the scheme will be completed before March 2020. **GREEN**
- Amlwch Community Resource Team. Procurement is complete to provide integrated joint office accommodation within the Health Centre at Amlwch. Subject to approval, the scheme will be completed by December 2019. **GREEN**
- Denbighshire Community Resource Team. Design and procurement have been completed for integrated joint office accommodation on the Denbigh Hospital Site. Subject to approvals, the scheme will be complete by January 2020. **GREEN**
- Conwy CRT's at Prestatyn and Abergele Clinics. Scoping and feasibility is ongoing to provide integrated joint office accommodation on the Prestatyn and Abergele clinic sites. Once design is signed off procurement can progress, subject to approvals the schemes will be finished April 2020. **AMBER**

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AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	G	G	G	G	G	M						M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	A	A	R	R	R	M			M			M
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	G	G	G	G	G	M						M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	G	G	G	G	G	M						
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A	A	M						
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	G	G	A	A	A	A						M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G	G	M						M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	G	G	A	A	A	A						M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A	A						M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G	G	G						M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G	A	M						

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Quarter 2 Sample Report: AP055 - Support the identification of storage solution for central library

Milestones due to be met in Quarter 2:

AP056A - Specify the storage and logistics requirements for long term storage of acute patient records in Central Support the Hospital Management Team, Planning and Estates department to identify and appropriate solution.

Summary of Position

Agreed Business Case to be aligned with Mental Health Case timescales i.e. vacating the current casenotes housed in the 2nd store by March 2021.

Draft Ministerial Brief prepared for sign off at next meeting on the 23/09. This meeting will focus on the available options/models for housing the YGC file library, including in scope those housed in the primary library. Following this meeting work will commence on the YGC Single Stage Business Case.

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University Health Board

Programme

Digital Health Good Record Keeping

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Quarter 2 Sample Report: AP056 - Transition programme to review the management arrangements for ensuring good record keeping across all patient record types

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

New Deputy Head of Health Records has started in post as of 1st October 2019. The B7 Project Manager has been confirmed in principle and funding is being secured through the HASCAS and Ockenden Programme Board. Once in place the baselining work can commence, Mental Health Services will be the priority area. Original aim to complete this work by March 2020 is at risk due to the delays on the Project Manager post.

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The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>

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Health Board	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
7.11.19	

Report Title:	Integrated Quality & Performance Report
Report Author:	Mr Ed Williams, Head of Performance Assurance Dr Jill Newman, Director of Performance
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	This report provides the Board with a summary of key quality, performance, financial and workforce indicators.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Director of Performance
Governance issues / risks:	Governance Our report outlines the key performance and quality issues that have been determined to align to our Annual Plan for 2019/20. The performance is scrutinised using the national delivery framework indicators via the Finance & Performance and Quality, Safety & Experience Committees of the Board.
Financial Implications:	The plan level of diagnostic waits over eight weeks, is predicated on additional funding for endoscopy, and potentially for radiology also.
Recommendation:	The Board is asked to note the report and to assist in addressing the governance issues raised.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Leadership and Governance - this paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by presenting clear information on the quality and performance of the care the Health Board provides.

Equality Impact Assessment

The BCU annual plan has been Equality Impact Assessed. The measures reported to the Board are aligned to the core priorities of the Board and from May 2019 has been aligned to the annual operating plan.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Integrated Quality and Performance Report – Health Board

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Chapter 3a: Operational Performance - Planned Care Summary Dashboard

Referral to Treatment (RTT): Graphs

Referral to Treatment (RTT): Report

Diagnostic Waits: Graphs

Diagnostic Waits: Report

Cancer Care: Graphs

Cancer Care: Report

Follow Up Waiting List: Graphs

Follow Up Waiting List: Report

Eye Care Measures: Report

Chapter 3b: Operational Performance - Unscheduled Care Summary Dashboard

Emergency Department (inc MIU) 4 hour Waits: Graphs

Emergency Department (inc MIU) 4 hour Waits: Report

Emergency Department (exc MIU) 12 Hour Breaches: Graphs

Emergency Department (exc MIU) 12 Hour Breaches: Report

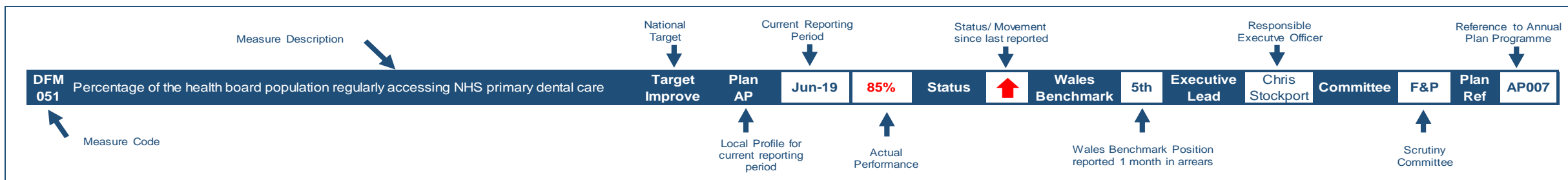
Chapter 4 is reserved for Special Measures indicators and will be populated once agreed

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This **Integrated Quality & Performance Report** is intended to provide a clear view of current performance against a selected number of **Key Performance Indicators (KPI)** that have been grouped together to triangulate information. This report should be used to inform decisions such as escalation and de-escalation of measures and areas of focus and as such the resulting Actions should be recorded and disseminated accordingly using the '**Outcomes & Actions**' sheet provided.

The measure code relates to the code applied within the NHS Wales Annual Delivery Framework, which the Welsh Government hold the Board accountable for delivering. A key difference in the structure of the IQPR for 2019/20 compared to 2018/19 is that the report reflects the organisational priorities as set out in the Board's Annual Plan. Each of the reported measures are mapped to the corresponding work programme via a reference number at the right hand side of the Measure Component Bar (shown below). The next page contains a list of the Programmes in the Annual Plan aligned to the committees of the Board. The actual performance reported is compared to the Plan in the first instance, with the colour of the font used to depict whether the performance is better or worse than Plan. For completeness the report also includes comparison against national targets.

Description of the KPI bar Components:



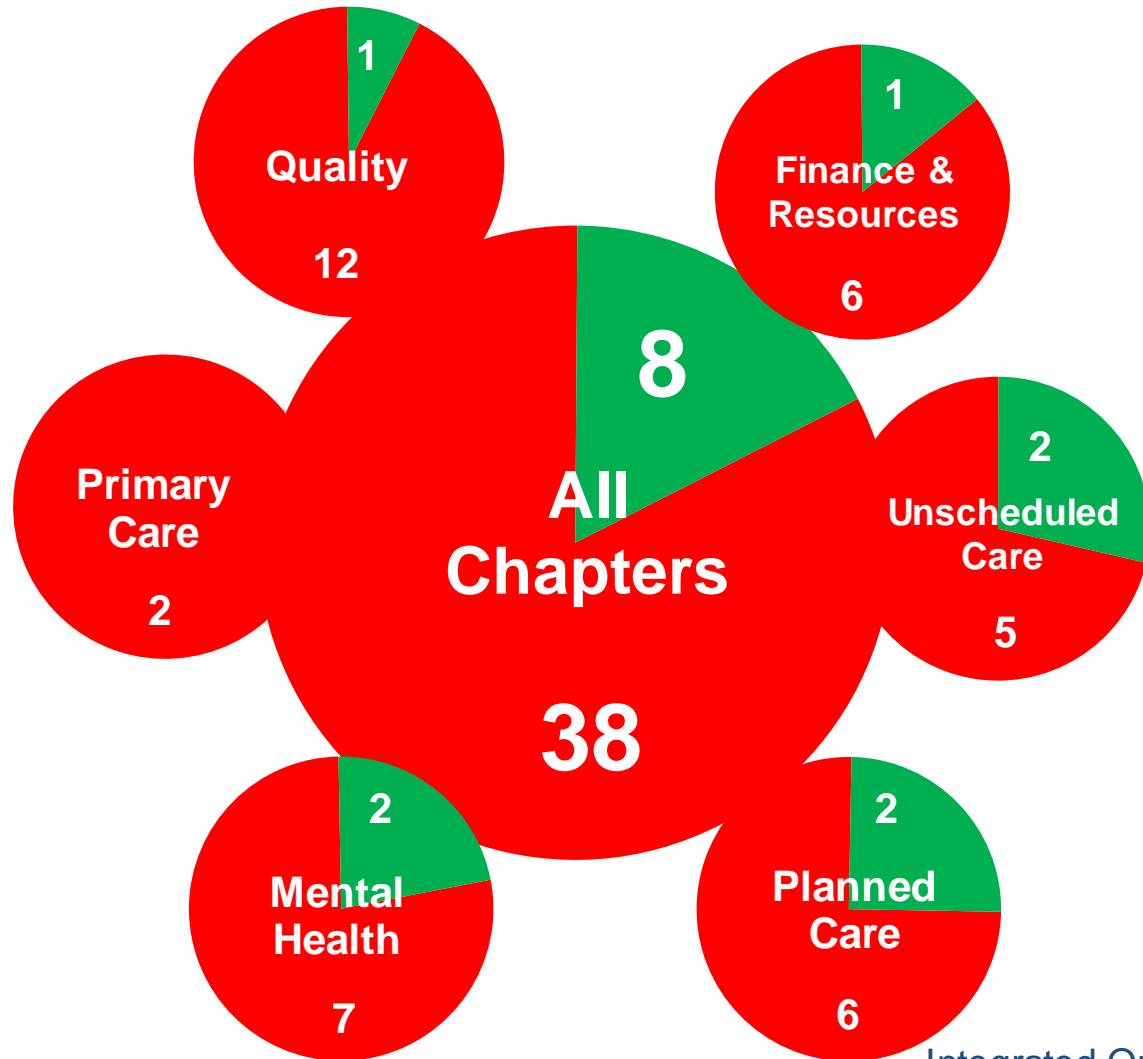
Status Key:

Not Achieved Better	Not Achieved Worse	Not Achieved Static	Achieved Static	Achieved Worse	Achieved Better
↑	↓	←	→	↓	↑

Annual Plan No	Annual Plan Programme
AP001	Smoking Cessation Opportunities increased through 'Help Me Quit' programmes
AP004	Delivery of ICAN Campaign promoting mental well-being across North Wales communities
AP005	Implement the 'Together for Children and Young People Change Programme'
AP006	Improve outcomes in first 1000 days programmes
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up
AP013	Develop and implement plans to support Primary Care sustainability
AP015	Implementation of RPB Learning Disability Strategy
AP025	Fully realise the benefits of the newly established SuRNICC Service
AP027	Develop Rehabilitation Model for people with Mental Health or Learning Disability
AP039	Implement Year Three of the 'Quality Improvement Strategy'
AP045	Develop a 'Strategic Equality Plan for 2020-2024
AP047	Develop an integrated workforce development model for key staff groups with health and social care partners
NIP	Not in Plan <i>i.e. Measures are required by NHS Wales Delivery Framework, but are not linked to actions in the Operational Plan</i>

Annual Plan No	Annual Plan Programme
AP022	Transform Eye Care Pathway to deliver more care closer to home, delivered in partnership with local optometrists
AP024	Systematic reviews and plans developed to address service sustainability for all planned care specialties. Implement Year One plans, for example Endoscopy, Rheumatology and Gynaecology
AP026	Implement new Single Cancer Pathway across North Wales
AP028	Demand: Improved Urgent Care Out of Hours / 111 Service
AP029	Demand: Enhanced Care Closer to Home Pathways
AP031	Demand: Improved Mental Health crisis response
AP033	Flow: Emergency Medical Model
AP037	Discharge: Integrated Health and Social care
AP038	Stroke Services
AP041	Build on Quality Improvement work to develop the BCU improvement system and delivery plan for efficient, value based health care
AP043	Deliver Year One of the 'Health & Safety Improvement Programme' focussing on high risk/ high impact priorities whilst creating the environment for a safety culture
AP046	Deliver Year One 'Leadership Development Programme' to priority triumvirates
AP056	Delivery of information content to support flow / efficiency
NIP	Not in Plan i.e. Measures are required by NHS Wales Delivery Framework, but are not linked to actions in the Operational Plan

Summary Dashboard



Integrated Quality and Performance Report
Health Board Version

Headlines

7

Improved

Measure	Status	(Target)	Plan
*Total Number of Measures Improved	21	↑	46
*Total Number of Measures Static	3	↓	N/A
Stroke Care: Admission within 4 Hours	61.40%	↑	>= 55.5% >= 50%
Infection Prevention: E.Coli (Cumulative)	85.63	↑	<= 67 <= 67
Infection Prevention: S.Aureus (Cumulative)	27.75	↑	<= 20 <= 20
PADR Rate (%)	74.10%	↑	>= 85% >= 85%

Of Most Concern

Measure	Status	(Target)	Plan
*Total Number of Measures Worse	20	↓	0
Emergency Department 4 Hour Waits (inc MIU)	71.63%	↓	>= 95% >= 76%
Referral to Treatment (RTT): => 36 Weeks	10,052	↑	0 <= 7,227
Follow Up Waiting List Backlog	90,569	↑	<= 74,555 <= 85,967
Diagnostic Waits: > 8 Weeks	2,816	↑	0 <= 2,682
MHM1b - Therapy within 28 Days (Adult)	64.00%	↓	>= 80% >= 68%

September 2019

The Executive Team believes the key areas of concern in relation to performance are within the Unscheduled Care and Planned Care Chapters of this report.

It is noted that within these areas where performance has improved and should be commended. These include Cancer performance where BCU performance has improved to be the best in Wales and ambulance response times remain above the 65% target rate. However this executive summary will focus on areas of greatest concern and executive actions being taken to address this.

Unscheduled Care:

In the last report we indicated that overall attendance rate had and would continue to increase up by 2% on plan, however attendances in September 2019 are up over 8% (over 1,500 patients (600, West, 600 Central & 300 East)) compared to September 2018. In addition the triage category of patients presenting continues to rise with a higher proportion of patients attending EDs being classified as major.

It is evident that, due to the high demand, performance against the 4 hour wait measure across our Emergency Departments (ED) has struggled to maintain the incremental improvements seen each month since April 2019. However, despite this increase in demand, we performed better than in September 2018. Performance against the 12 Hour and Ambulance Handover Measures remain worse than the same period last year and worse than the planned position.

Overall, the demand on EDMIU departments is continuing to increase both in volume of attendees and severity of presenting conditions. This is despite the actions taken to manage patients outside to the ED departments, although the increase in use of MIUs is assisting in increasing overall system capacity. It is worth noting that the increase in demand is despite the SiCAT work which is making a contribution (albeit small) to signposting of patients to early supporting care, demonstrating avoidance of conveyance to ED and management of care in the community. In September SiCAT work resulted in avoiding 458 ambulance conveyances and 358 ED attendances.

Unscheduled Care Performance against Plan - Rolling 12 months to 30th September 2019

BCU HB		Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
4 Hour	Plan	95%	82.0%	85.0%	88.0%	90.0%	85.0%	85.0%	85.0%				74.0%	75.0%	76.0%
	Actual		69.58%	70.62%	71.68%	67.64%	66.94%	72.50%	71.11%	69.48%	71.21%	71.49%	73.72%	73.04%	71.68%
12 Hour	Plan	0	900	850	850	800	1,000	1,000	900	1,500	1,395	1,290	1,209	1,085	990
	Actual		1,817	1,849	1,404	1,553	1,989	1,430	1,635	1,743	1,660	1,444	2,044	1,786	1,977
1 Hour Ambulance Handover	Plan	0	850	850	1,055	1,100	1,080	1,092	900	540	341	270	248	186	120
	Actual		758	914	404	446	691	358	438	700	616	447	811	694	896
Cat A 8 Minutes	Plan	65%	81.1%	79.0%	77.0%	74.0%	71.0%	73.0%	75.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%
	Actual		69.7%	74.2%	68.5%	74.7%	72.2%	75.0%	70.4%	70.0%	70.2%	69.0%	68.0%	69.6%	69.0%

Note: Amber has been applied where performance is within 3% of Plan.



Actions on Unscheduled Care.

The Executives in recognising the different levels of performance between the sites have increased the level of support provided on-site through the use of a Gold control team to address the daily challenges facing the Emergency Department in Wrexham Maelor..

Reconfiguration of beds on the Wrexham site. Implemented on 4th November to create ambulatory and short stay medical capacity located close to the Emergency department with a view to supporting flow away from ED for suitable patients, enabling rapid assessment, diagnosis, treatment and return to normal place of residence for these patients and so minimise the need for admission, releasing bed capacity to those patients who require in-patient hospital treatment. This reconfiguration also segments medical from surgical patient flows, increasing capacity for medical patients and reducing the need for medical patients to occupy surgical beds. This aims to ensure medical teams can be placed directly within the medical area and elective capacity for surgical patients can be better protected.

This work builds on the opening of the new ED in YG (September) and the development of the Same Day Emergency Care Unit in YGC (July) the impact of both of these is being evaluated.

The performance profile submitted is being reviewed to assess deliverability for the remainder of 2019/20 given the current reported performance v plan. Any change in profiles will be included in the update to the Board's operational plan.

Planned Care

The key concerns relate to delivery of RTT, follow up and diagnostic (mainly endoscopy) access times.

RTT

Although slightly improved with less patients waiting over 52 and 36 weeks, RTT performance continues to be characterised by significant waits in surgical specialties for routine procedures - the highest volume is found in orthopaedics. This specialty has a sustainable service gap in addition to the current backlog. The recruitment process for the appointment of 6wte additional consultants has been very successful with a large number of applicants and interviews scheduled for appointments in October. This year has also seen an increased pressure on specialties such as dermatology and gastroenterology where increased waits in endoscopy together with workforce challenges are resulting in longer waiting times. The volume of procedures postponed on the day or the day prior is also a concern as this represents both poor patient experience as well as the inefficient use of resources. An interim improvement lead has been tasked with improving theatre productivity and reducing cancellations. Also slightly improved this month is the volume of patients overdue their follow up appointment, however this still represents a clinical risk and is a concern for the organisation. The slight improvement in RTT and Follow up this month represents normal variation and are both remain considerably worse than the planned position. Early indications are that performance in October has been less positive.

Planned Care Performance against Plan - Rolling 12 months to 30th September 2019

BCU HB		Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
RTT over 36 wks	Plan	0							5,714	6,838	7,465	7,961	8,846	8,021	7,227
	Actual		6,351	6,643	6,932	7,144	8,034	7,826	6,004	6,870	7,499	7,998	8,900	10,167	10,052
Diagnostics 8wks	Actual	0	2,200	1,504	1,275	1,486	2,116	2,123	2,277	2,548	2,857	2,827	2,793	2,957	2,816
Followup Overdue	Plan	0	75,000	73,000	73,000	73,000	72,000	71,000	70,000				87,712	86,835	85,967
	Actual		85,718	82,268	80,712	84,769	83,473	82,483	87,712	88,210	88,079	88,511	88,648	91,288	90,569
Cancer 62 Day	Plan	95%	90.00%	92.00%	89.00%	90.00%	90.00%	91.00%	92.00%	82.00%	83.00%	84.00%	84.00%	84.00%	
	Actual		83.00%	85.80%	80.90%	87.20%	84.40%	808.00%	87.60%	82.20%	81.50%	80.40%	84.90%	86.00%	
Cancer 31 Day	Plan	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
	Actual		100%	98.40%	99.50%	98.10%	97.40%	98.90%	97.20%	100%	98.30%	98.30%	99.50%	98.10%	
Single Cancer Pathway												78.00%	80.00%	76.00%	

Amber is used where performance is within 3% of Plan

There is no confirmed plan for Diagnostic There is no set target for Single Cancer Pathway

Cancer is reported 1 month in arrears

Integrated Quality and Performance Report
Health Board Version

September 2019



Quality

- This report demonstrates continuing improvement in responding to serious incidents with reduction in both the number of open incidents and the volume of these that are overdue. This demonstrates the benefits arising from the revised governance and review process and is important in developing a culture of learning from incidents.
- The Quality Improvement Strategy of the Health Board includes: infection prevention, falls, healthcare acquired pressure ulcers (HAPU) and medicines management. The revised ward dashboard is improving visibility of performance for front-line staff and helping engage staff in continuous improvement driven through the improvement collaboratives. Last month the revised national indicators for infection prevention were received. To aid understanding of the implications of these, the health board are using both the national target rate and the number of patients affected. The health board are also working through the origins of infections and finding the majority are arising in community rather than hospital settings. The triangulation of data from the falls and HAPU collaboratives do not show any geographical hotspots within this months data, longitudinal data is being used to assess wards where incidence is higher than expected. This links to the work on ward accreditation which is also delivering a culture of continuous improvement.
- Of particular concern within this report is the volume of procedures postponed at short notice. This is recognised as a poor patient experience and also inefficient use of resources. Analysis has been completed at location, consultant and reason for postponement level, which is informing the development of an action plan managed via the Planned Care Improvement Group.
- The level of staff vacancies is affecting compliance with staffing levels and continues to present a risk to the quality of care delivered. Newly trained nurses are expected to be in post from October.
- The report highlights the improvement made in the overall delivery of access to Children and Adolescent Mental Health Services, which will be further improved following receipt of investment to improve early intervention. Investment has also been received to support Neuro-development services, which have seen a significant increase in demand. Future reports will include detail of improvement actions being taken in these services. Overall performance on Mental Health Measure is adversely affected by performance in adult services. Actions being taken to improve this reflects the high volume of patients who are discharged on assessment and therefore could be supported prior to referral.
- The Quality and Mental Health data presented in this report has been scrutinised by the Quality, Safety & Experience (QSE) Committee in September 2019. The next QSE Committee will be held in November 2019, and information from that will be presented in the IQPR for the next meeting of the Health Board.

Chapter 1: Summary



Integrated Quality and Performance Report
Health Board Version

Quality

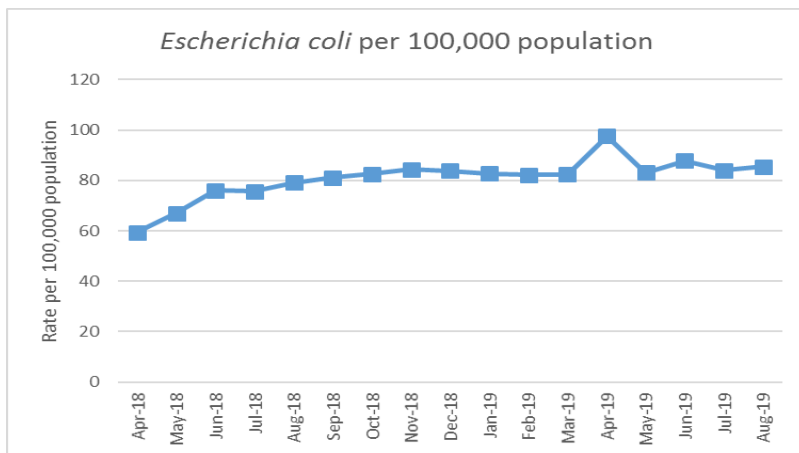
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Measure	Status	(Target)	Plan
Infection Prevention: E.Coli (Cumulative)	85.63	↑	<= 67
Infection Prevention: S.Aureus (Cumulative)	27.75	↑	<= 20
Infection Prevention: C.Difficile (Cumulative)	25.69	↑	<= 22.13
Infection Prevention: Klebsiela (Cumulative)	59	↓	<= 106
Infection Prevention: Aeruginosa (Cumulative)	13	↓	<= 27
Serious Incidents Assured within Timescale	47%	↓	>= 90%
Serious Incidents: Patient Falls	12	↑	<= 11
Serious Incidents: Healthcare Acquired Pressure Ulcers (HAPU)	6	↓	0
Concerns: Timely Replies	43.00%	↑	>= 75%
Mortality: Universal Mortality Reviews (UMR)	85.80%	↓	>= 95%
Mortality: Crude Mortality Rate (74 years of age or less)	0.71%	↑	Reduce
Smoking Cessation: Quit Attempt	1.91%	↑	>= 5%
Smoking Cessation: Quit Validated	37.03%	↑	>= 40%

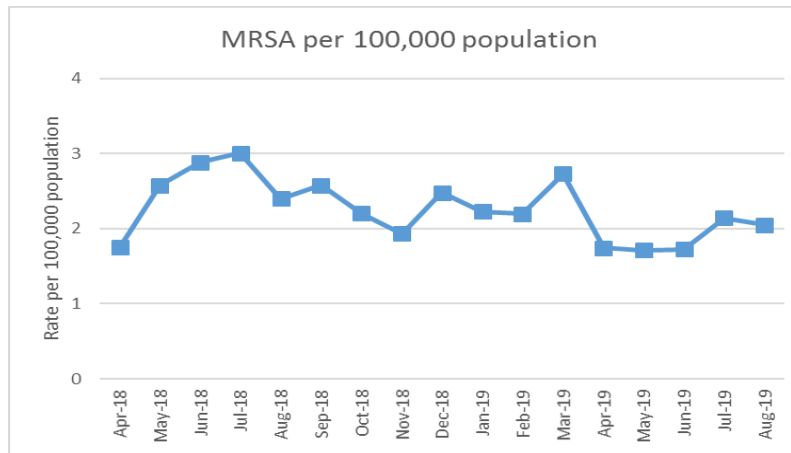
August 2019



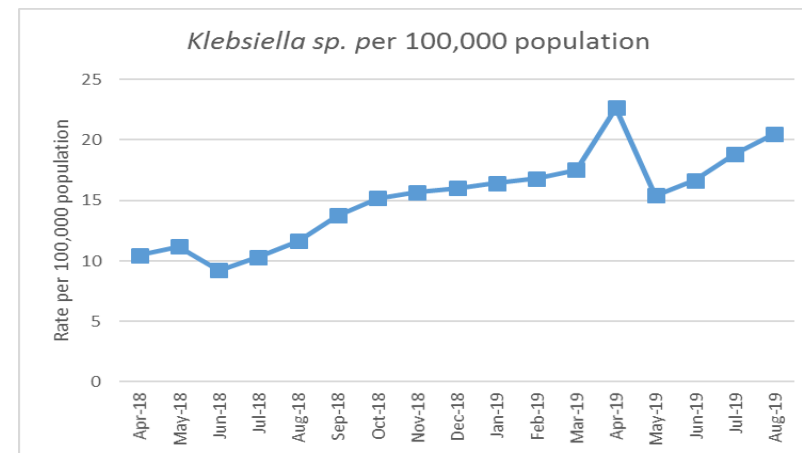
E.Coli



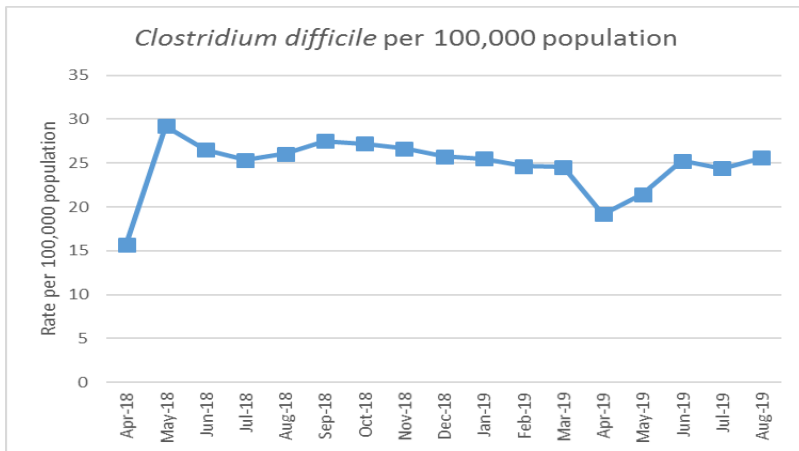
Staphylococcus Aureus (S. Aureus) MRSA



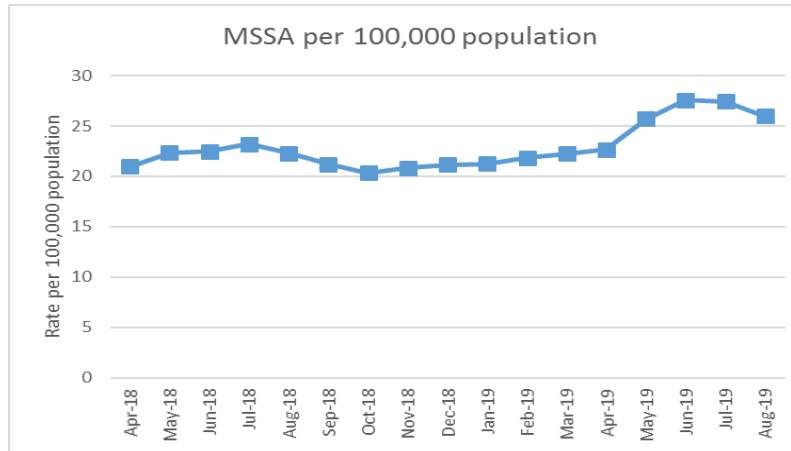
Klebsiella



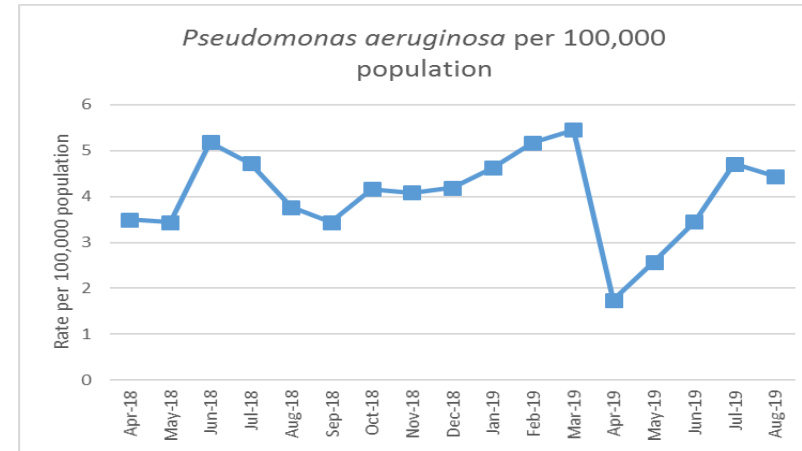
Clostridium Difficile



Staphylococcus Aureus (S. Aureus) MSSA



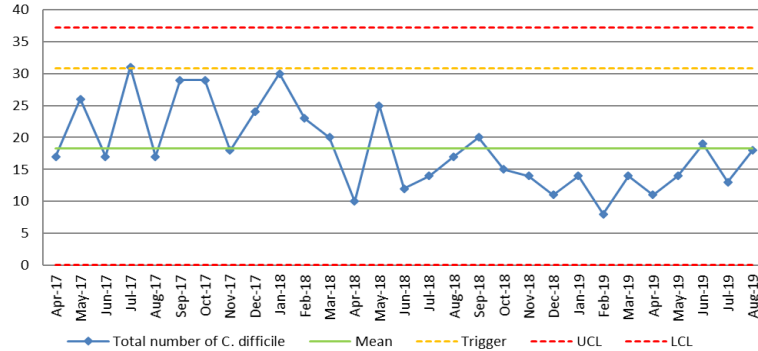
Pseudomonas Aeruginosa



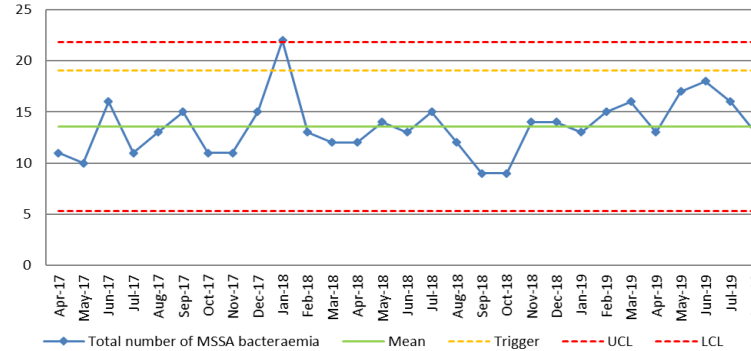


Chapter 1 – Quality Infection Prevention Rates

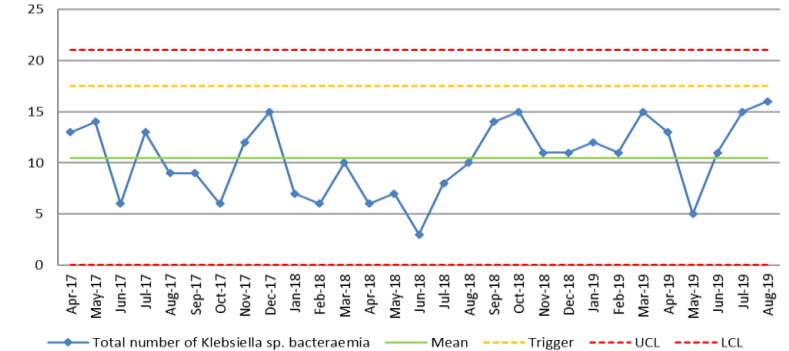
BCUHB
Total monthly number of *C. difficile*



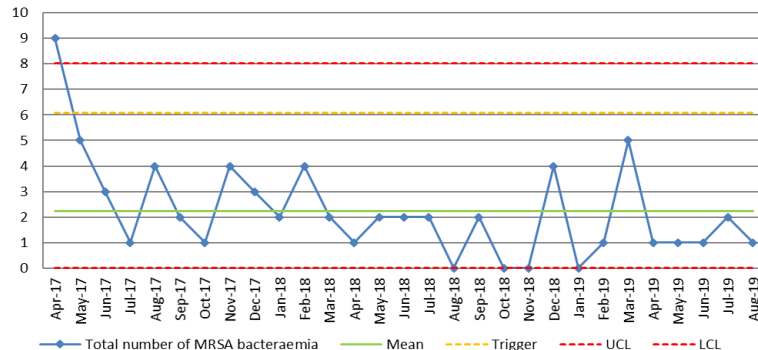
BCUHB
Total monthly number of MSSA bacteraemia



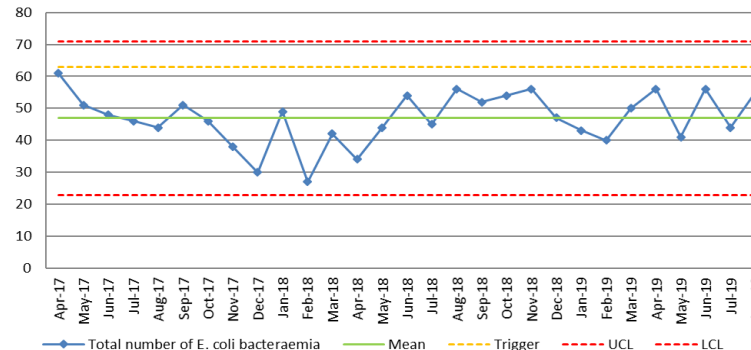
BCUHB
Total monthly number of *Klebsiella* sp. bacteraemia



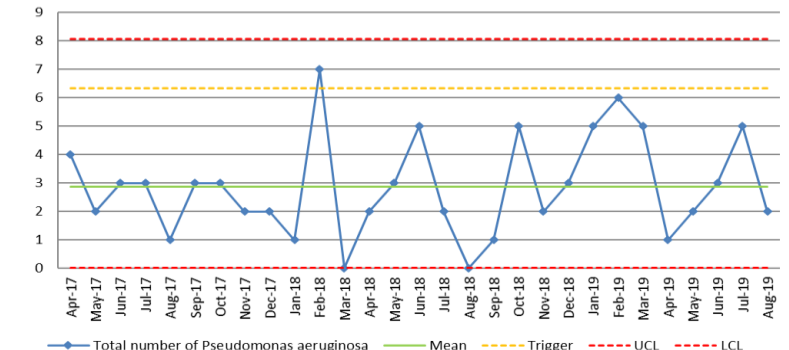
BCUHB
Total monthly number of MRSA bacteraemia



BCUHB
Total monthly number of *E. coli* bacteraemia



BCUHB
Total monthly number of *Pseudomonas aeruginosa*



DFM 021a	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population (Apr-19 to Date)	Target ≤ 67	Plan ≤ 67	Aug-19	85.63	Status	↑	Wales Benchmark	3rd	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021b	Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population (Apr-19 to Date)	Target ≤ 20	Plan ≤ 20	Aug-19	27.75	Status	↑	Wales Benchmark	3rd	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021c	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population (Apr -19 to Date)	Target ≤ 22.13	Plan ≤ 22	Aug-19	25.69	Status	↑	Wales Benchmark	3rd	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021d	Cumulative Number of laboratory confirmed Klebsiella sp bacteraemia cases (Apr-19 to Date)	Target ≤ 106	Plan ≤ 21	Aug-19	59	Status	↓	Wales Benchmark	6th	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021e	Cumulative Number of laboratory confirmed P.aeruginosa bacteraemia cases (Apr-19 to Date)	Target ≤ 27	Plan ≤ 6	Aug-19	13	Status	↓	Wales Benchmark	4th	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039

Why we are where we are:

There is expected monthly variation in all of the key infections, and this is not a cause for concern. Overall the numbers of infections are decreasing when compared to previous years albeit not months.

Any increase in Gram Negative/Multi Resistant Organisms and MSSA is also a national concern, and none of the Welsh Health Boards are on track to achieve the 2019/20 trajectories for gram negative infections or MSSA.

The majority of Blood Stream Infections (BSIs) **are not** Hospital Onset but Community Onset.

Where we do have Hospital Onset or Healthcare Associated infections, these are at times the consequence of treatment, for example, clostridium difficile related to correct antimicrobial stewardship and therefore unavoidable.

LM02
3a

Number of Patient Falls reported as Serious Incidents

Target
≤ 11

Plan
≤ 11

Aug-19

12

Status



Wales
Benchmark

N/A

Executive
Lead

Deborah
Carter

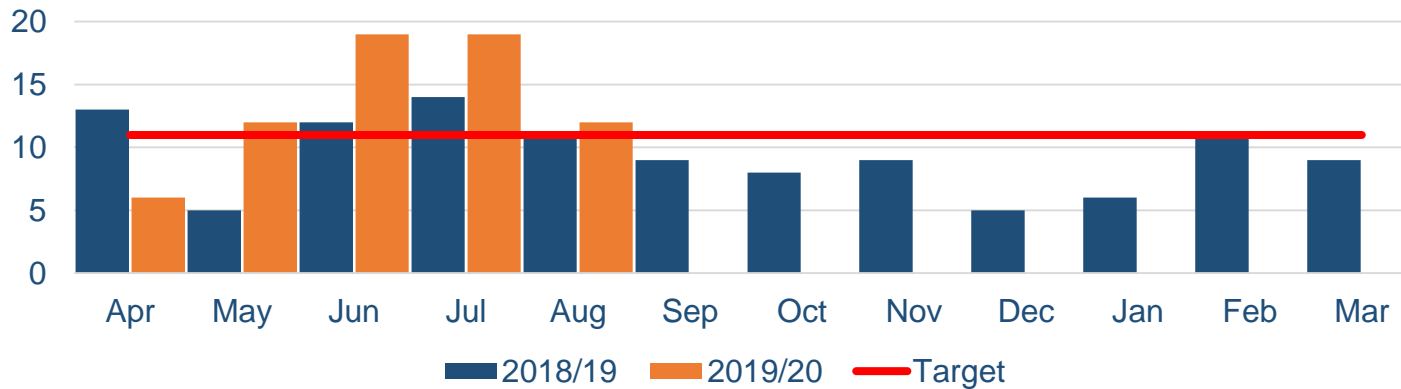
Committee

QSE

Plan
Ref

NIP

Number of Patient Falls reported as Serious Incidents



Harms resulting from patient falls in August 2019:

- Fractured Humerus x1
- Fracture Neck of Femur (hip) x6
- Fractured Ankle x1
- Spinal Injury x1
- Subdural haemorrhage x2
- Unknown x1

Why we are where we are: 12 incidents of patient falls (resulting in harm) have been reported to Welsh Government in August 2019 (compared to 19 reported in July 2019). Location of incidents for August shows no geographical hot spots with each incident happening on a different ward as follows:

- Llandudno Hospital (Llewelyn ward & Morfa ward) reported 2
- Ysbyty Penrhos Stanley (Cybi ward) reported 1
- Ysbyty Eryri (Peblog ward) reported 1
- Wrexham Maelor (Bersham ward, Evington Ward, Emergency Dept & Radiology Dept.) reported 4
- Wrexham Maelor (Community Onnen ward) reported 1
- Mental Health & Learning Disabilities Services (Bryn Hesketh* & Conwy SMS) reported 2
- Ysbyty Glan Clwyd (ward 8) reported 1

**Bryn Hesketh is part of the Falls Collaborative*

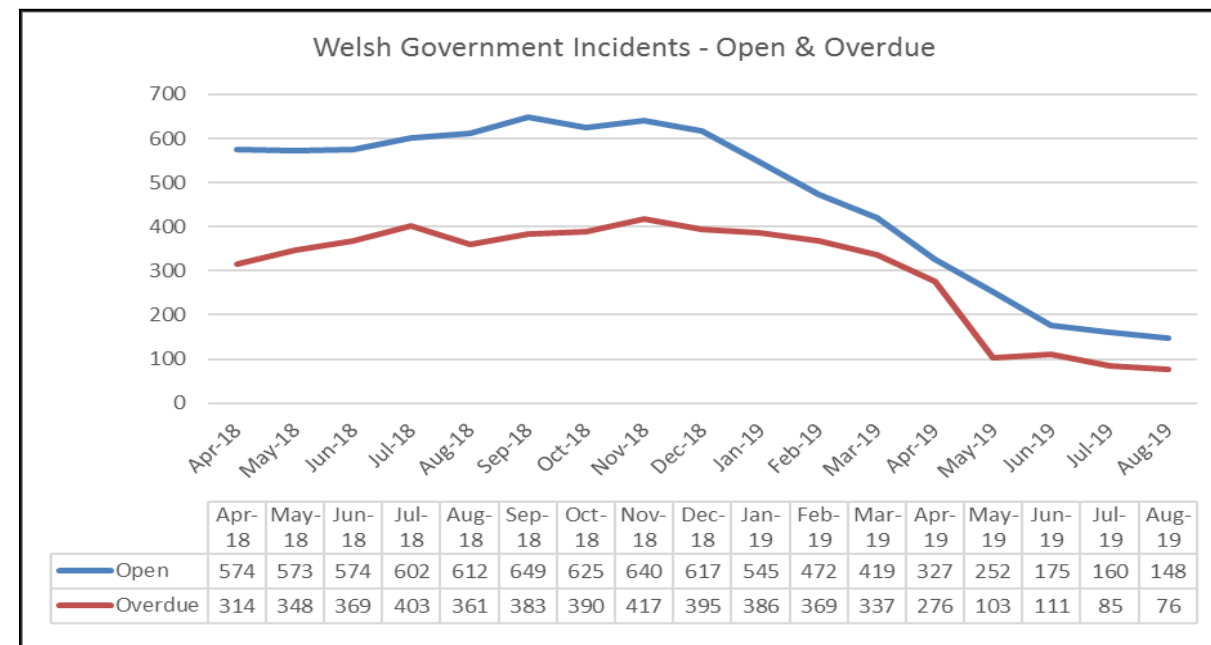
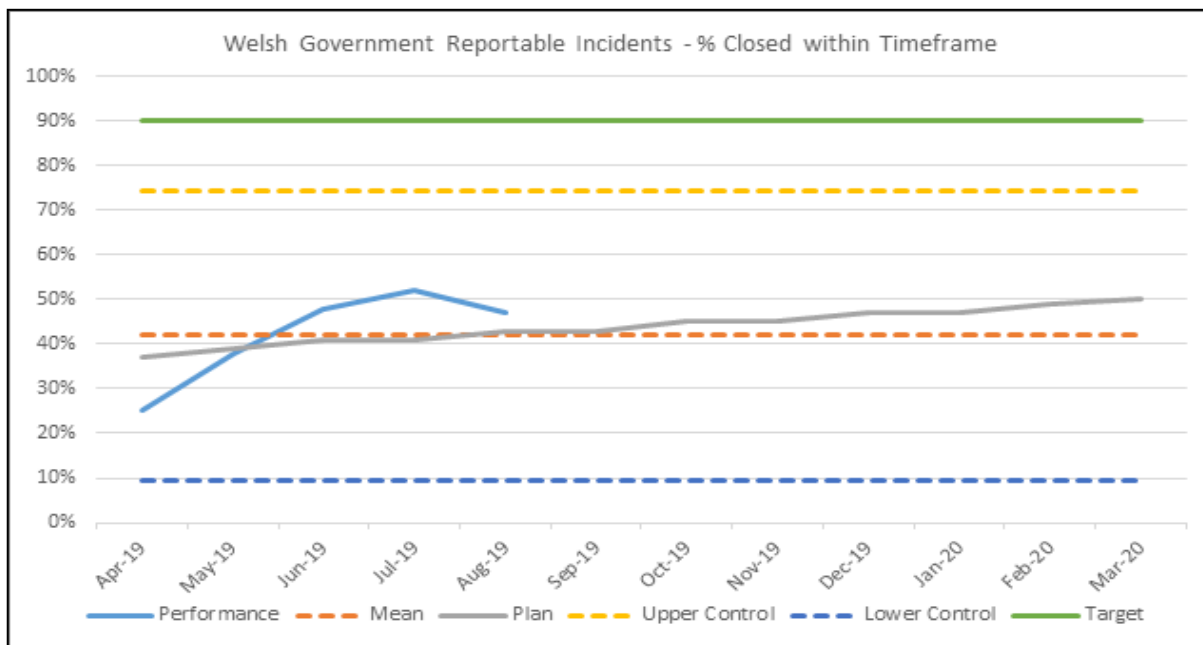
Actions	Outcomes	Timeline
1. Health Board Inpatient Falls collaborative and Faculty established – Faculty multidisciplinary	To reduce inpatient falls by 15% for collaborative wards	30 th November 2019
2. The collaborative will develop a toolkit of evidence based interventions that are individualised to meet the needs of inpatients following risk assessment. Based on evidence/information from group learning sessions	Interventions will be evidenced based and tailored to patient individual needs	31 st December 2019
3. Falls Faculty- projects include review Datix reporting, educational & intranet resources, equipment, criteria lying & Standing Blood Pressure monitoring, reduction of patient deconditioning	Standardisation of processes, resources and accessibility to information and equipment	31 st December 2019
4. Masterclass held 5 th September 2019	Test of change includes all wards reviewing and completing E learning package -educational resources, post falls protocol	30 th September 2019

LM02 3b	Number of Healthcare Acquired Pressure Ulcers reported as Serious Incidents	Target 0	Plan 0	Aug-19	6	Status	↓	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	NIP
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Why we are where we are: For August 2019 a total of **6** HAPU reported to Welsh Government for patients within the care of the Health Board and following investigation.

- Wrexham Maelor – Cunliffe ward reported 1 x unclassified/unstageable
Morris Ward reported 2 x grade 3
Glyndwr ward reported 1 x unclassified/unstageable
- Ysybty Gwynedd - Hebog ward reported 1 x grade 3
- High Pastures Nursing Home reported 1 x grade 3

Actions	Outcomes	Timeline
1.HAPU Masterclasses will include revised all Wales risk assessments Nutrition, Continence, Manual Handling & Tissue Viability WHC Implementation required by 30 th November 2019 for the Nutritional risk assessment and 1 st May 2020 for all other risk assessments	Revised all Wales documentation is included in All Wales Tissue Viability documentation will require simultaneous implementation	Masterclasses October/November 2019 go live date for all risk assessments 2 nd December 2019
2.All Wales review tool now incorporated in BCU Datix incident reporting system	To enable reporting of data for improvements, more timely investigation and sharing of lessons learned when HAPU grade 3 and above developed	1 st September 2019
3. Increased focus of clinical teams around HAPU with targeted support from TVN Service. Scrutiny meetings in each area to review and monitor	Increased focus by leadership teams to support clinical teams to undertake corrective actions	Weekly in all areas this will be reviewed following go live of masterclasses

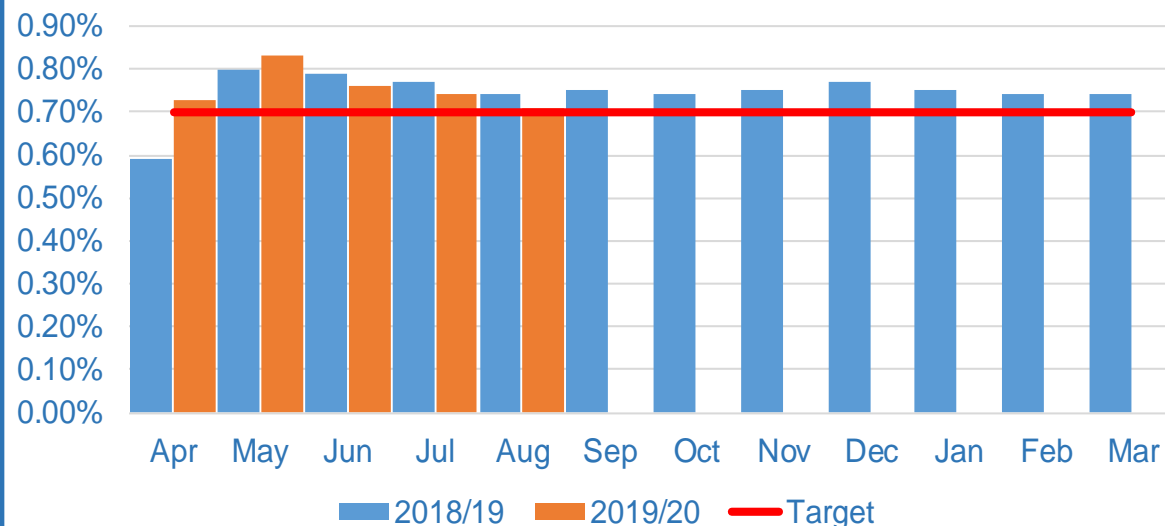


Why we are where we are: There is a continued effort to reduce the number of Welsh Government reportable incidents open. This has seen an improvement week on week, with the number open as at 28/08/19 being 148, of these 76 are overdue. There is a focus on the management of incidents and this is increasing the timeliness of managing of incidents more effectively. The weekly incident review meetings continue to scrutinize progress as well as detail of incidents. Closure is dependent upon appropriate investigation. Changes in service governance arrangements is expected to impact positively on performance of WG reportable incidents going forward

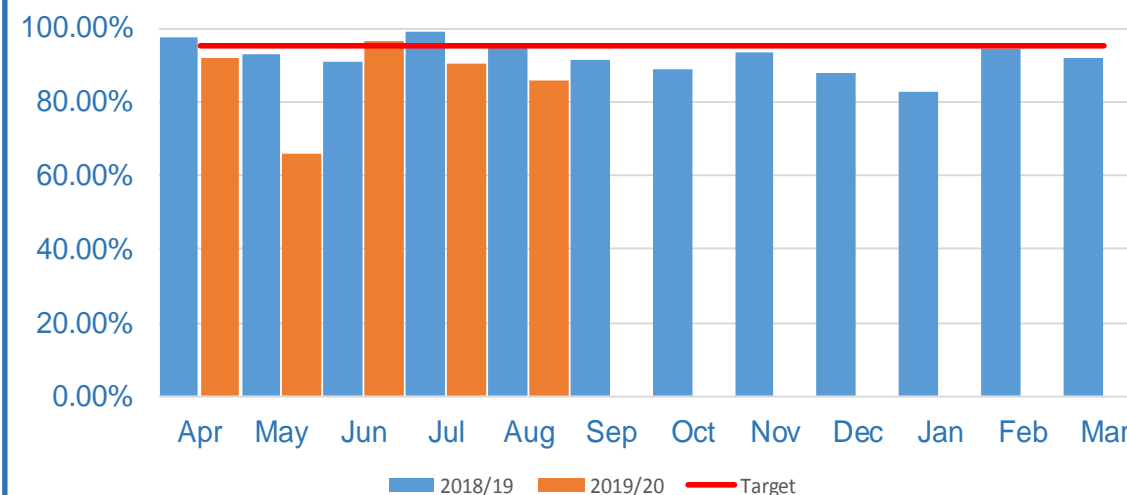
DFM	Of the serious incidents due for assurance, the percentage which were assured within the	Target	Plan	Aug-19	47.00%	Status		Wales Benchmark	2nd	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
023	agreed timescales	>= 90%	>= 43%												

Actions	Outcomes	Timeline
1. The weekly incident review meeting in place which is ensuring a more focused approach to managing major and catastrophic incidents. This meeting is also used to focus on overdue incidents which have been reported to Welsh Government	Reduction in the number of incidents significantly overdue for closure	New trajectories have been issued to each of the Divisions with expectation that they will be in line with these by 31 st August 2019
2. Review of model for corporate and governance teams to allow greater support to the wider incident management	1. Reduction in the number of major/catastrophic incidents	August 2019
	2.Improvement in the total number of overdue Welsh Government Incidents	August 2019
	3. Improvements in the standard/quality of closure forms being submitted	August 2019
	4.Single senior lead for incidents management across BCUHB	Dec 2018

Crude Mortality Rates: 74 years of age and under



Universal Mortality Reviews carried out within 28 Days of Death



Why we are where we are: Further works need to be undertaken to understand why performance in stage 1 UMR completion has deteriorated. The main area to focus the review of stage 1 issues is Wrexham Maelor site and will be completed over the next 7-14 days.

Crude Mortality in under 74 years of age is performing at expected levels and completed review of crude mortality shows no statistically significant variation in our figures which would raise any concern.

DFM 027	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Target ≥ 95%	Plan ≥ 95%	Aug-19	85.80%	Status	↓	Wales Benchmark	2nd	Executive Lead	David Fearnley	Committee	QSE	Plan Ref	AP039
DFM 028	Crude hospital mortality rate (74 years of age or less)	Target Reduce	Plan ≤ 0.70%	Aug-19	0.71%	Status	↑	Wales Benchmark	4th	Executive Lead	David Fearnley	Committee	QSE	Plan Ref	AP039

Actions	Outcomes	Timeline
1. DATIX Mortality module implementation <ul style="list-style-type: none"> YGC are actively using system to complete stage 1 process YG are going live in usage of system Oct 2019 for stage 1 Wrexham are predicted to start using December 2019 for stage 1 Stage 2 spread will take place during 2020 	<ul style="list-style-type: none"> Will improve the completion of stage 1 for all deaths Improve timeliness of stage 1 and 2 process Better reporting functionality, specialities will be able to use for Mortality & Morbidity reviews also. 	2019 and 2020 calendar year
2. Introduction of Medical Examiner (ME) role <ul style="list-style-type: none"> Predicted introduction of ME is April 2020 Several doctors are now actively completing online modules in order to apply for interview stage and attending further training in London 	<ul style="list-style-type: none"> Provision of impartial scrutiny of all deaths in BCUHB It is predicted that once ME post are live in BCUHB we are expecting a slight increase in stage 2 conversion ME process will take over the stage 1 element of the mortality reviews so Drs currently undertaking that will no longer be involved 	April 2020 (predicted)
3. Sepsis collaborative Emergency Departments (ED) <ul style="list-style-type: none"> Day 4 of the sepsis collaborative took place on 5th September 2019 	<ul style="list-style-type: none"> Improve awareness of sepsis Improve identification of sepsis through improved policies and procedures Live data capture so we can see compliance every hour with sepsis 6 delivered within an hour of triple trigger or suspicion of sepsis diagnosis 	April 2020 (predicted)

Chapter 2: Summary

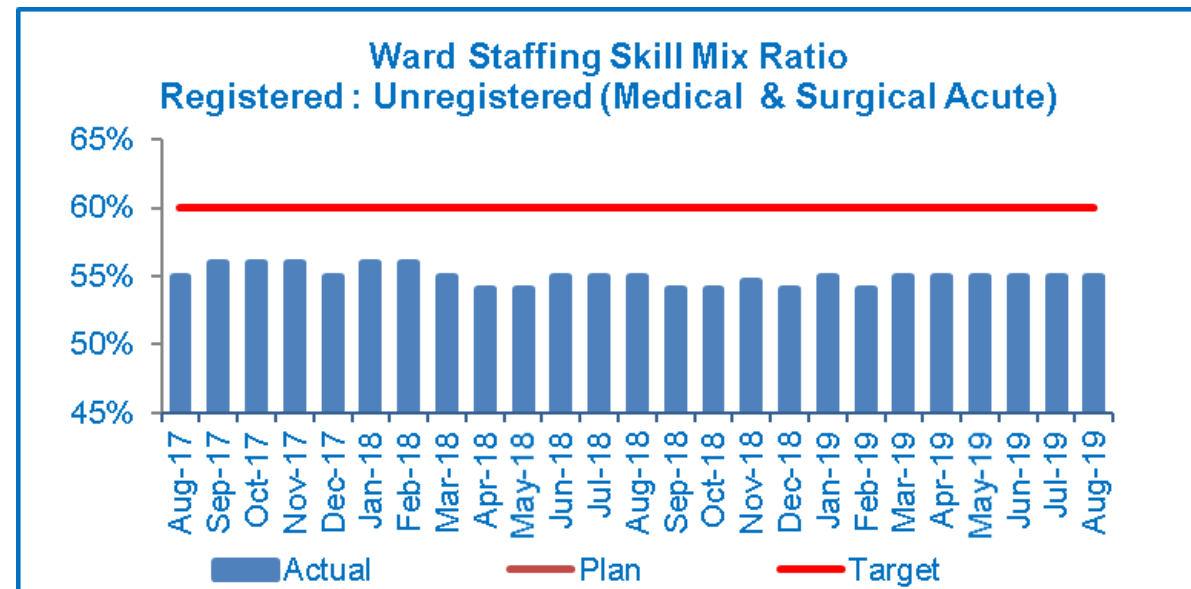
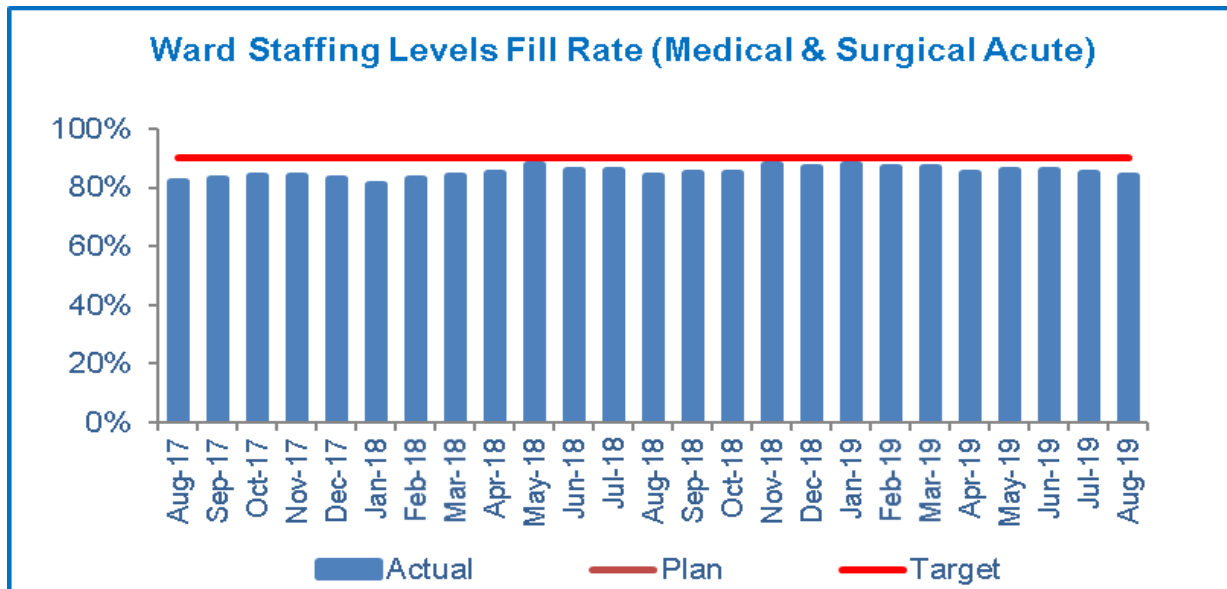


Finance & Resources

23

Measure	Status	(Target)	Plan
Ward nurse staffing fill rate (%)	84.00% ↓	>= 95%	AP
Ward nurse staffing skill mix ratio (% Reg)	55.00% ←	>= 60%	AP
Finance: Agency & Locum Spend	£3.96m ↑	TBA	AP
Sickness absence rates (% Rolling 12 months)	5.22% ↓	<= 4.31%	<= 4.59%
PADR Rate (%)	74.10% ↑	>= 85%	>= 85%
Mandatory Training (Level 1) rate (%)	85.00% →	>= 85%	>= 85%
Finance: Financial Balance (%)	£21.16m ↓	<= £25m	<= £17.5m

WGM 001	Ward Staff Fill Rate Percentage	Target ≥ 95%	Plan AP	Aug-19	84%	Status	↓	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	NIP
WGM 002	Ward Staff Skill Mix Ratio of Registered v Non-Registered Percentage	Target ≥ 60%	Plan AP	Aug-19	55%	Status	←	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	NIP



Why we are where we are: Ward staffing fill rate showing slight deterioration in August (85% to 84%). Likely explanation is holiday period therefore BCU core staff, bank and external agency availability restricted. Registered Nurse vacancies also remain high. Each site awaiting new graduates to start. Expected Sept / Oct 2019.

Actions	Outcomes	Timeline
1. Registered Nurse (RN) gaps backfilled with bank / agency. Scrutiny via Heads of Nursing (HONs) / SDNs on each acute site.	Maintain safe staffing to comply with Nurse Staffing Act and support patient safety.	Until vacancies filled. New graduates being recruited to the 3 sites during Sept / October 2019 (carried over from previous month).
2. BCUHB representation at national recruitment events.	To reduce RN vacancies. (Latest Pipeline report shows a deterioration in RN vacancies).	Ongoing.
3. BCUHB hosting recruitment event / open day for new graduates 14 th September.	To reduce RN vacancies.	Due to graduate March 2020. Initially employed as Band 4s whilst awaiting NCM registration. Then require preceptorship period.



LM00
1F

Cost of Agency & Locum spend within Month

Target
TBA

Plan
AP

Sep-19

£3.96m

Status



Wales
Benchmark

N/A

Executive
Lead

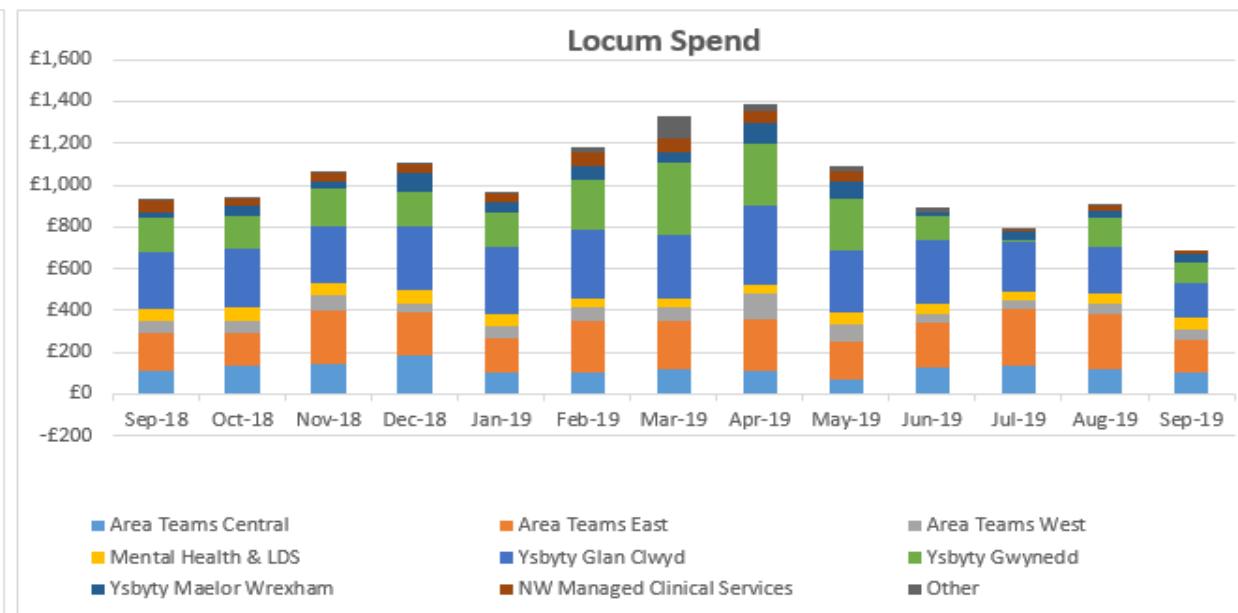
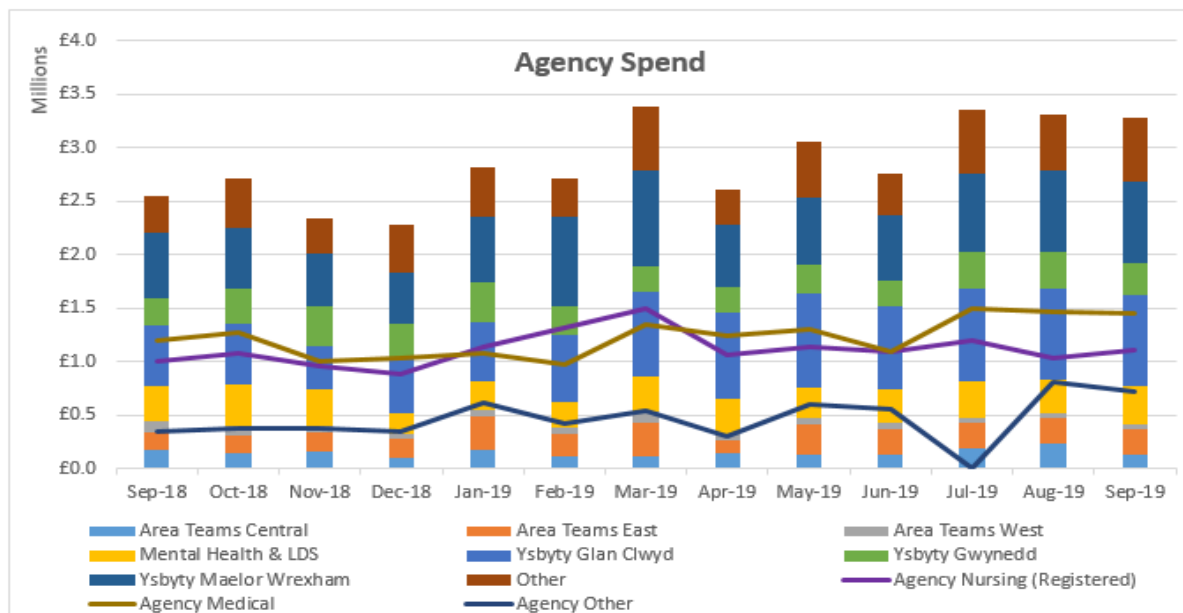
Sue
Green

Committee

F&P

Plan
Ref

NIP



Actions	Outcomes	Timeline
<p>1. Focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff , particularly in nursing, medical and dental, A&C. The Workforce Optimisation Portfolio is the overarching mechanism to ensure delivery of BCU wide workforce initiatives. This will be managed by the Workforce Improvement Group (WIG) and will consist of four programmes: Medical Productivity, Nursing, Midwifery & AHP Productivity, Non-Clinical Productivity and Terms & Conditions Application Productivity.</p>	<p>Both Agency spend and Locum spend have improved month on month in September 19. <u>Agency spend</u>, whilst still high has reduced in recent months. Actions taken have mitigated the steep drop in locum usage and the increase in sickness absence to reduce their impact on additional Agency spend. Agency spend in September was £25,000 lower than August and £65,000 lower than July (although still over £700,000 higher than the same period last year). <u>Locum spend</u> has been declining since the start of the fiscal year. Locum spend in September was circa £682,000, a historic low, it is £226,000 less than the previous month and £254,000 lower than the same period last year.</p>	<p>Detailed timelines are contained in the Workforce optimisation portfolio and accompanying PIDs.</p> <p>Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action. All Wales changes to pay only basic pay for sickness absence from 1st October expected to influence reduced sickness rates</p>
<p>2. There has been a focus on increasing the capacity of N&M internal temporary staffing. Actions have included auto enrolment to the bank of new N&W substantive staff and revised pay rates. All N&M bank shifts worked from 1st September 2019 onwards now attract revised pay of minimum of midpoint of band OR equivalent to pay in substantive contract if higher. These rates are being promoted to both encourage existing bank staff to do more shifts and to attract agency staff to bank.</p>	<p>Increased N&M Bank Usage, reduced N&M Agency- Significant month on month increases in bank hours for the last three months (circa 2,500 hours more delivered in September than in July) contributing to over 1,000 N&M agency hours fewer in September than in July and a significant drop in % unfilled hours from 35% (August 19) to 32% (September 19). Over 4,000 more bank hours were delivered in September 19 than the same period last year both reducing agency costs and improving safety though higher fill rates.</p>	<p>Continued auto enrolment of new substantive N&M starters, continued promotion of revised pay rates. Completion of survey of bank staff preferences in October 2019 with profiling analysis and resultant action plan in November.</p>
<p>3. External consultancy services are analysing Medical spend and advising areas of potential improvement including: review of medical rotas, review of job planning process, proposal to introduce medical bank, external specialist M&D recruitment.</p>	<p>Anticipated reduction of M&D vacancies in key specialisms via use of MEDACS & Hunter Clinical to source substantive M&D staff. Anticipated reduction in Agency spend via Medacs working with BCU staff to create M&D bank service.</p>	<p>M&D programmes have project plans to deliver savings in year 2019/20. Including Hunter Clinical to begin supply of M&D staff November 19. Medacs to have set up BCU M&D bank by November 19.</p>
<p>4. Enforced 1 hour unpaid break for N&M Agency staff has been introduced directly reducing agency costs. Proposed implementation for substantive nursing staff would significantly increase the nursing hours available to fill shifts.. Other actions completed / on-going include; Support and Challenge meetings, Roster additional duties and roster efficiency reports highlighting poor performance, Roster guidance reissued.</p>	<p>Anticipated reduction in N&M Agency spend via increased nursing substantive hours available to fill shifts post January 2020 go live.</p>	<p>Proposed introduction of 1 hour break / revised shifts for N&M substantive staff to go live in January 2020 subject to final decision.</p>

LM00
2F % Cumulative Deficit Position against the planned Financial Balance

Target
≤ £25m

Plan
≤ £17.5m

Sep-19

£21.16m

Status



Wales
Benchmark

N/A

Executive
Lead

Sue Hill

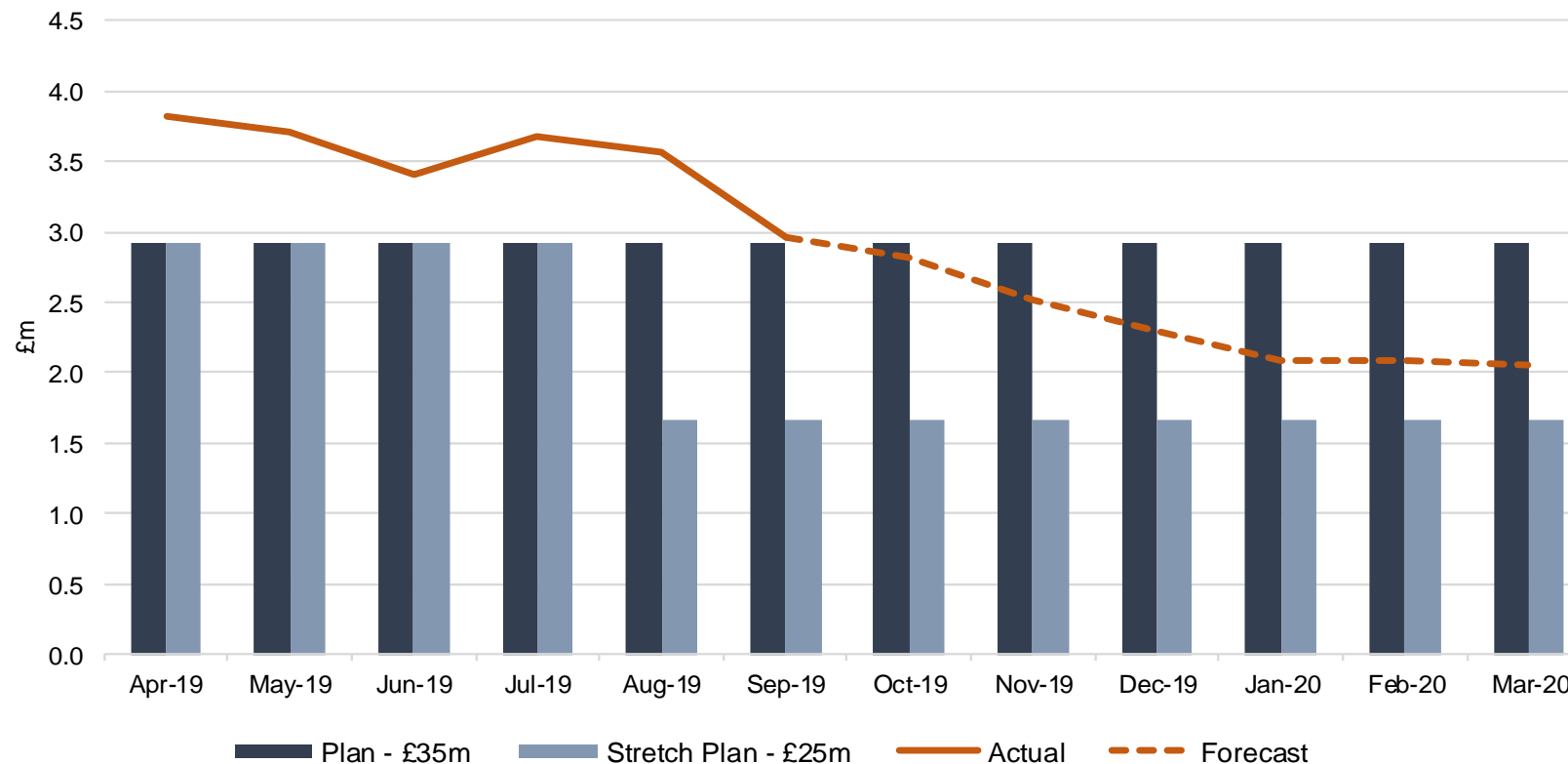
Committee

F&P

Plan
Ref

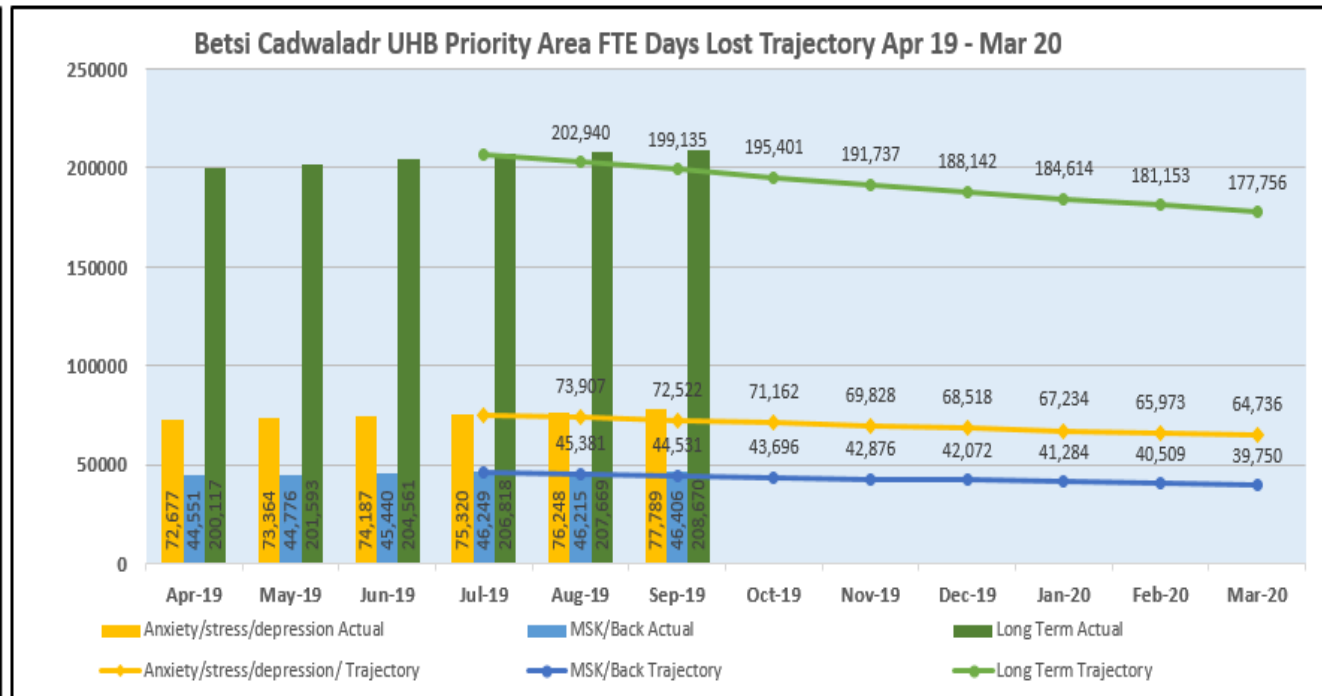
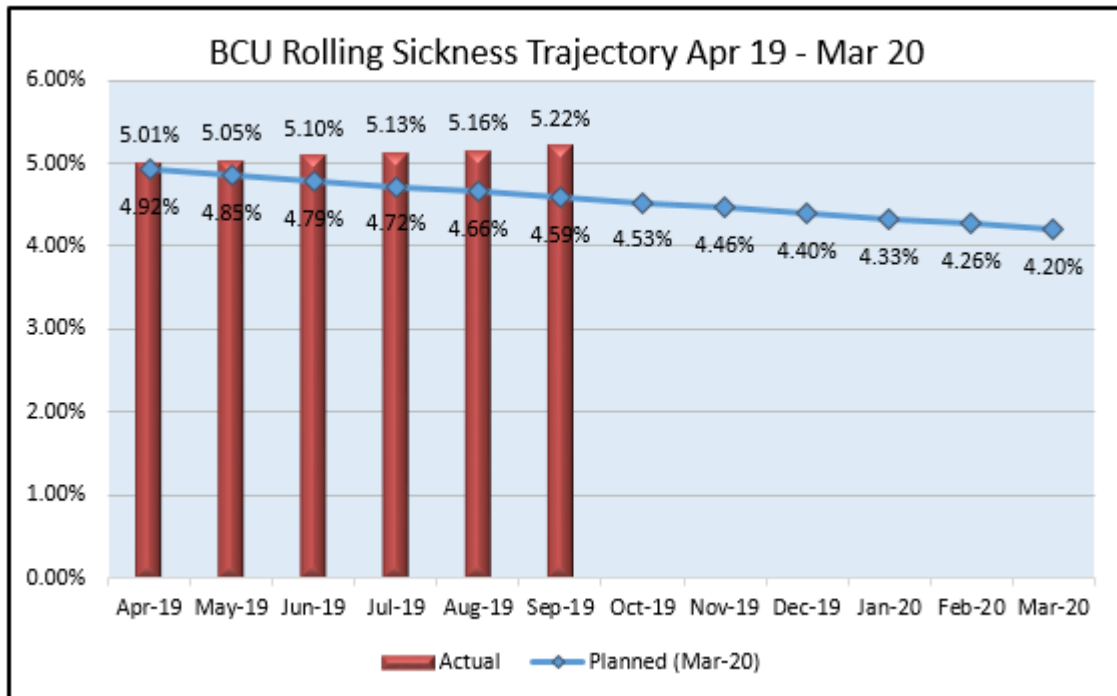
NIP

Financial Performance and Forecast 2019/20



Actions	Outcomes	Timeline
1. Identify the full savings programme to meet the planned savings requirement.	The focus on savings is continuing at pace, and the overall savings programme pipeline increased by £6.1m to £45.6m in month 6. There are 55 schemes classified as Red (high risk), with a combined value of £16.85m and work is ongoing to convert these to green and amber and drive delivery.	September
2. Ensure the Health Board implements the full suite of Grip and Control actions to ensure all expenditure is necessary and is effectively supporting clinical services.	A comprehensive financial recovery action plan (FRAP) programme has been established and is being progressed.	Ongoing
3. Ensure the recovery programme progresses at pace.	Progress against plan is being monitored at both board and divisional level. The Board reports are being updated to highlight the pattern of progress and areas requiring priority attention.	Ongoing
4. Identify emerging expenditure pressures to ensure informed decisions are taken.	Both internal and external factors are being reviewed to support both the current year recovery and 20/21 integrated planning process.	Ongoing
5. Identify and deliver further savings schemes to support delivery of the £25m control target.	The Health Board has allocated the additional £10m savings target across the divisions to increase visibility and encourage pace and ownership. Whilst this is not being met in full, divisions are identifying schemes to address this requirement through the Divisional Recovery Meetings.	Ongoing

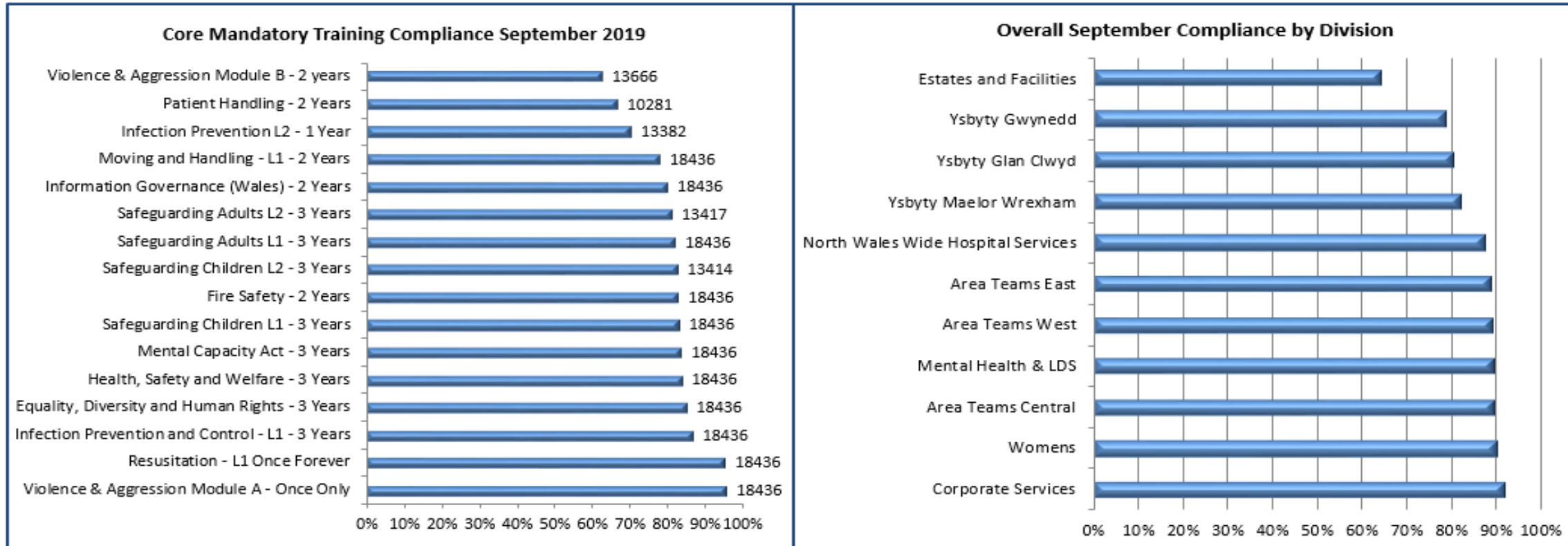
DFM 091	Percentage of sickness absence rate of staff	Target ≤ 4.31%	Plan ≤ 4.59%	Sep-19	5.22%	Status ↓	Wales Benchmark	3rd	Executive Lead	Sue Green	Committee	F&P	Plan Ref	AP043
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Why we are where we are: Despite active targeted intervention, sickness levels for September have increased. The reinstatement of enhancements on sick pay, as part of pay negotiations, did correlate to worsening performance levels, the recent decision to now withhold enhancements from sick pay is expected to have an impact. Sickness absence reduction actions include: Targeted interventions for sickness over 39 weeks which has seen a 22% reduction since April 2019, division/department improvement trajectories, priorities of Long Term / Stress / MSK reduction, Occupational Health fast tracking, areas of high sickness identified and action plans drawn up.

Actions	Outcomes	Timeline
1. Intensive support for sickness absence remains in place. Wards/teams with high sickness levels are being highlighted at SMT's for action including further scrutiny and support.	Despite the work undertaken, absence levels across the Health Board have increased to 5.22% in month 6 against an improvement trajectory of 4.59%	Support and trajectories remain in place to deliver 4.2% by the end of March 2020, Performance, however is poor.
2. Changes to Enhanced pay during sickness absence from 1 st October 2019. From 1 st October 2019 payments for sickness absence will be paid as basic pay for absences of less than three months in length. This is a national agreement and reverts back to the position prior to June 2018.	Sickness levels across the health board prior to the enhancements being reinstated were at 4.3%, since June 2018 when enhancements were brought back in we have seen a steady increase in sickness levels despite intensive support and interventions. Although only a temporary measure for now it is anticipated that putting enhancements "on hold" will see a reduction in absence levels of 0.2% by Dec 2019, with an even bigger impact (up to 1%) if the "on hold" position remains and enhancements continue not to be paid.	Dec 2019 for initial reduction of 0.2% for "on hold" position, and 1% reduction by March 2020 if national a decision is made to not to reinstate enhancements.
3. Staff members who have reached and exceeded the agreed sickness absence prompts have been identified with active support being given to managers and staff to reduce absence levels and prevent reoccurrences of absence.	Short to medium term frequent sickness absence rates will reduce.	The impact of these interventions should be seen in Dec 2019.
4. Priorities of Long Term / Stress / MSK – remain in place, as does the focus on 'days lost' hotspots and support for all absences over 39 weeks. We are now moving to active support and targeted interventions for absences between over 25 weeks.	Since the beginning of the financial year there has been a 22% reduction in long term sickness absence over 39 weeks.	Progress against trajectories is actively monitored. Further impact of interventions should be seen in Dec 2019.
5. Occupational health have introduced rapid access referral pathways for staff in the following disciplines: Mental Health, Counselling, Physiotherapy, CMATS – orthopaedics / pain clinic / rheumatology, Radiology (scans), Drug & Alcohol, Podiatry and Dermatology	Rapid access to services will enable staff to either remain in work for return to work sooner.	Occupational Health 'fast track' number referred available from Q3 and turnaround times available from Q4.

DFM 090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Target ≥ 85%	Plan ≥ 85%	Sep-19	85.00%	Status →	Wales Benchmark	1st	Executive Lead Sue Green	Committee	F&P	Plan Ref AP046
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Why we are where we are: Following the successful implementation and monitoring of the Mandatory Training Improvement Plan and detailed analysis of data through the dashboard, compliance for level 1 training continues to meet the national target of 85% for the third month consecutively.

Actions	Outcomes	Timeline
1. Continue to identify and report projected compliance figures for all Level 1 subjects and report relevant data to subject matter experts on a monthly basis. This will highlight particular months of compliance data where a possible reduction in compliance is noted due to larger volumes of staff becoming non-compliant	Obtaining projected compliance data will allow all SME's the opportunity to review and amend forthcoming training schedules. This will ensure training compliance maintains or increases the current compliant 85% rate.	We anticipate continuing to meet or exceed the target rate of 85% for level 1 training by the end of October 2019 of which an exception report will only be required if we fall below the 85% target.
2. We will continue to populate relevant data and progress reports to the Mandatory Training Group.	Reviewing and informing areas of significant non-attendance/Non compliance will help increase the current compliance figure and also inform Subject Matter experts of any areas where training compliance requires further investigation.	We anticipate an increase of the current 85% compliance level and will identify and address issues with 'Did not attend' figures by end of October 2019
3. Following the identification of compliance attachment concerns with Patient handling [level 2 training] which affected level 1 compliance of Patient Handling, work has commenced to ensure staff groups have correct compliance attachment.	By reviewing training activity with subject matter experts, exploring data within the dashboard and reviewing the improvement plan for Mandatory training it has been identified that particular staff groups require compliance corrections. This will allow those staff groups to be illustrated correctly within the report and increase Level 1 and level 2 compliance for patient handling.	We anticipate increasing the current compliance figure of 67% as agreed within the improvement plan by the end of by the end of October 2019

DFM 087

Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Target

>= 85%

Plan

>= 85%

Sep-19

74.10%

Status



Wales Benchmark

3rd

Executive Lead

Sue Green

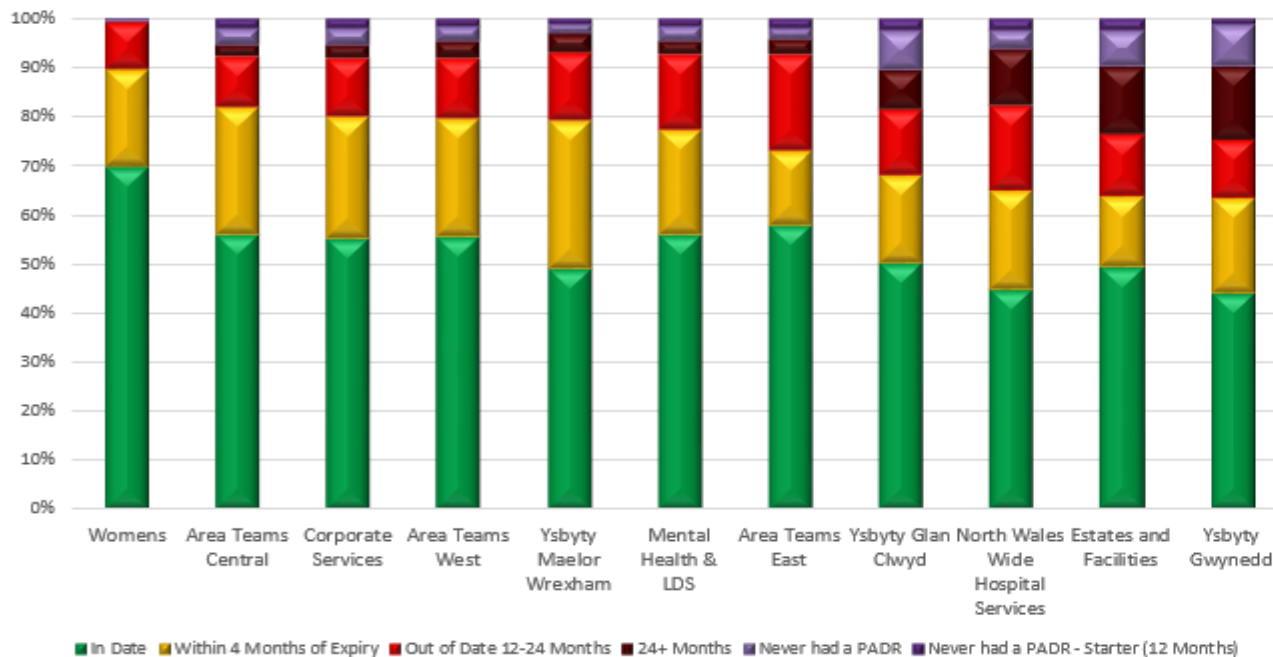
Committee

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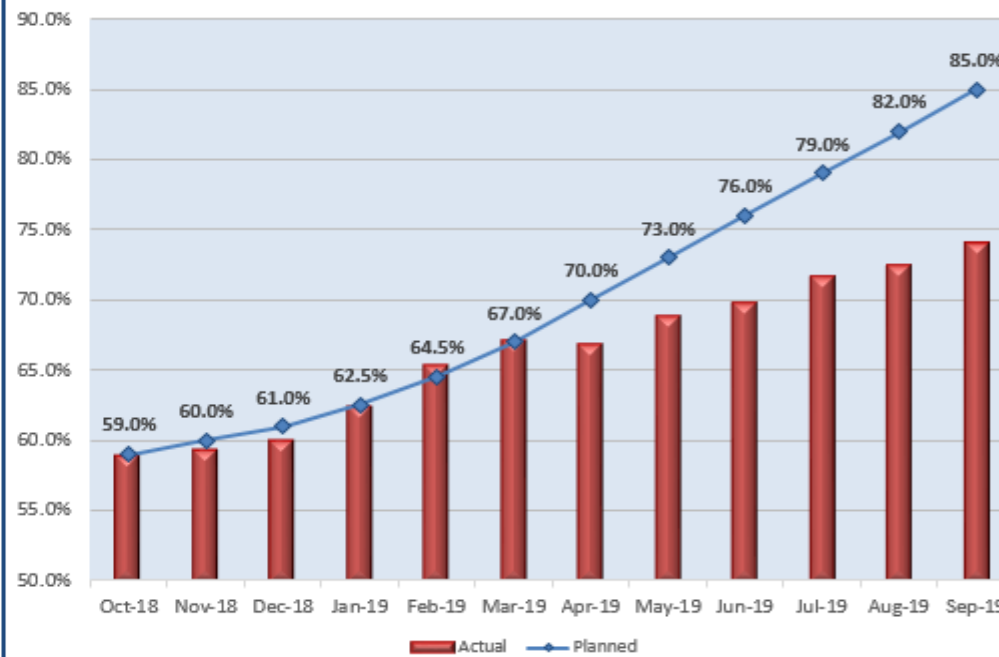
Plan Ref

AP046

PADR % Compliance 1 October 2018 to 30 September 2019



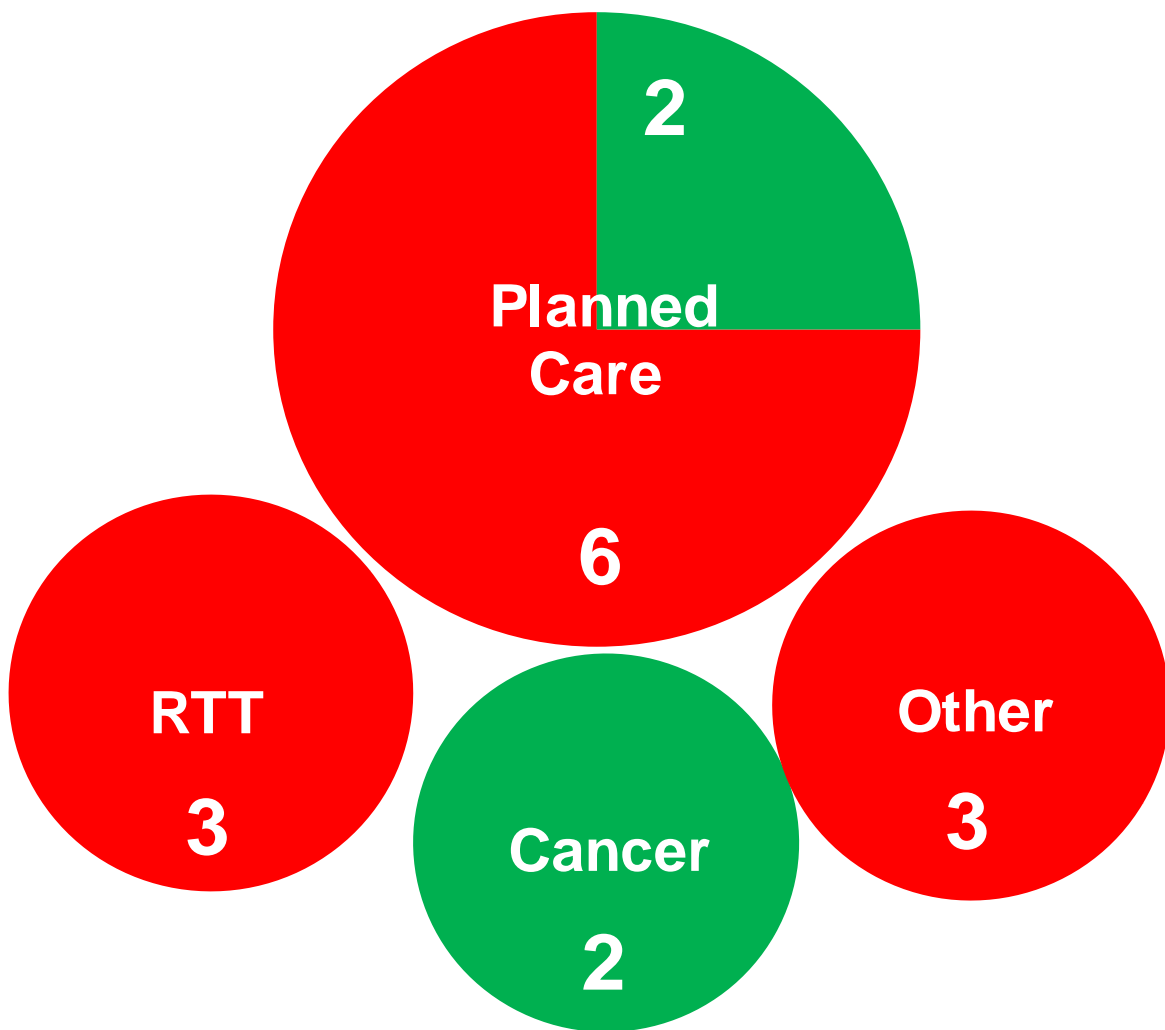
PADR % Planned 30 September 2019



Why we are where we are: Whilst PADR compliance is not yet at the target 85%, the implementation of previous actions have led to PADR compliance increasing consistently for the last 5 months. This month organisational compliance is up 1.5% to 74.1%. Targeted interventions have resulted in some large divisions such as Estates & Facilities (E&F) and Ysbyty Glan Clwyd (YGC) seeing substantial increases of just under 8% as a direct impact of the support provided over the last 4 weeks.

Actions	Outcomes	Timeline
1. The Head of Hotel Services in the East, Centre and West were assisted in analysing and cleansing their data on ESR, allowing identification of hotspot areas which were then subject to targeted support.. OD worked with the DGM's at YGC to discuss the root cause of low compliance which led to the identification of development needs for staff to use ESR and to conduct PADR's.	As a direct result of working with the senior leadership team within Estates & Facilities and the senior leadership team at YGC compliance has improved by 7.9% and 7.7% respectively this month	Working directly with senior managers throughout the month of September had a significant impact on their compliance
2. Tailored support with Senior Managers in Operational Estates (E&F Division East) as a result of data analysis which clearly identified areas for improvement.	Working with Senior Managers to scrutinise their data will allow them to identify their problem areas and to identify corrective action to improve their compliance	Direct communication with the senior managers in Operational Estates (East) at the beginning of the month and throughout October to track progress and agree the corrective actions required to increase compliance.
3. Provide all Divisions with individual trajectories to achieve the national minimum target of 85% by March 2020	Providing individual trajectories allows Divisions to proactively manage their compliance to ensure they reach the organisational target of 85% by March 2020.	All Divisions to receive their trajectories before the end of October
4. Sharing best practice from the 7.7% monthly increase in YGC with YG and offering the same tailored support	Sharing evidence on actions that are proven to have a significant impact on compliance such as ESR and PADR training sessions will allow these actions to be repeated in other areas and will impact compliance	Support to be offered by the OD Team to YG senior managers to identify hotspot areas and take necessary corrective action.
5. Design and launch new intranet pages which includes new simplified PADR paperwork, best practice guidelines, ESR and PADR information, organisational compliance information and case studies from Divisions seeing significant increase and high performance	Launching the new simplified PADR paperwork will raise the profile of PADR with the entire workforce and lead to further engagement with the process. Sharing best practice will allow Divisions to learn from the success of other Divisions.	Launched through varied communication methods such as Staff App, Intranet and Staff Bulletin throughout the month of October.

Chapter 3a: Summary



Compared to the previous report of the 9 Measures in this chapter, Performance has improved for 3, worse for 4 and static for 2.

Integrated Quality and Performance Report
Health Board Version

Operational Performance: Planned Care

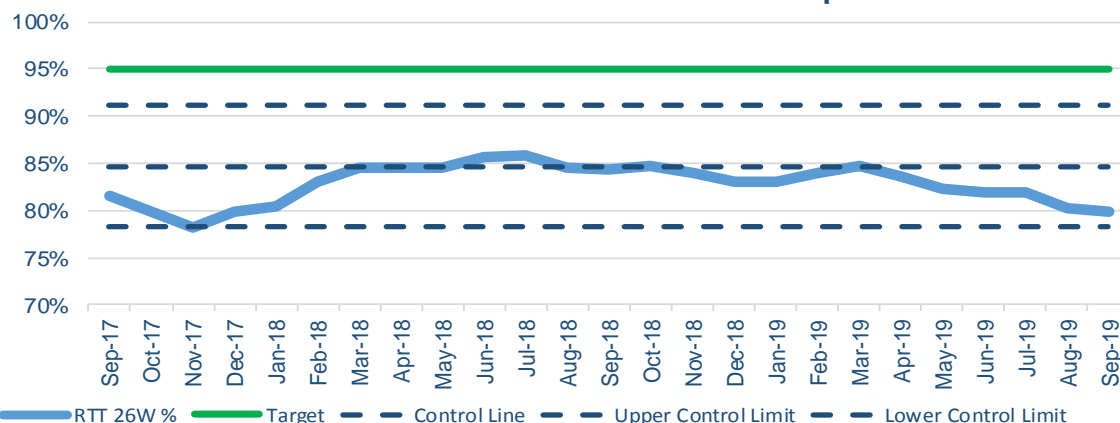
36

Measure	Status	(Target)	Plan
Referral to Treatment (RTT): < 26 Weeks	79.94% ↓	>= 95%	>= 81.2%
Referral to Treatment (RTT): => 36 Weeks	10,052 ↑	0	<= 7,227
Referral to Treatment (RTT): => 52 Weeks	2,730 ↑	0	<= 2,346
Diagnostic Waits: > 8 Weeks	2,816 ↑	0	<= 2,682
Cancer: 31 Days (non USC Route)	98.15% ↓	>= 98%	>= 98%
Cancer: 62 Days (USC Route)	86.62% ↑	>= 95%	>= 84%
Cancer: 62 Days (Single Pathway)	76.00% ↓	Improve	AP
Follow-up Waiting List Backlog	90,569 ↑	<= 74,555	<= 85,967
Eye Care Measure	63.07% ↓	>= 95%	AP

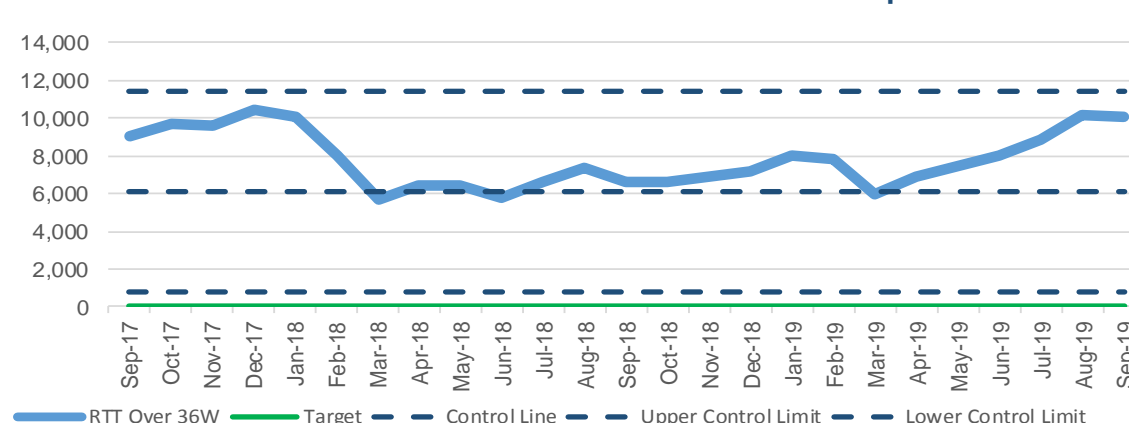
September 2019

DFM 052	The percentage of patients waiting less than 26 weeks for treatment	Target $\geq 95\%$	Plan $\geq 81.2\%$	Sep-19	79.94%	Status	↓	Wales Benchmark	7th	Executive Lead	Mags Barnaby	Committee	F&P	Plan Ref	AP024
DFM 053	The number of patients waiting more than 36 weeks for treatment	Target 0	Plan $\leq 7,227$	Sep-19	10,052	Status	↑	Wales Benchmark	7th	Executive Lead	Mags Barnaby	Committee	F&P	Plan Ref	AP024
LM05 3a	The number of patients waiting more than 52 weeks for treatment	Target 0	Plan $\leq 2,346$	Sep-19	2,730	Status	↑	Wales Benchmark	N/A	Executive Lead	Mags Barnaby	Committee	F&P	Plan Ref	AP024

BCU Level - RTT Waits % ≤ 26 Weeks: September 2019



BCU Level - RTT Waits Number > 36 Weeks: September 2019



Actions	Outcomes	Timeline
1. RTT cross site validation Rapid Improvement Week	Improved data quality. Reduction in WL by 5%	30 th November 2019
2. Development of weekly planned care dashboard	Operational tool in place to manage RTT performance in real time.	30 th November
3. Complete specialty level Demand & Capacity to identify sustainable gap as well as gap for backlog clearance	Not yet complete. All data has been submitted for new outpatients. Still awaiting same data for endoscopy.	31 st December 2019
4. Revised Terms of Reference (ToR) for weekly Patient Treatment List (PTL) management to focus on more proactive Waiting List (WL) management.	Complete	Implemented
5. Improve scheduling based on clinical urgency and waiting time chronology	Reduction in RTT backlog	28 th February
6. Use of insource and outsource capacity	Additional 750 capacity in Orthopaedics and 800 in Ophthalmology	31 st January 2019
7. Training: assessment of organisational knowledge and Mainstream RTT training programme	Training programme in place to support RTT rules	31 st December 2019
8. Implementation of schemes to free up follow up capacity for services, e.g. Supported Discharge, virtual results review clinics	<ul style="list-style-type: none"> Virtual Patient Reported Outcome Measures (PROMs) in Orthopaedics in place SoS in Rheumatology in the West FU backlog reduction by 15% 	31 st March 2019
9. External resource to validate Follow up (FU) backlog	FU backlog reduction by 15%	28 th February

DFM
054

The number of patients waiting more than 8 weeks for a specified diagnostic

Target
0

Plan
≤ 2,682

Sep-19

2,816

Status



Wales
Benchmark

7th

Executive
Lead

Adrian
Thomas

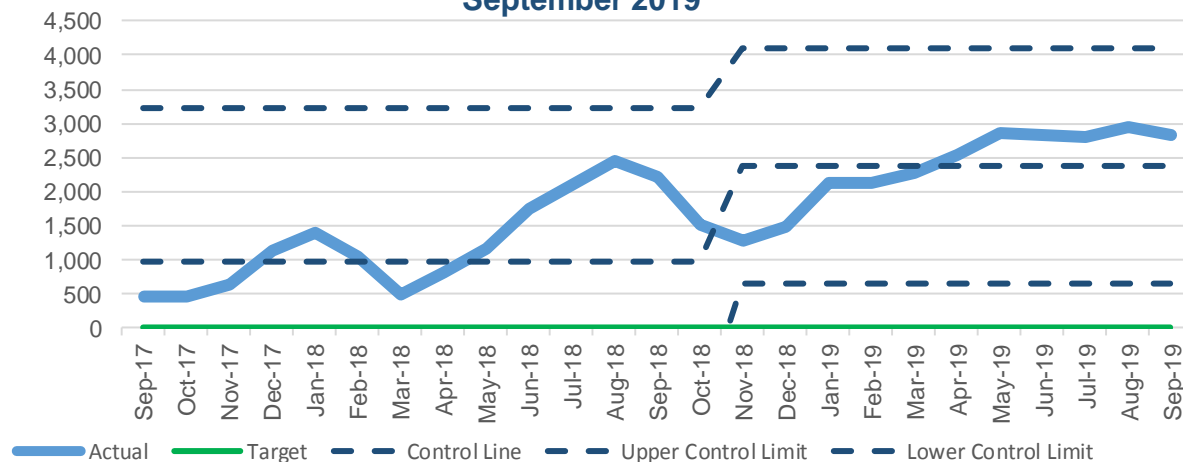
Committee

F&P

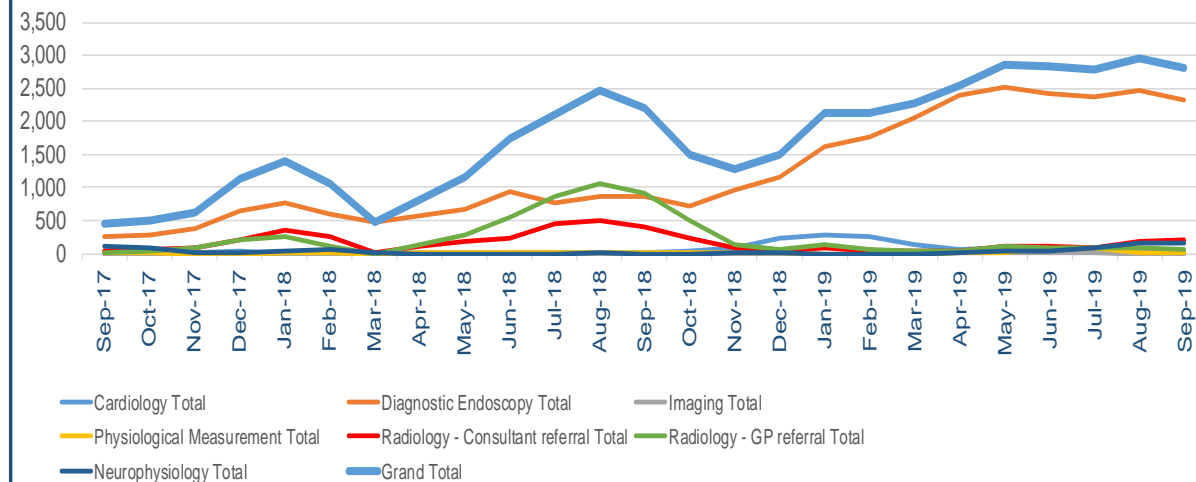
Plan
Ref

AP024

BCU Level - Diagnostic Waits Number of Breaches:
September 2019



BCU Diagnostics - Number of Breaches over 8 Weeks
September 2017 to September 2019 by Service



Why we are where we are:

Endoscopy: due to delay in implementation of solutions. Such as Vanguard due to issue with water testing.

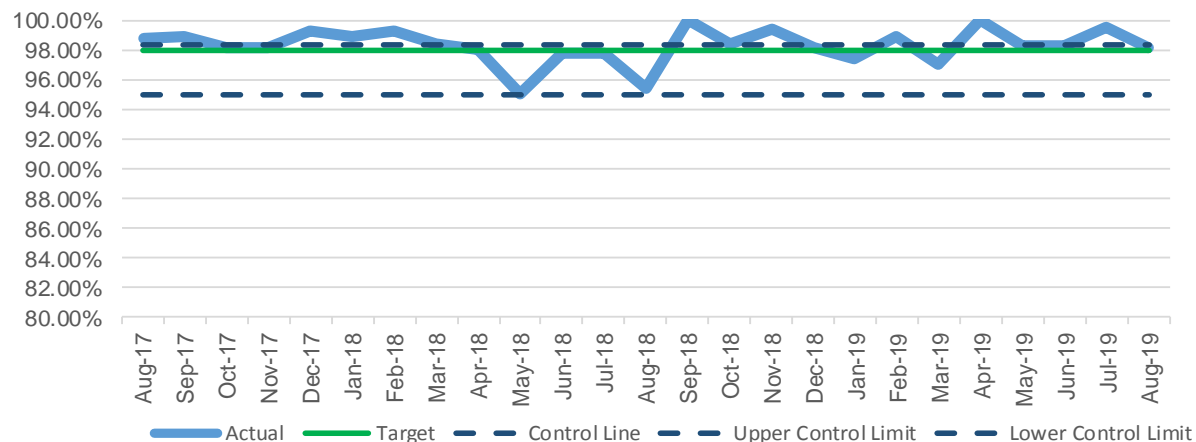
Radiology: ongoing increasing demand and lack of funding to secure permanent appointments to substantive posts.

Neuro-Physiology: Awaiting increased clinic capacity to be provided in new location following estate work.

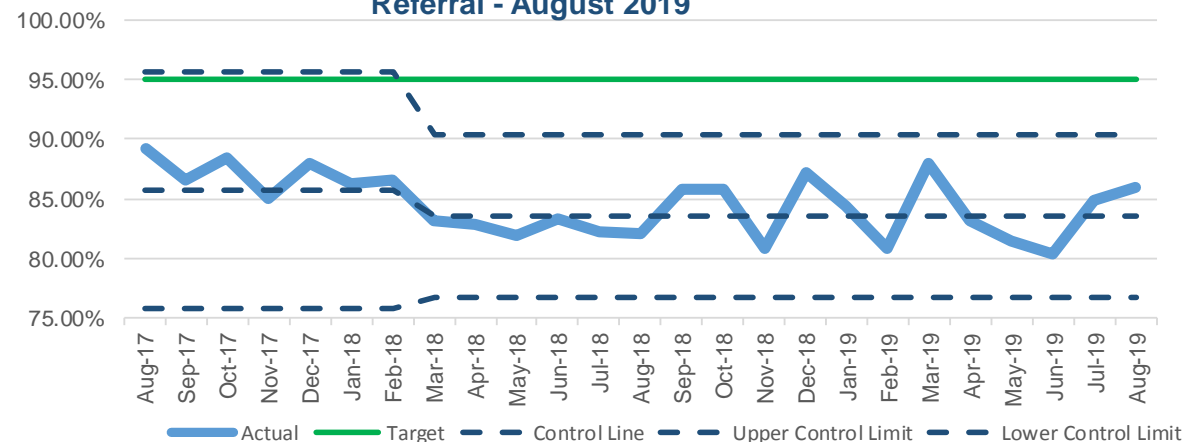
Actions	Outcomes	Timeline
Endoscopy		
1. Improve scheduling based on clinical urgency and waiting time chronology	Reduction in routine >8 weeks and Surveillance backlog	31 st December
2. Insourcing solutions for all three sites	Additional capacity to reduce routine >8 weeks and Surveillance backlog	31 st December
3. Recruitment of Gastroenterology locum consultant in West	127 additional capacity a month	31 st October
4. Complete specialty level D&C to identify sustainable gap as well as gap for backlog clearance	Site level D&C by modality in place	31 st December 2019
5. Pooling of Surveillance patients from East to West and Centre	Reduction in Surveillance Backlog in East	31 st December
Radiology		
1. Continue with insourcing through RMS framework contract	Additional capacity for CT, MRI and US	31 st December
2. New appointment to breast radiology consultant posts in West/Central	Additional capacity for diagnostic breast US and interventional procedures online in October, expect to recover WL by end of December	31 st December
3. Completion of workforce review of radiology services	Inform the basis for proposal for sustainable radiology services	31 st October
4. Completion of proposals for sustainable radiology service	Develop sustainable staffing/activity model	31 st December

DFM 063	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Target ≥ 98%	Plan ≥ 98%	Aug-19	98.15%	Status	↓	Wales Benchmark	1st	Executive Lead	Adrian Thomas	Committee	F&P	Plan Ref	AP026
DFM 064	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Target ≥ 95%	Plan ≥ 84%	Aug-19	86.62%	Status	↑	Wales Benchmark	2nd	Executive Lead	Adrian Thomas	Committee	F&P	Plan Ref	AP026
DFM 065	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Target Improve	Plan AP	Aug-19	76.00%	Status	↓	Wales Benchmark	1st	Executive Lead	Adrian Thomas	Committee	F&P	Plan Ref	AP026

BCU Level - Cancer Waiting Times - 31 Day - August 2019



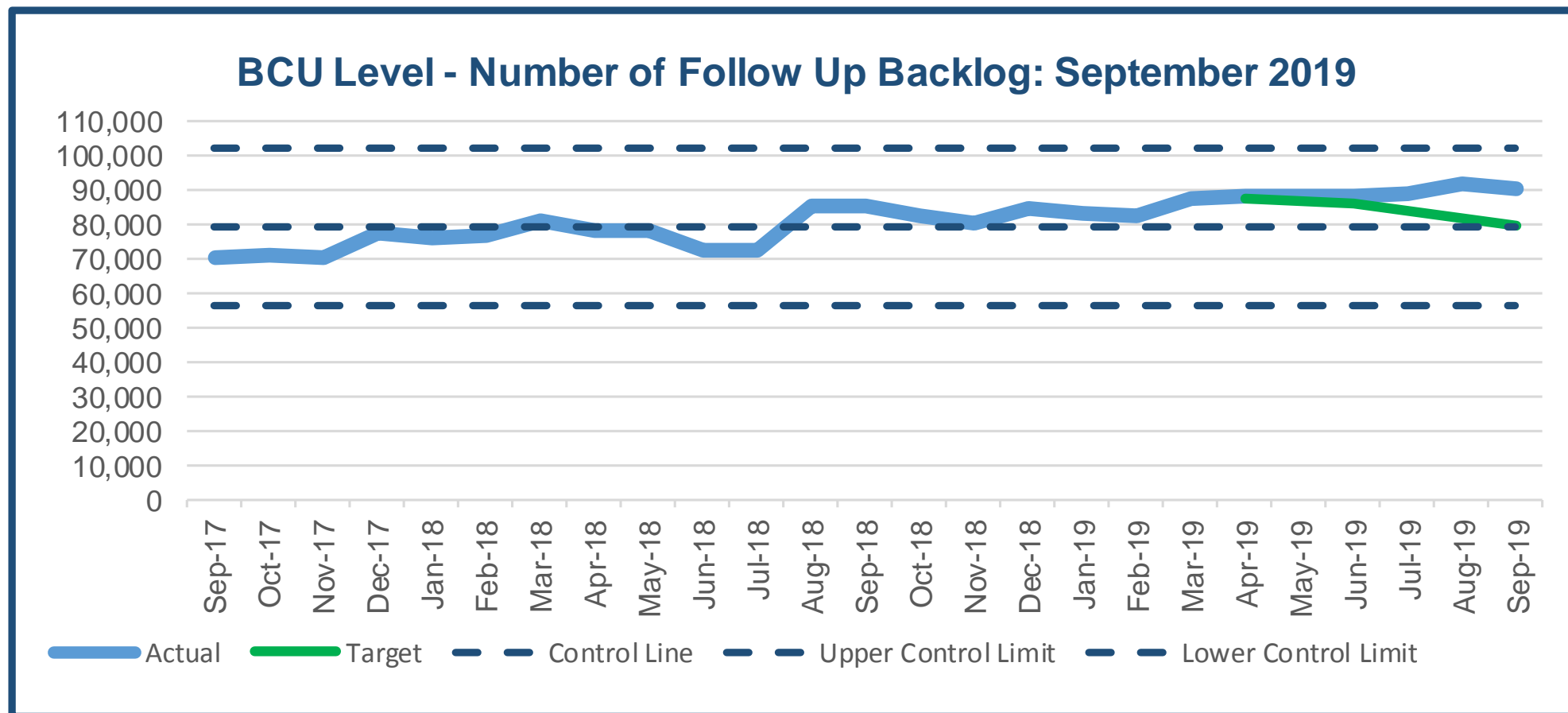
BCU Level - Cancer Waiting Times - 62 Day from Receipt of Referral - August 2019



Upper and Lower Controls changed from March 2018

Actions	Outcomes	Timeline
1. Prioritise endoscopy capacity for Urgent Suspected Cancer (USC) and other clinically urgent patients; provide additional capacity in-house and via insourcing	All USCs to be booked within 2 weeks	October 2019
2. Hold additional breast rapid access clinics; ensure patients offered transfer to alternative site if shorter wait to ensure equalised waiting times; 2 consultant breast radiologists to commence autumn 2019	All USCs to be seen within 3 weeks	November 2019
3. Agree urology surgery capacity plan for major surgery	All surgery within 31 days of decision to treat	January 2020
4. Track all patients on a USC pathway in order to ensure all delays are escalated and remedial action taken as appropriate	Continuation of backlog reduction to under 75 Improve 62 day performance to 90%	October 2019
5. Appoint tracking staff to ensure all patients tracked from point of suspicion	Improved single cancer pathway performance	January 2020

DFM 056	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities	Target ≤ 74,555	Plan ≤ 85,967	Sep-19	90,569	Status	↑	Wales Benchmark	6th	Executive Lead	Mags Barnaby	Committee	F&P	Plan Ref	AP024
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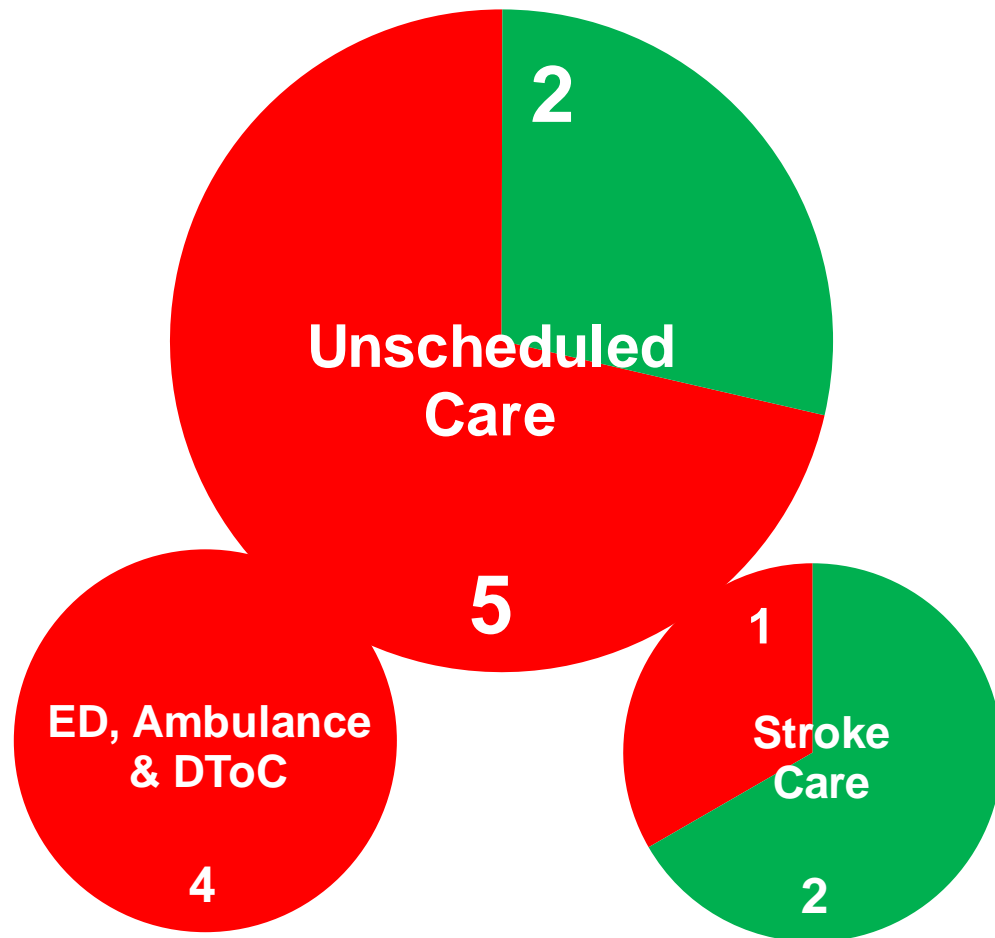


Actions	Outcomes	Timeline
1. Stable Glaucoma Monitoring – Virtual Clinic Ophthalmology Direct to Listing Pathway redesign	15% reduction on FU backlog	28 th February 2020
2. Cross site validation Rapid Improvement Week	Improved data quality. Reduction in WL by 5%	30 th November 2019
3. Training: assessment of organisational knowledge and Mainstream RTT training programme	Training programme in place to support RTT rules	31 st December 2019
4. Implementation of schemes to free up follow up capacity for services, e.g. Supported Discharge, virtual results review clinics	<ul style="list-style-type: none"> Virtual PROMs in Orthopaedics SoS in Rheumatology in the West FU backlog reduction by 15% 	31 st March 2020
5. External resource to validate FU backlog	FU backlog reduction by 15%	28 th February 2020

DFM 057	95% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for care or treatments	Target ≥ 95%	Plan AP	Sep-19	63.07%	Status	↓	Wales Benchmark	5th	Executive Lead	Mags Barnaby	Committee	F&P	Plan Ref	AP022
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Actions	Outcomes	Timeline
1. Glaucoma Pathway workshops completed (6 th and 19 th September)	Future pathway for Glaucoma patients agreed with all key stakeholder (Ophthalmologists; Orthoptists: Optometrists. ODT expansion plans to be in place October 2019 and expressions of interest from Community Optometrists to be sought during October to provide initial data gathering service for glaucoma patients and training of non-medical eye care professionals. Contributing to 15% reduction in overdue follow ups.	March 2020
2. Electronic Patient Record (EPR) and equipment update from Welsh Government and local equipment networking and networking audit completed by informatics	All Wales EPR programme progressing at pace with agreement to replace all essential equipment to enable EPR functionality. Humphries Field Assessment machines will be replaced and Lenovo workstations and high resolution screens will be installed in clinic rooms December 2019, EPR will facilitate shared care for glaucoma patients increasing the overall service capacity and contributing to reduction in follow up waits.	March 2020
3. All areas informed of additional funding available to enable R1 outpatient waiting list backlog reduction and process for developing schemes established.	All areas to submit details of schemes to reduce the R1 out patient waiting list backlog to Eoin Guerin/ Jill Newman. Schemes to commence November. Reducing follow up backlog in accordance with profile provided to secure funding.	March 2020
4. Eye Care Measures Local Groups established	West meeting took place 23 rd September; Central scheduled for 14 th October and next East meeting 24 th October. All areas will submit a highlight report for the November Eye Care Collaborative meeting 8 th November 2019, increasing governance and consistency in delivery of eye care measures across BCU.	October 2019
5. 9 delegates attended the Wales eye care planning event in Cardiff 20 th September to learn about tools being developed for Demand and Capacity Analysis for eye care measures.	Delegates included booking clerk; eye care sister; eye care manager; programme manager, pathway manager; optometry advisor; Director of Performance (Exec programme lead). Demand/ capacity modelling tools were explored and will be available in October for local teams to utilise to help demand and capacity modelling.	October 2019
6. Cataract Pathway –direct to listing	New referral refinement documentation standardised across BCU to enable direct to listing for new referrals from 1.10.19. Existing patients on new OPD list transfer to direct to listing October 2019 so as to release capacity in clinics for risk factor 1 patients. Contribute to 15% reduction in waiting list size.	October 2019

Chapter 3b: Summary



Compared to the previous report, of the 8 Measures in this chapter, performance has improved for 4, worse for 3 and 1 n/a.

Integrated Quality and Performance Report
Health Board Version

Operational Performance: Unscheduled Care 46

Measure	Status	(Target)	Plan
Emergency Department 4 Hour Waits (inc MIU)	71.63% ↓	>= 95%	>= 76%
Emergency Department 12 Hour Waits (ex MIU)	1,977 ↓	0	<= 990
Ambulance Handovers within 1 Hour	896 ↓	0	<= 120
Delayed Transfers of Care (DToC) Non Mental Health	87 ↑	Reduce	<= 32
Stroke Care: Admission within 4 Hours	61.40% ↑	>= 55.5%	>= 50%
Stroke Care: Review by consultant 24 Hours	85.70% ↑	>= 84%	>= 85%
Stroke Care: Speech & Language Therapy	59.00% ↓	Improve	AP
Stroke Care: 6 Month Follow Up Assessment	22.30% N/A	Improve	AP

September 2019

DFM 072 The 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

Target $\geq 95\%$
Plan $\geq 76\%$

Sep-19

71.63%

Status



Wales Benchmark

7th

Executive Lead

Deborah Carter

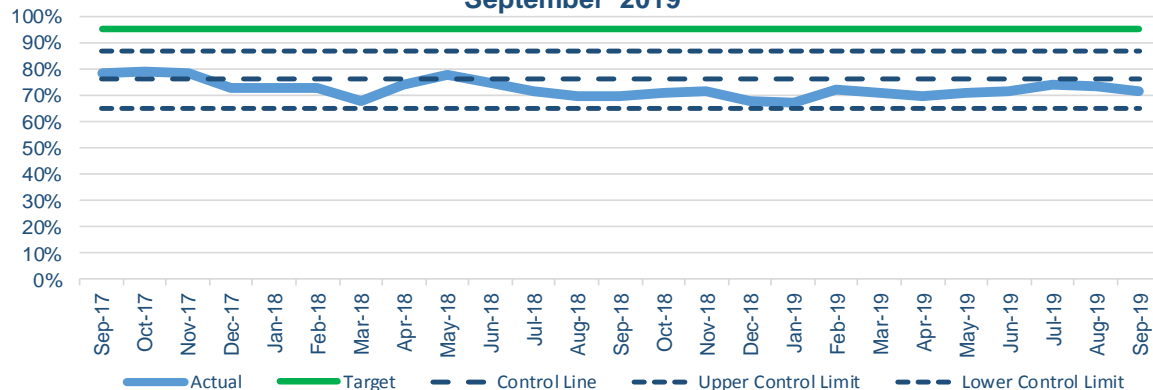
Committee

F&P

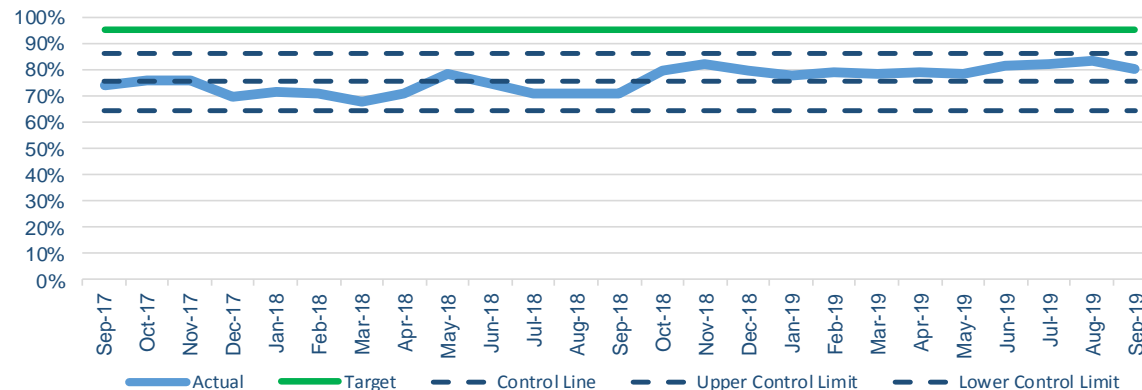
Plan Ref

AP033

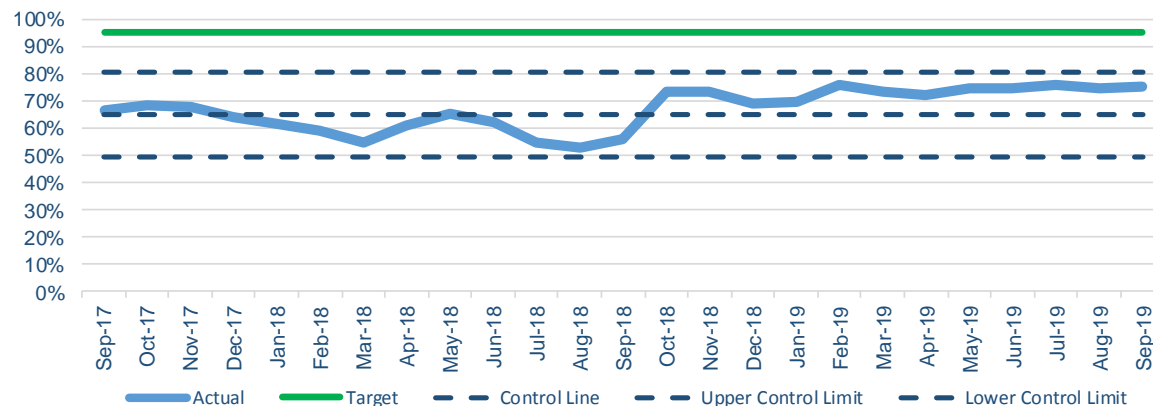
BCU Level - Emergency Department (inc MIU) 4 Hour Waits: September 2019



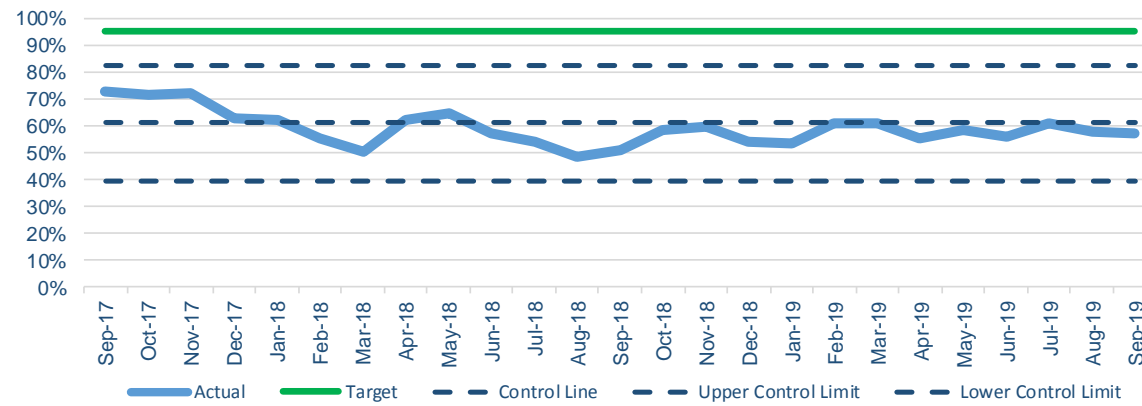
West - Emergency Department (inc MIU) 4 Hour Waits: September 2019



Central - Emergency Department (inc MIU) 4 Hour Waits: September 2019



East - Emergency Department (inc MIU) 4 Hour Waits: September 2019



Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Increased Out of Hours senior clinician presence in ED. 2. Costs embedded as part of the winter pressure bid.	Continued improvement in 4hr performance in line with trajectory.	October 2019
2. Breach validation embedded and developing to encompass speciality breach reviews and accountability	<ul style="list-style-type: none"> Identified improved performance on green breaches – Avg wait <200 minutes. Themes and trends identified to specific specialities with request for recovery plans. 	31/10/2019
3. Zero Tolerance on Green/Paediatric breaches.	<ul style="list-style-type: none"> Improved performance on green breaches. Trends identified for paediatric breaches with Training needs analysis for MIU staff. 	November 2019
Ysbyty Glan Clwyd:		
1. Changes to ED safety huddle format agreed and 'table-top' exercises with medical and nursing team leaders booked.	Performance stabilised above the average for the 5 th consecutive month and showed a 4% increase against last September	October 2019
2. Review minors flow, embedding nurse /ANP leadership, improving streaming, and focussing on non-admitted breach performance.	Will free up physical space to enable doctors to treat minors patients in a more timely manner. Improve minors breaches and 24/7 zero tolerance of minors breaches	December 2019
3. Review of ward administrator role to clarify and improve the focus on minors and non-admitted breach performance.	Improved non-admitted breach performance to under 60%.	November 2019
Ysbyty Wrexham Maelor:		
1. Improve number and skill mix of medical staff to support timely clinical decision making particularly 20:00 to 02:00 to reduce the backlog after midnight	Doctor wait for first clinical assessment on average at 1 hour and 2 hours maximum	December 2019
2. Continue to implement the ED 2 hourly safety huddle and the escalation plan to support the nurse and doctor in charge	Improved prevention of delays in ED and timely escalation to support flows	November 2019
3. Protect CDU for ED led care of non-admitted patients with Length of Stay <12 hours	Protected non-admitted assessment and treatment area in ED to reduce patient delays and therefore improve the 4 hour standard	November 2019

DFM 073 The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge

Target
0

Plan
≤ 990

Sep-19

1,977

Status



Wales Benchmark

7th

Executive Lead

Deborah Carter

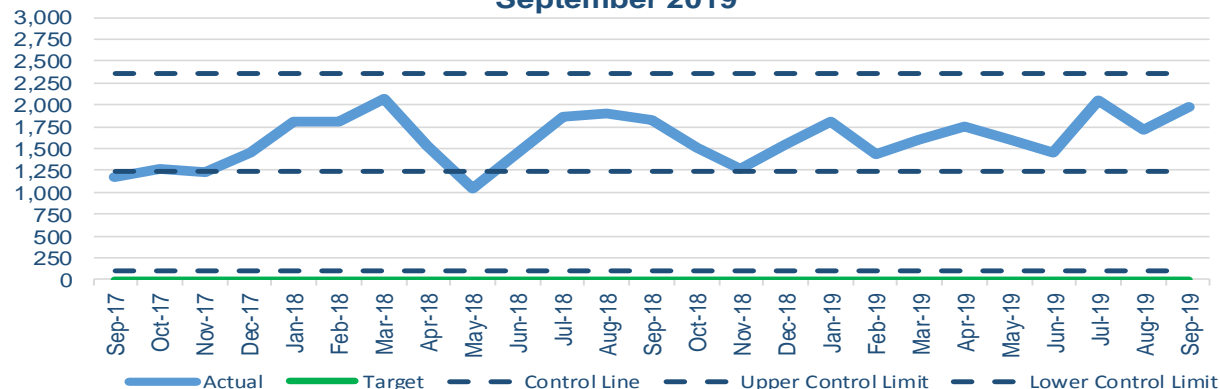
Committee

F&P

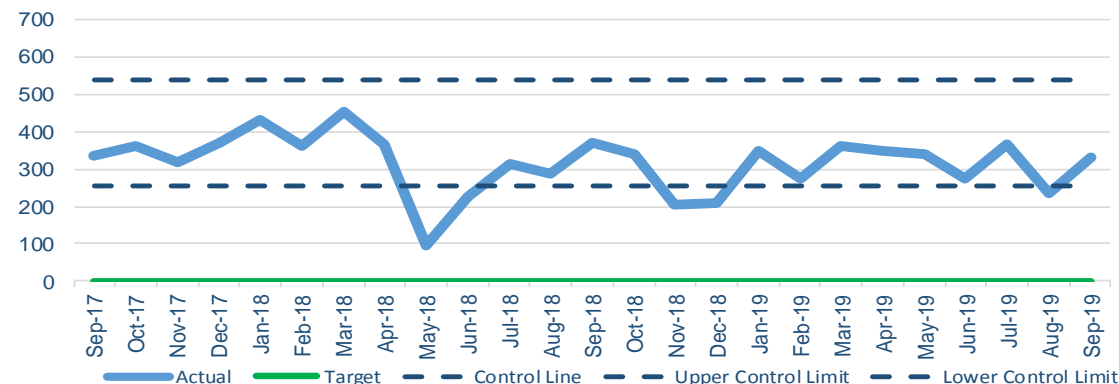
Plan Ref

AP033

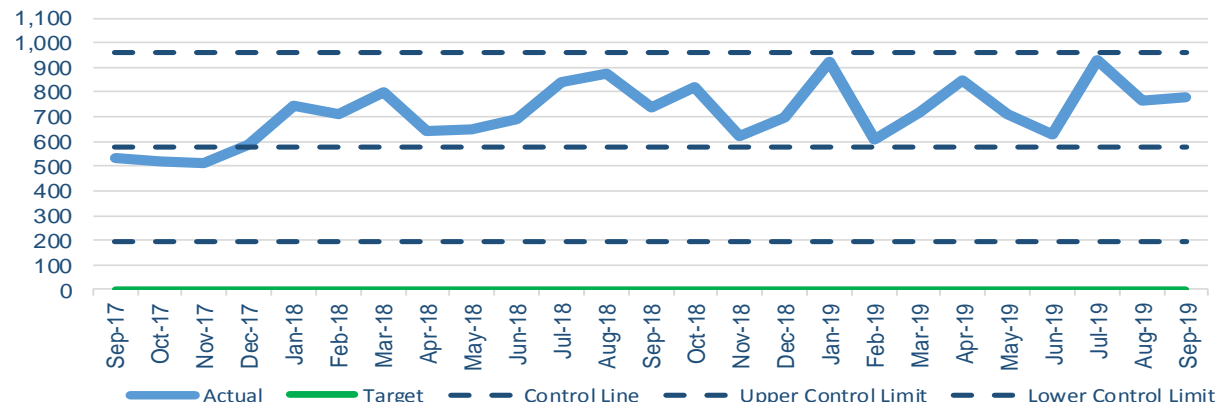
BCU Level - Emergency Department 12 Hour Waits: September 2019



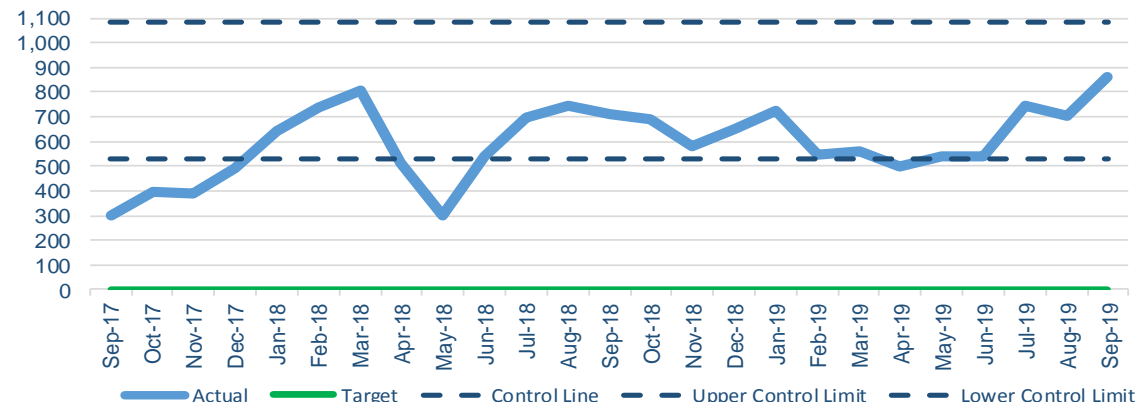
West - Emergency Department 12 Hour Waits: September 2019



Central - Emergency Department 12 Hour Waits: September 2019



East - Emergency Department 12 Hour Waits: September 2019



Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Process embedded for escalation resulting in a slight reduction in 12hr breaches in comparison to Sept 2018. Plan to embed RCA process for all 12hr breaches.	Reduction in the number of 12hr breaches	November 2019
2. Motion time study planned to identify lost hours in the patient journey in relation to handing over.	<ul style="list-style-type: none"> Lost hours due to delays. Staff required for transfers. Improved SBAR process on handovers.. 	October 2019
3. 24hr Breaches still being classed as never events requiring a full Root Cause Analysis (RCA)	Ongoing reduction in 24hr breaches. RCA for the 5 in August demonstrated 4/5 were due to Mental Health (MH) Bed delays. Month of September demonstrated 10/19 were due to MH, 4 End of Life (EoL) patients with 5 due to specialities delays. Action to continue with planned improvement and embed as part of the 12 hr process from October 2019	Ongoing
Ysbyty Glan Clwyd:		
1. Reverse boarding now happens as standard against predicted discharges on agreed wards every morning.	12hr breaches reduced for the 2 nd consecutive month.	Ongoing
2. A different approach to 'queuing in' to be agreed with Welsh Ambulance Service NHS Trust (WAST), a dedicated team to support cohorting. Work is progressing to implement an additional area in Recovery 1, bringing a 'queueing out' of ED approach to the site.	Decompression of ED, consistently providing earlier flow and reducing crowding.	December 2019
3. There has been a review of our site wide Escalation Framework and site coordination across BCU, revised arrangements to be confirmed this month .	Clearer processes for escalation and de-escalation, with ED being the final point of escalation as opposed to the first.	November 2019
Ysbyty Wrexham Maelor:		
1. Implement the acute Floor reconfiguration for medicine integrating Rapid Assessment, Ambulatory Emergency Care, Frailty and Short Stay across 57 spaces	Improved flow for medical patients from ED managed in a timely manner within the right environment reducing the 12 hour wait time for the largest take	November 2019
2. Implement SAFER/SORT on the wards led by the Medical Director	Evident use of SAFER/SORT on the wards with clear and improved discharge profile supported by timely Predicted Date of Discharge	December 2019
3. Improve discharges to the community and Local authority services – current Medically Fit For Discharge (MFFD) number at 78 patients. This stream is managed through outflow work led by the Directors of Nursing from YMW and East area	Reduce MFFD down to 20 as a milestone and extended LoS >21 to 40. This will create improved back end flows and space for acute admissions on the specialty wards to support the Acute Floor Model	December 2019

DFM
071

Number of ambulance handovers over one hour

Target
0

Plan
≤ 120

Sep-19

896

Status



Wales
Benchmark

5th

Executive
Lead

Deborah
Carter

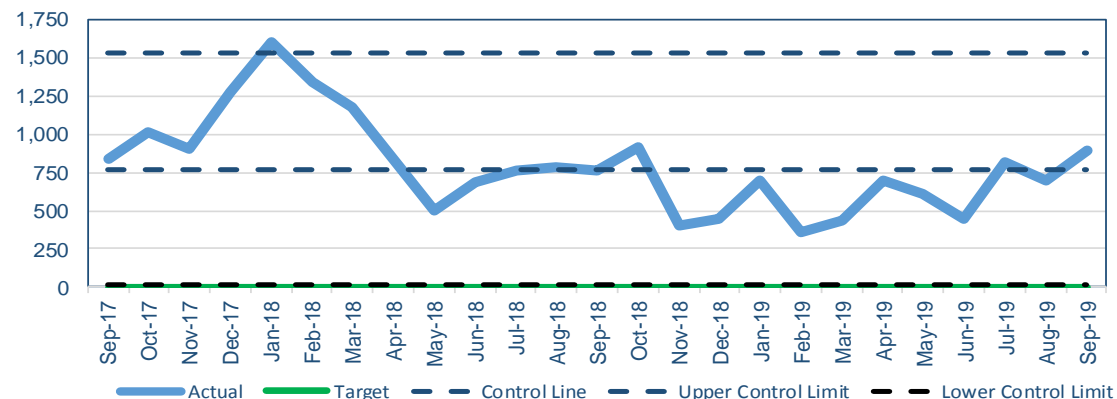
Committee

F&P

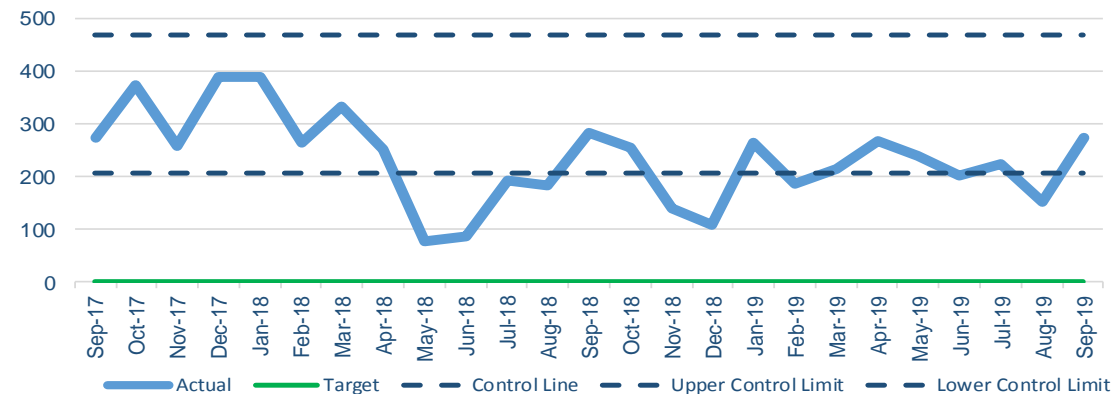
Plan
Ref

AP029

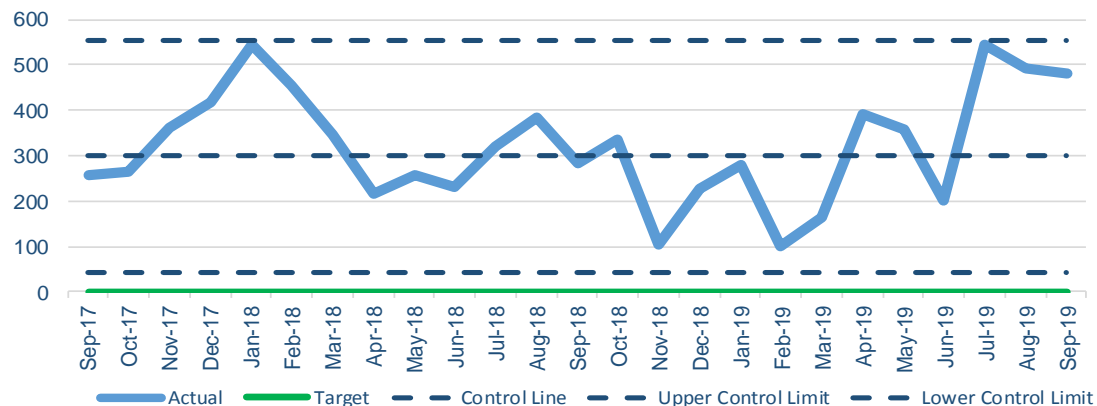
BCU Level - Ambulance Handovers over 1 Hour: September 2019



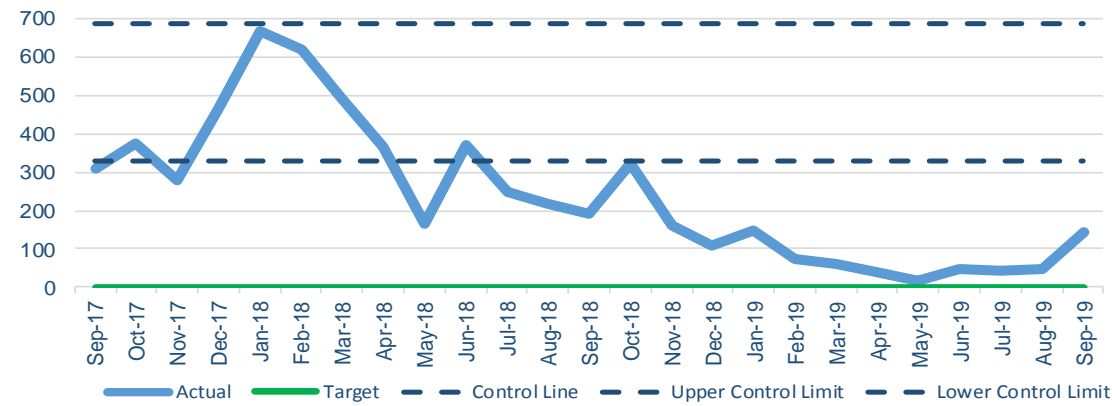
West - Ambulance Handovers over 1 Hour: September 2019



Central - Ambulance Handovers over 1 Hour: September 2019

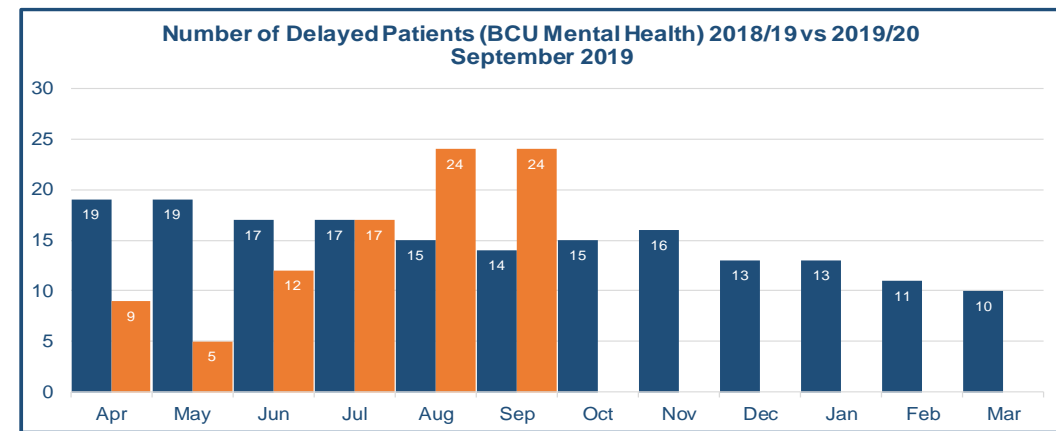
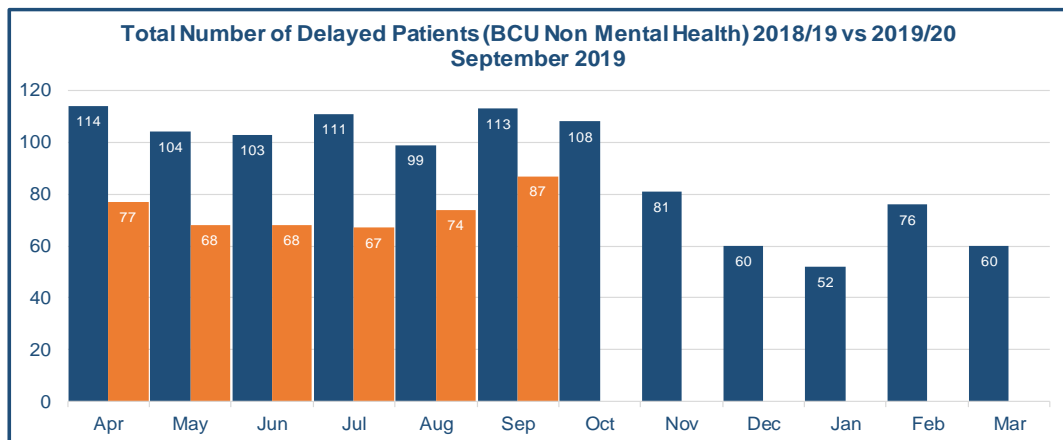
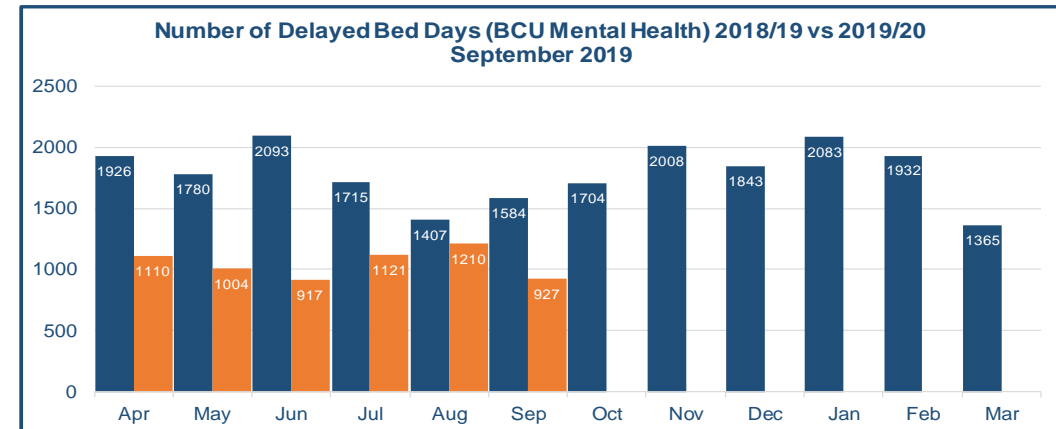
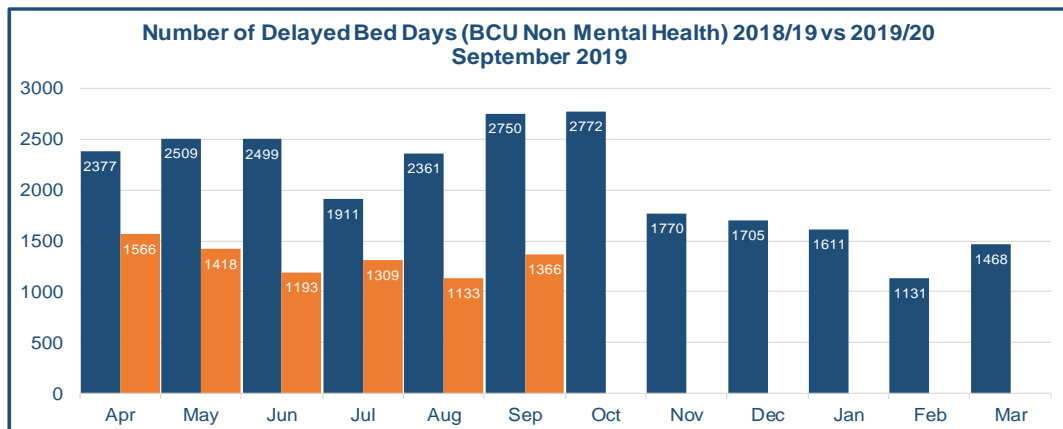


East - Ambulance Handovers over 1 Hour: September 2019

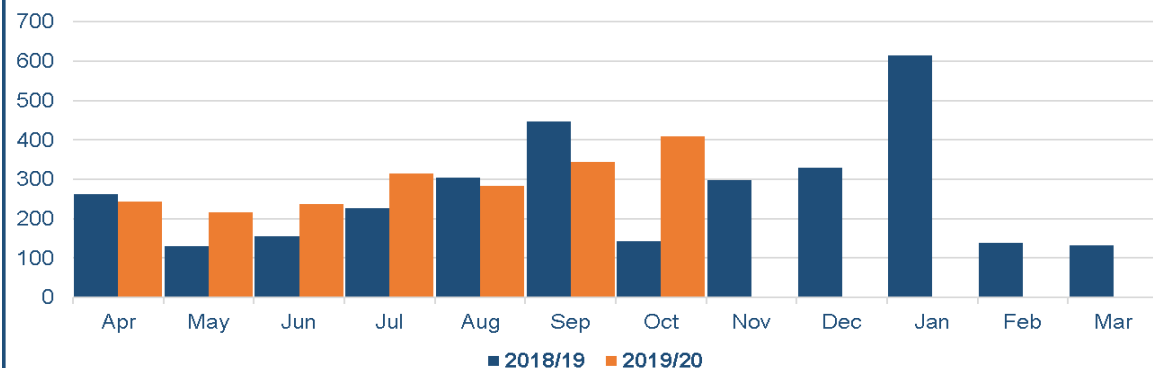


Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
<ul style="list-style-type: none"> • SBAR completed for full diverts with Risk assessment. 	<ul style="list-style-type: none"> • Review of inconsistencies with ambulance diverts / Soft border diverts. 	December 2019
2. Audit/Review of all immediate release requests	<ul style="list-style-type: none"> • Audit of immediate release requests have identified patterns that are being shared with WAST. • On going work with WAST to support requests to ensure patient safety 	October 2019
3. Zero tolerance in Delays >60Min	<ul style="list-style-type: none"> • Escalation process for ambulance delays created and with USC group for ratification with WAST support. 	November 2019
Ysbyty Glan Clwyd:		
1. The revised START SOP was approved as part of the governance structure following the test and learn period.	Greater consistency of process, maximising the value of the Consultant input across each of the START elements, and improvements in handovers inside 15 minutes.	November 2019
2. Additional handover screens approved for implementation in early October and work agreed with Estates.	Improved processes for timely recording of handover at time of clinical handover, and greater accuracy of recording.	October 2019
3. Evaluation of SBAR Handover close to completion with WAST colleagues.	Improved transfer of clinical information ensuring patient safety is improved.	October 2019
Ysbyty Wrexham Maelor:		
1. Maintain the current ambulance handover times as a minimum and improve on the handover process with WAST	Sustain current performance and eliminate over 60 minute waits	February 2020

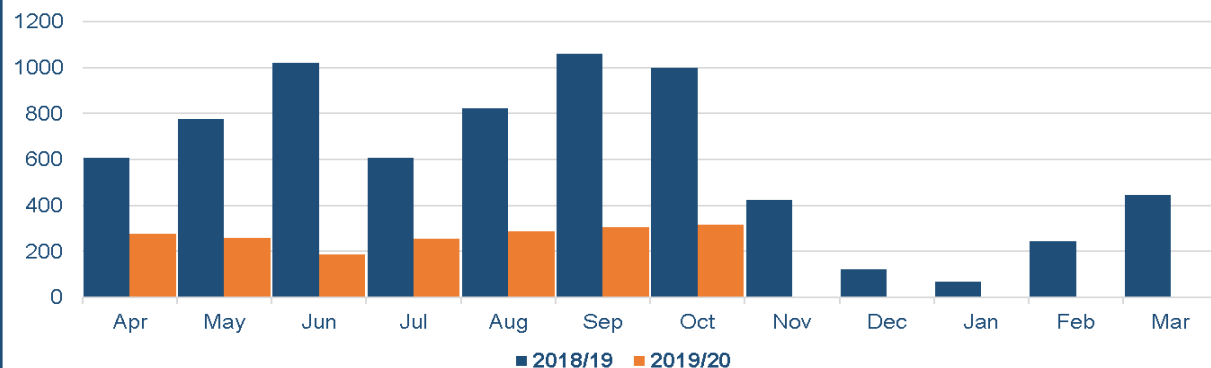
DFM 026	Number of health board non mental health delayed transfer of care	Target Reduce	Plan <= 32	Sep-19	87	Status	Wales Benchmark	6th	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP037
DFM 025	Number of health board mental health delayed transfer of care	Target Reduce	Plan <= 12	Sep-19	17	Status	Wales Benchmark	7th	Executive Lead	Andy Roach	Committee	F&P	Plan Ref	AP031



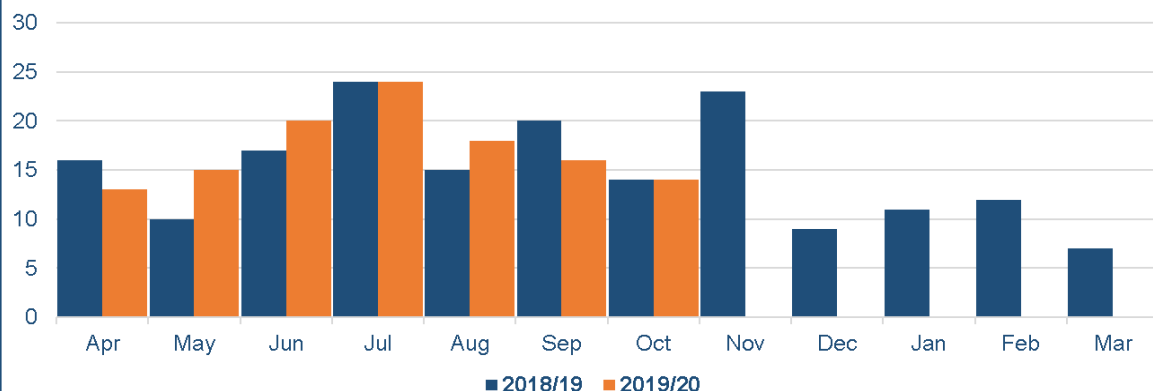
Total Number of Delayed Bed Days (Anglesey)
2018/19 vs 2019/20
October 2019



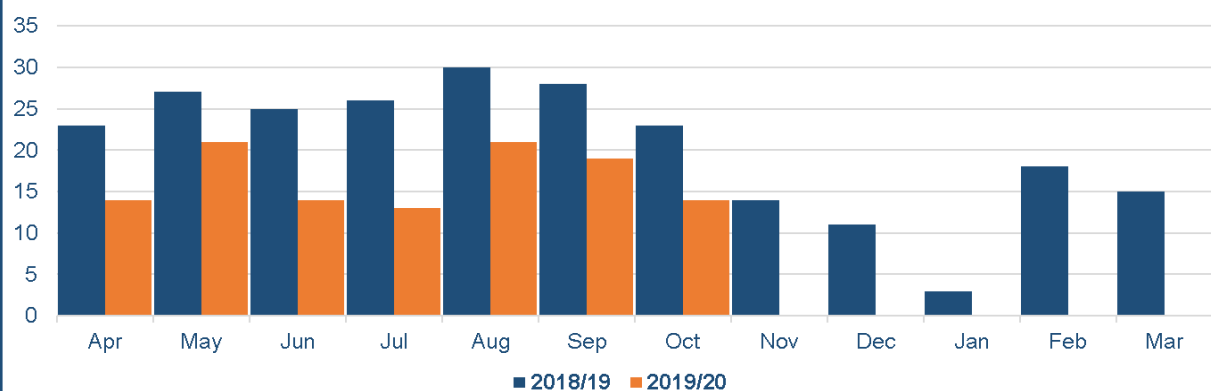
Number of Delayed Bed Days (Gwynedd)
2018/19 vs 2019/20
October 2019

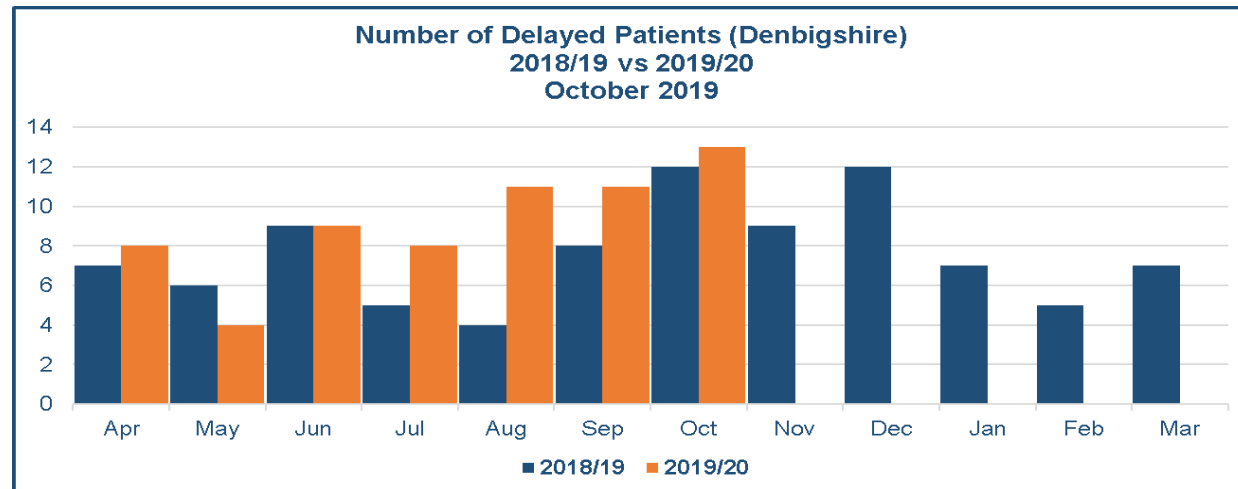
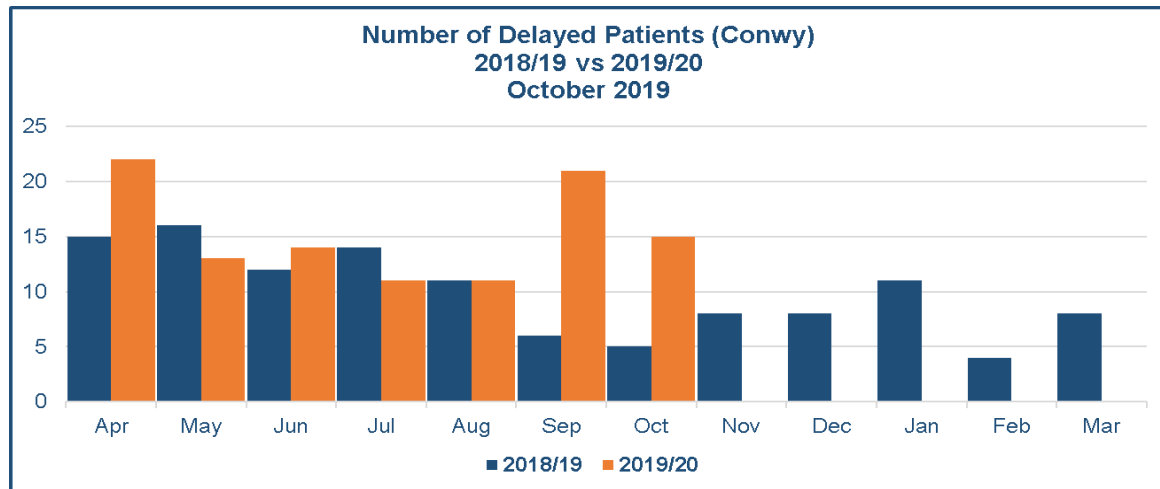
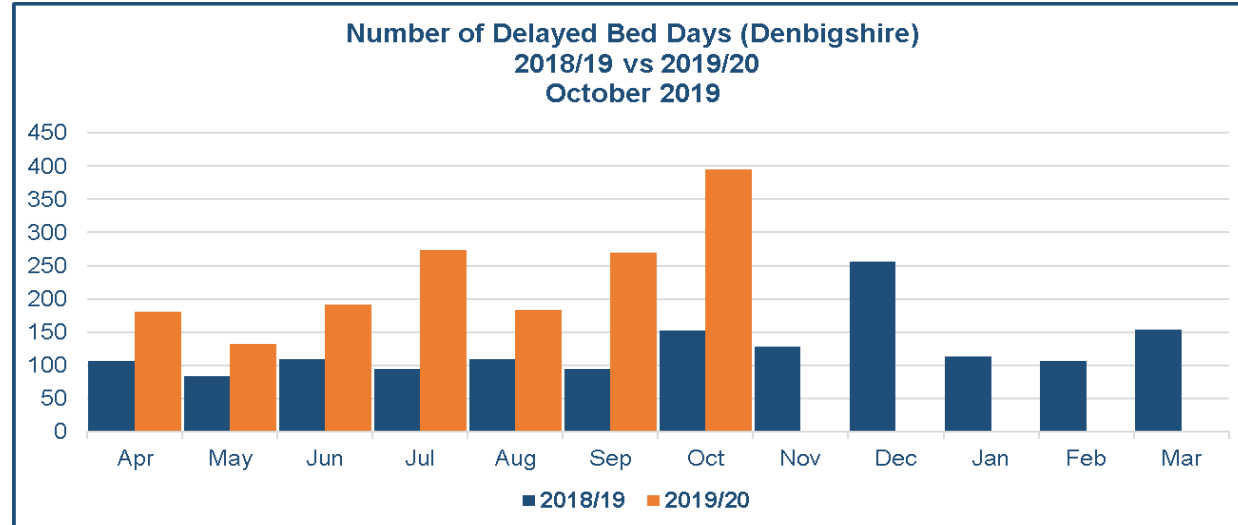
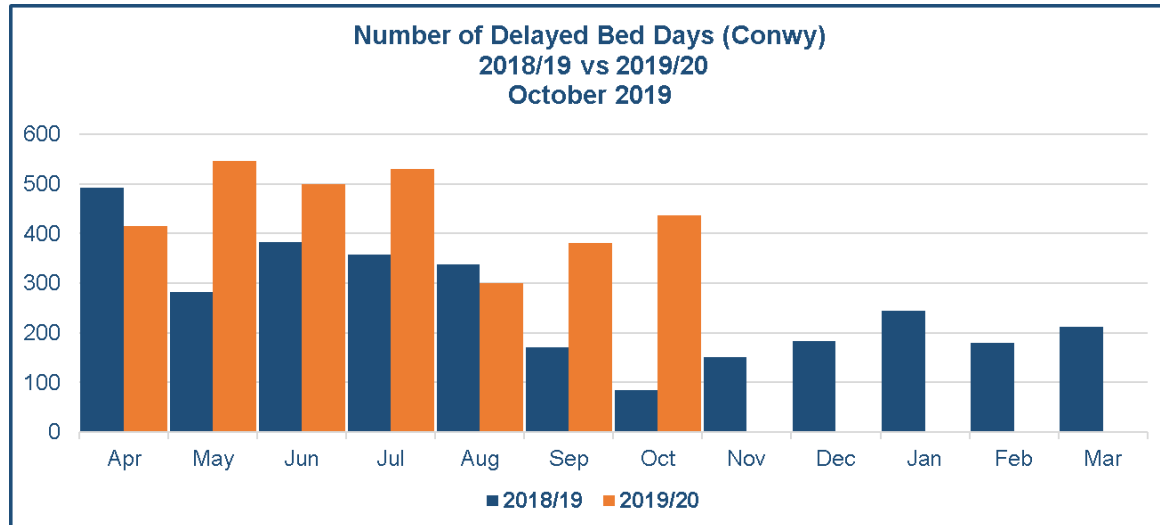


Total Number of Delayed Patients (Anglesey)
2018/19 vs 2019/20
October 2019

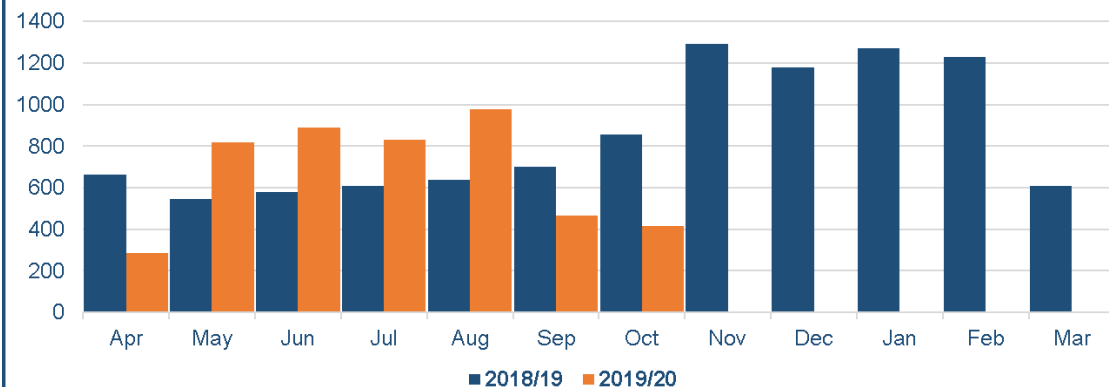


Total Number of Delayed Patients (Gwynedd)
2018/19 vs 2019/20
October 2019

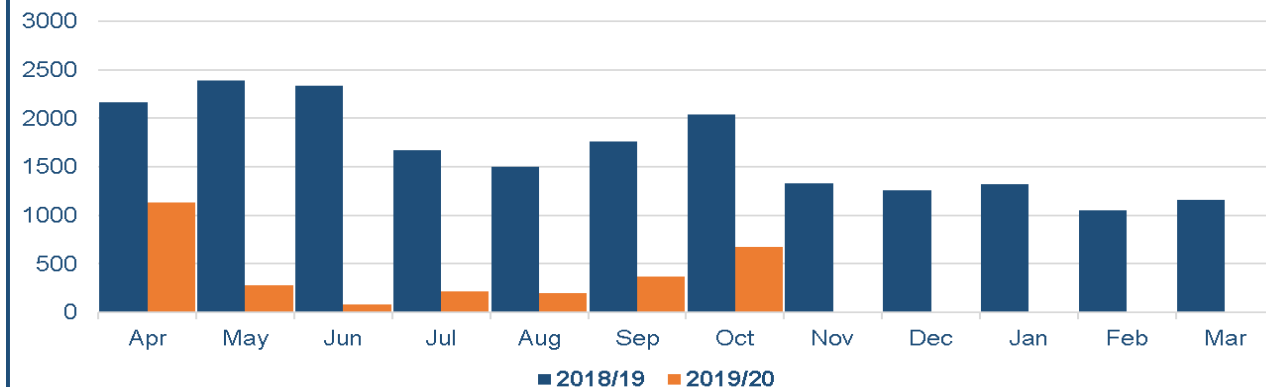




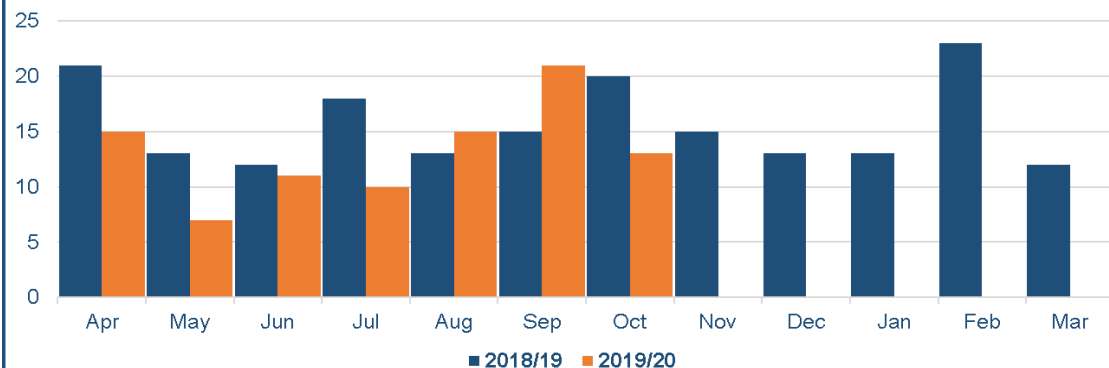
Number of Delayed Bed Days (Flintshire)
2018/19 vs 2019/20
October 2019



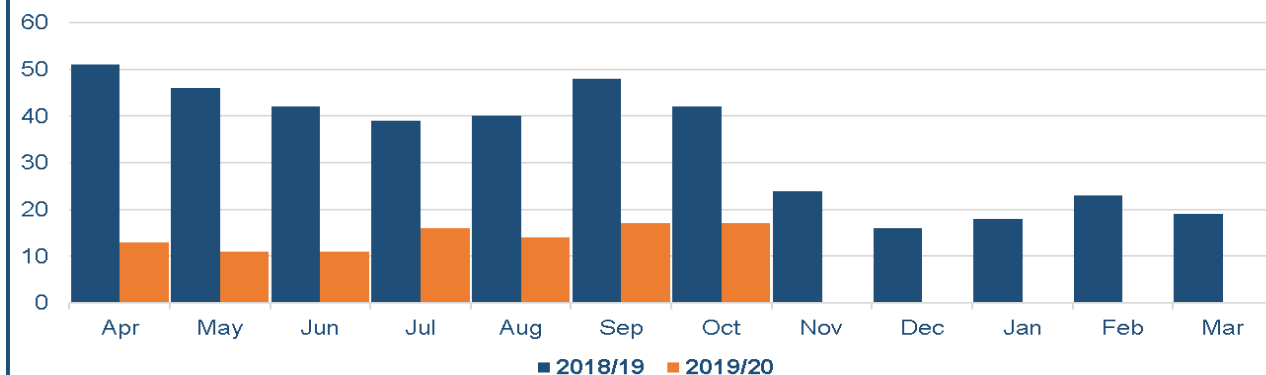
Number of Delayed Bed Days (Wrexham)
2018/19 vs 2019/20
October 2019



Number of Delayed Patients (Flintshire)
2018/19 vs 2019/20
October 2019



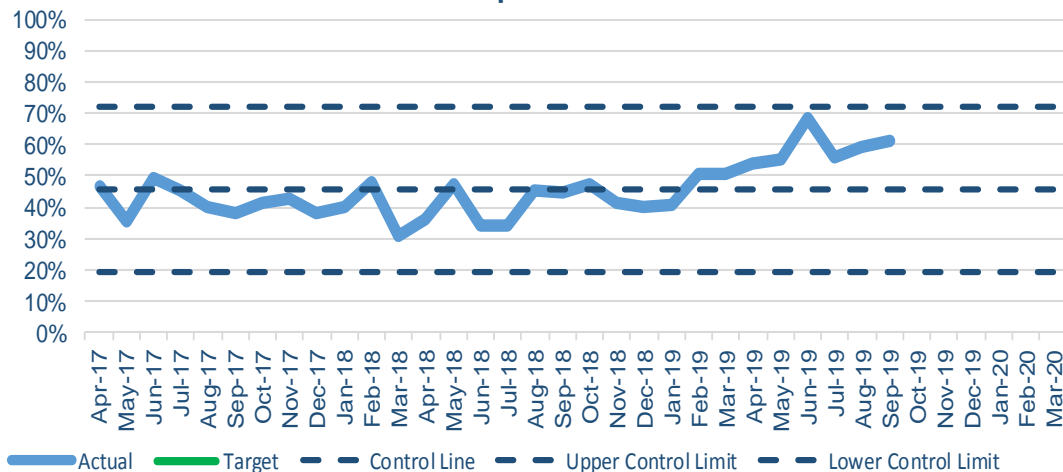
Number of Delayed Patients (Wrexham)
2018/19 vs 2019/20
October 2019



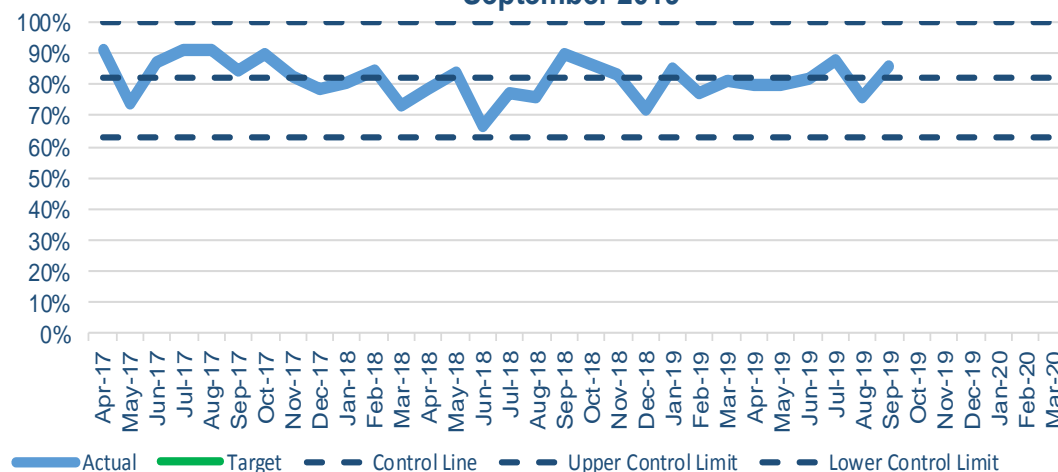
Actions	Outcomes	Timeline
1. Patients waiting placements, no Elderly Mentally Infirm (EMI) Nursing Bed restricted General/EMI Residential placements availability	Medically Fit for Discharges are continuing weekly across all sites with an increase to Daily on the acute site with Social Services present . Long Stay Wednesday commenced in the acute where Health and Local Authority (LA) review and seek to reduce the numbers of long stay patients (length of stay 21days plus) Long Stay Tuesday commenced in the Community Hospitals	On going Joint working with Local Authority management to seek solutions to current issues identified
2. Patients waiting for Package of Care via re-ablement, capacity issues.	Health HCSW in the Dwyfor /Meirionydd area to facilitate hospital discharge (West) Review of Community Resource Team (CRT) capacity to support more patients utilizing generic workers (East) Ward Multi Disciplinary Team to identify lead clinician for each patient to ensure discharge needs are same and liaise with appropriate CRT to ensure that all non-traditional care pathways have been considered (Centre)	On going Joint working with Local Authority management to seek solutions to current issues identified
3.Closure of 2 care homes in Flintshire and Wrexham have impacted on the availability of beds thereby impacting of system flow	Close Liaison with LAs to review current care home capacity	On going Joint working with Local Authority management to seek solutions to current issues identified

DFM 066	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours of the patient's clock start time	Target $\geq 55.5\%$	Plan $\geq 50\%$	Sep-19	61.40%	Status	Wales Benchmark	2nd	Executive Lead	David Fearnley	Committee	F&P	Plan Ref	AP038
DFM 067	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Target $\geq 84\%$	Plan $\geq 85\%$	Sep-19	85.70%	Status	Wales Benchmark	4th	Executive Lead	David Fearnley	Committee	F&P	Plan Ref	AP038
DFM 068	Percentage of stroke patients receiving the required minutes for speech and language therapy	Target Improve	Plan AP	Sep-19	59.00%	Status	Wales Benchmark	1st	Executive Lead	David Fearnley	Committee	F&P	Plan Ref	AP038
DFM 069	Percentage of stroke patients who receive a 6 month follow up assessment	Target Improve	Plan AP	Qtr 1 19/20	22.30%	Status N/A	Wales Benchmark	N/D	Executive Lead	David Fearnley	Committee	F&P	Plan Ref	AP038

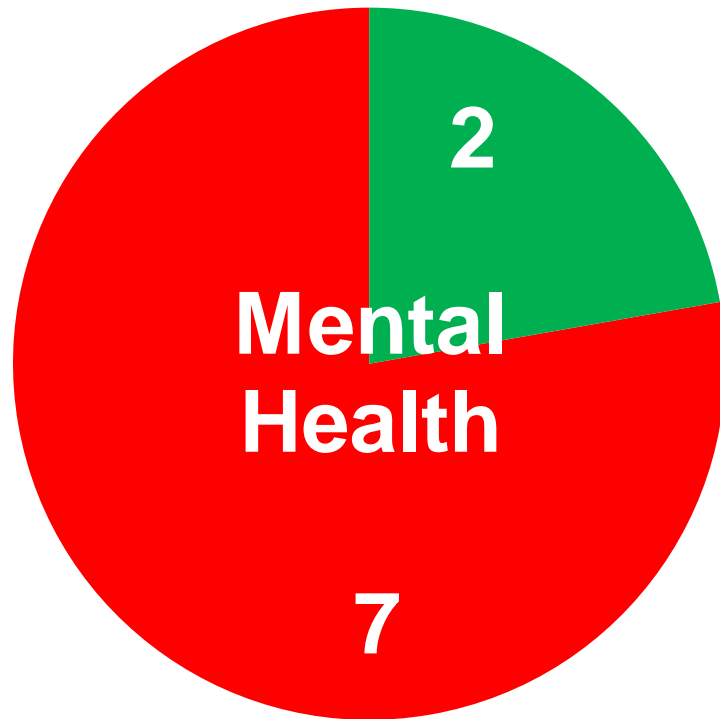
BCU Level - Stroke Care - Admissions within 4 Hours: September 2019



BCU Level - Stroke Care - Consultant Assessed within 24 Hours: September 2019



Actions	Outcomes	Timeline
<p>1. Performance to Acute Stroke unit (ASU) continues above target but slight deterioration in Ysbyty Gwynedd (YG) and Ysbyty Glan Clwyd (YGC) in month with improvement in Wrexham (WMH). Q1 Sentinel Stroke National Audit Program (SSNAP) scores have seen and improvement in the Domain scores from D to C in WMH and YGC and from E to D at YG. Continue to highlight need to retain 2 ring fenced beds at Safety Huddles/bed meetings and with Site Management Teams. All wards to agree list of patients at daily Board rounds appropriate to outlie if required to create Stroke beds and Ward Sisters/Matron/Stroke Coordinators/Ops Teams to focus on ensuring beds available. Awareness sessions in ED to continue to highlight need for early referral to Stroke Team</p>	Improved compliance against the 4 hour Standard and the SSNAP Scores	Immediate with daily Safety Huddles and bed meetings. ED awareness ongoing month on month.
<p>2. 11% improvement in month at all 3 Sites. Q1 SSNAP scores saw level B retained at YG and YGC and improvement to Level C in East. Performance will fluctuate each month due to no 7 day Consultant ward rounds. Target only met at weekends when Stroke Consultants are On Call for General Medicine. Options paper for implementation of virtual weekend ward rounds has been submitted to Secondary Care and Area Teams for discussion but this is not achievable without an increase in the number of Consultants on the Stroke OOH rota and an adjustment to their commitment to the GIM On Call rotas. Adjustment has been made in East but not agreed in West and Centre. Remote access for reviewing of patients and images from home is now being funded by Area Teams</p>	Greater compliance with the Standard if adjustments made to GIM rotas and remote access in place. Without agreement, rota is not sustainable. Short Term agreement for October rota but there will be no or significantly reduced OOH Service from November unless solution is reached	Options paper submitted, discussions continue in September.
<p>3. Deep dive of performance for East in September and October as this is where the performance is lowest. Comparison of staffing and processes across BCU September and investigating possibility of independent review of processes in NW.</p>	Understanding of reasons for low performance in East and options for improvement.	September and October 2019
<p>4. Additional clinics to be run from September in East to support clearance of backlog which was due to vacancies. Stroke Association to undertake additional weekly clinic to support from September for 3 months and then review if need to extend. However, further sickness in the Team will slow the improvement timeline down. Stroke Association are now working to same model in West and Centre supporting the reviews as in East</p>	Reduction in backlog and greater compliance with standard	Additional clinics from September. In East Process review for West and Centre in September



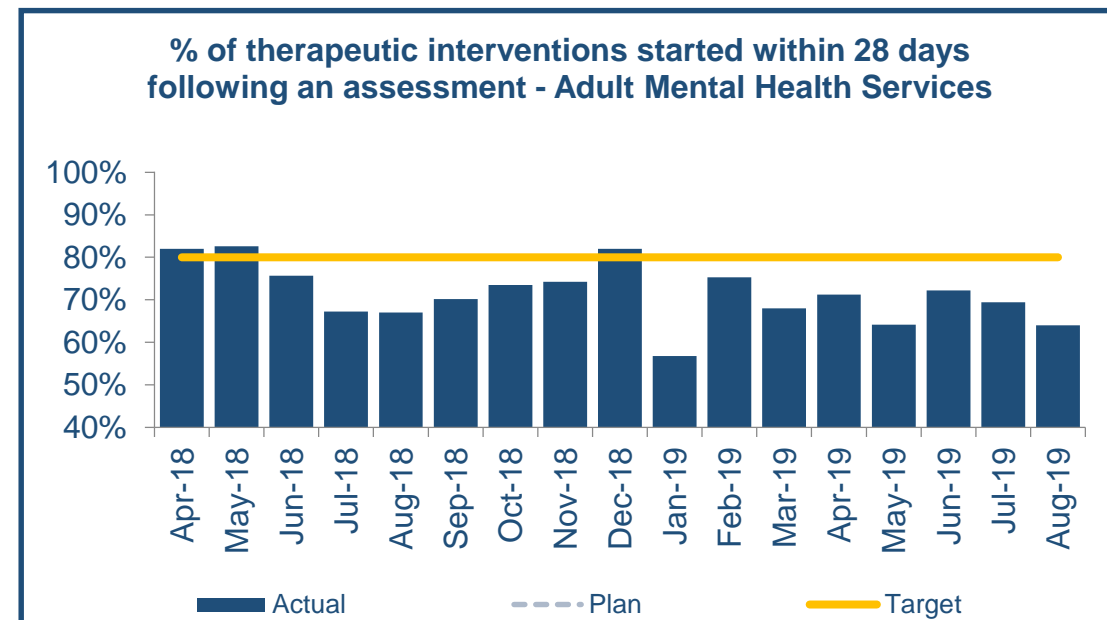
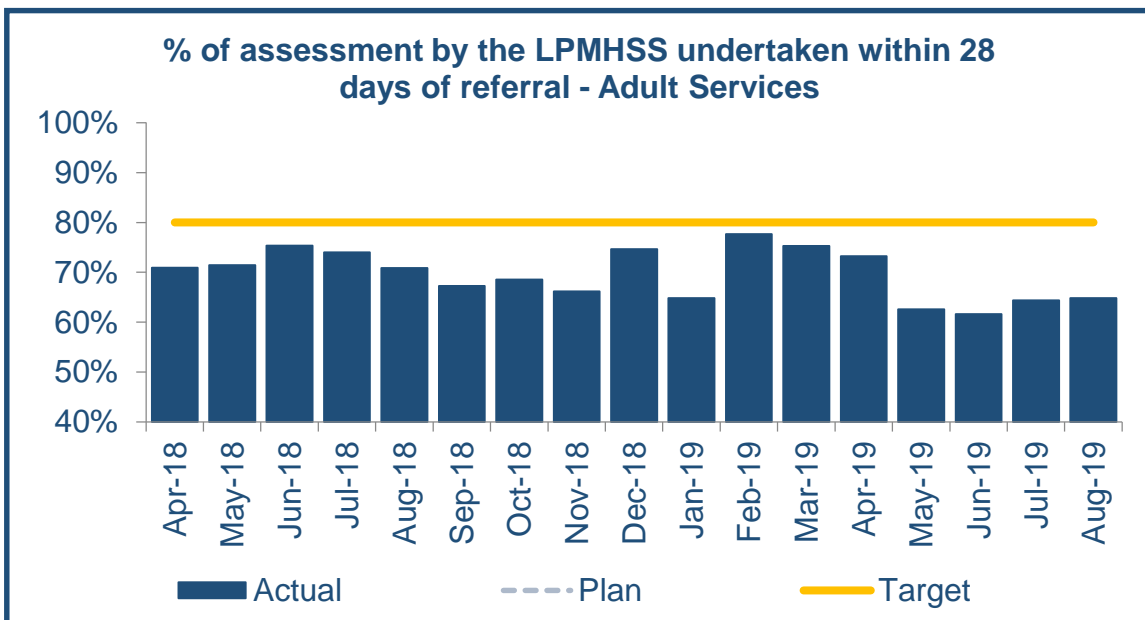
Measure	Status	(Target)	Plan
Delayed Transfers of Care (DToC) Mental Health	17	↑	Reduce ≤ 12
MHM1a - Assessments within 28 Days (Combined)	65.80%	↓	≥ 80% *
MHM1b - Therapy within 28 Days (Combined)	66.80%	↓	≥ 80% *
MHM1a - Assessments within 28 Days (Adult)	64.80%	↑	≥ 80% ≥ 72%
MHM1b - Therapy within 28 Days (Adult)	64%	↓	≥ 80% ≥ 68%
MHM1a - Assessments within 28 Days (CAMHS)	75.80%	↓	≥ 80% 0.8
MHM1b - Therapy within 28 Days (CAMHS)	79.00%	↑	≥ 80% 80%
MHM2 - Care & Treatment Plans (CTP)	91.60%	↑	≥ 90% ≥ 89%
MHM3 - Copy of agreed plan within 10 Days	100%	→	100% 100%

Of the 9 Measures in this chapter, performance is worse for 3, improved for 5, and remained static for 1

Integrated Quality and Performance Report
Health Board Version

August 2019

LM06 0a	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Adult)	Target ≥ 80%	Plan ≥ 72%	Aug-19	64.80%	Status	↑	Wales Benchmark	N/A	Executive Lead	Andy Roach	Committee	QSE	Plan Ref	AP027
LM06 1a	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (Adult)	Target ≥ 80%	Plan ≥ 68%	Aug-19	64.00%	Status	↓	Wales Benchmark	N/A	Executive Lead	Andy Roach	Committee	QSE	Plan Ref	AP027

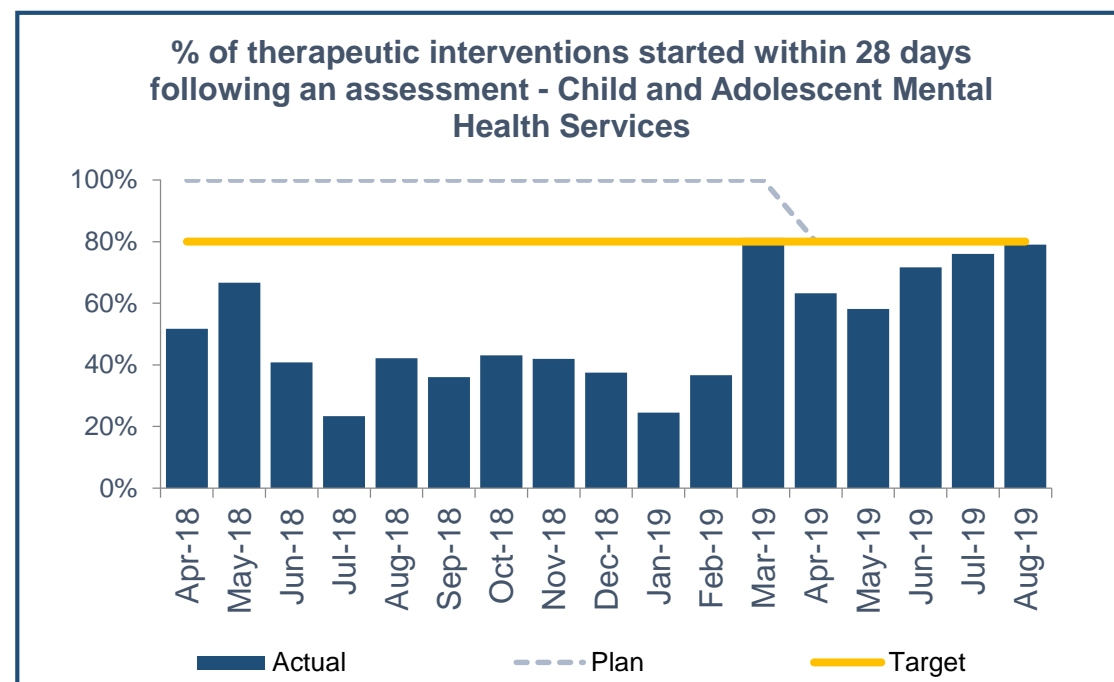
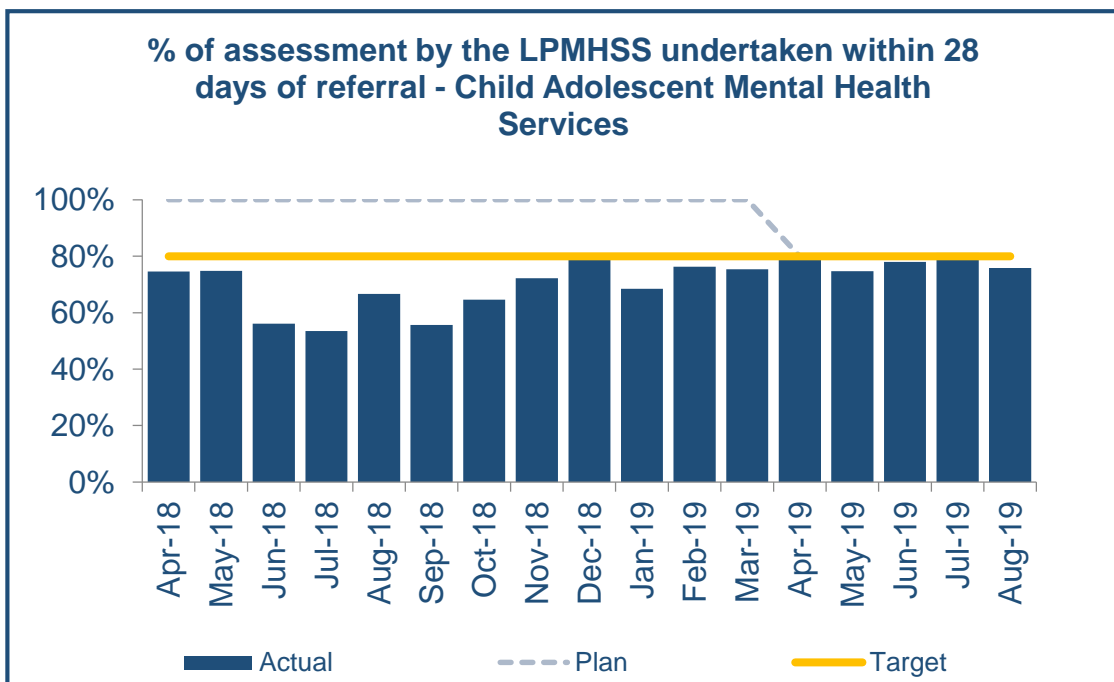


Why we are where we are: The MHLD Division continues to work on achieving the target across all teams, however, high referral rates, sickness and recruitment to vacancies continues to impact on delivery. The recent deep dive analysis has highlighted that a large percentage of patients are assessed and discharged with advice, information or signposting elsewhere, in some teams this is over 60%. The solution to target achievement is a complete service transformation for this identified group which is currently been worked through via the strategy implementation.

The Division is benchmarking nationally against Can Not Attend (CNA's) & Do Not Attend (DNA's) to ensure we are offering a fair and consistent service within Primary Care in line with guidance and national standards.

Actions	Outcomes	Timeline
1. Patients 'treated in turn' has been widely adopted which has had a negative impact on performance but, is clinically the right action for patients.	Proactive management of caseload to ensure patients are seen as quickly as possible. Improved quality and safety.	Backlog and waiting list trajectory to clear March 2020
2. Timely weekly reporting direct to area teams and a weekly 'deep dive' analysis to focus on potential breaches. We have also standardised intervention outcomes & reporting. Thus, ensuring Can Not Attend (CAN) & Do not attend (DNA) are accurately and timely recorded.	Correct & validated information ensuring Teams are timely informed and engaged and also can implement any remedial actions quickly.	Current and ongoing action
3. Mental Health Measure (MHM) Lead(s) are supporting areas to increase focus and traction on specific issues and action plans. We have closer monitoring & scrutiny of referral activity which also informs the weekly targeted intervention meetings.	Correct & validated information. Teams timely informed and engaged.	The solution to target achievement is a complete service transformation which is currently being worked through via the strategy implementation.
4. We have undertaken piloting Threshold Assessment Grids (TAG), are holding weekend & additional clinics and have strongly focused on recruitment and workforce issues such as: <ul style="list-style-type: none"> 'Support Time and Recovery' workers are now working through the interventions backlog Secured additional funding for extra posts Clinical & Social care staff deployed to focus on areas performing below target 	Skilled workforce deployed to improve activity and compliance and provide a community asset based approach which supports earlier intervention and GP based consultations.	Compliance with part 1a and 1b profiled for April 2020
5. Increased Senior Manager focus to lead a Focus Group to address performance and continually develop and implement the agreed Divisional and local action plans and to provide leadership to improve targets.	Developed and implemented action plans to improve performance against 80% target.	The solution to target achievement is a complete service transformation for this identified group which is being worked through via strategy implementation.

LM06 0b	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (CAMHS)	Target ≥ 80%	Plan 80%	Aug-19	75.80%	Status	↓	Wales Benchmark	N/A	Executive Lead	Chris Stockport	Committee	QSE	Plan Ref	AP027
LM06 1b	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (CAMHS)	Target ≥ 80%	Plan 80%	Aug-19	79.00%	Status	↑	Wales Benchmark	N/A	Executive Lead	Chris Stockport	Committee	QSE	Plan Ref	AP027



Why we are where we are: Performance on both measures has improved and it is pleasing to confirm that the assessed patients were seen within 28 days of referral, and for the third month on the run children and young people commencing treatment within 28 days of assessment improved and is now approaching the national target. Work has also been completed on the overall CAMHS waiting return. Funding has been received from Welsh Government to further improve access times for CAMHS

Actions	Outcomes	Timeline
1. Recruitment of staff across teams following successful bid for Mental Health Service Improvement funding	Development of Early Intervention teams and enhancement of core service to deliver Part 1 targets	Staff in post February 2020
2. Recruitment of CAMHS Practitioners in GP Clusters following successful bid for Mental Health Service Improvement funding	CAMHS Practitioner based in each GP Cluster to provide support and advice to manage demand appropriately	Staff in post in February 2020
3. Refresh and submission of CAMHS Crisis Service Bid to Welsh Government	Additional funding for crisis services will allow for increased access to crisis services out of hours and reduce requirement for admissions to Paediatric Wards	Staff in post in March 2020 dependent on successful outcome
4. Action plan to be developed for CAMHS services following receipt of final report from Delivery Unit	Clarity of Primary/Secondary Care thresholds/improved record keeping/improved communication with GPs	Full action plan to be completed by March 2020
5. Weekly meetings held across the teams to assess demand and review capacity available in form of core staff availability, additional hours, bank and agency staff.	Understanding of current demands levels and capacity available to meet, identifying any gaps/anticipated breaches	Ongoing



Measure	Status	(Target)	Plan
% GP practices open between 17:00 and 18:30	80.00%	↓	Improve AP
Primary Dental Care: Access to NHS Dentists	49.30%	←	Improve AP
Primary Dental Care: Reattendance	37.10%	N/A	Reduce AP

Key Performance Indicators for Primary Care are being developed and as soon as they have been agreed, they will be published here. The Performance Assurance Team are reviewing the Primary Care sections of Board Reports of other Health Boards and will aim to agree Measures with the Executive Director for Primary & Community Care and the Primary Care Support Unit in providing a mid-year report.

DFM 051	Percentage of the health board population regularly accessing NHS primary dental care	Target Improve	Plan AP	Mar-19	49.30%	Status	←	Wales Benchmark	6th	Executive Lead	Chris Stockport	Committee	F&P	Plan Ref	AP007
DFM 086	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Target Reduce	Plan AP	Qtr 1 19/20	37.10%	Status	N/A	Wales Benchmark	7th	Executive Lead	Chris Stockport	Committee	F&P	Plan Ref	AP007

Actions	Outcomes	Timeline
3.6 x dental officer posts are out to recruitment	Increased capacity to see 120 more patients per week	Provisional 1st December 2019
1 x Business Support Manager out to recruitment	Increased capacity to review and redesign dental services	Provisional 1st December 2019
2 x Mat leave cover dental officer posts out to recruitment	Like for like replacement	Provisional 1st December 2019
Full Oracle Rollout Implementation	Designated staff ordering supplies through BCU procurement framework	October 2019

Further information is available from the office of the Director of Performance which includes:

- performance reference tables
- tolerances for red, amber and green
- the Welsh benchmark information which we have presented

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
- Stats Wales www.bcu.wales.nhs.uk
www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



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<http://www.facebook.com/bcuhealthboard>

Health Board**7.11.19****GIG**
CYMRU
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Betsi Cadwaladr
University Health BoardTo improve health and
provide excellent care

Report Title:	Finance Report Month 5 2019/20
Report Author:	Ms Sue Hill, Acting Executive Director of Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance of the Health Board as at August 2019, together with actions being undertaken to manage the financial challenge and mitigate the risks.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report includes recommendations on improvements to financial governance and financial risks are highlighted in the report.
Financial Implications:	<ul style="list-style-type: none">• The Health Board developed a draft annual plan which delivers a £35m deficit.• The Financial Recovery programme has been set up to deliver a significant financial improvement, in line with the £25m deficit control total set by Welsh Government, which would require an additional £10m savings, as compared to the draft financial plan, which required £25m cash releasing savings in year.• At the end of Month 5 the Health Board is overspent by £18.2m, which is £4.9m worse than the year to date control total profile (of £13.3m).• The key reason for the year to date shortfall is that the savings target has not been fully identified or delivered. Total cash releasing savings delivered by Month 5 are £6.7m, a shortfall of £3.6m against plan.• Other key areas of cost pressure are Secondary Care drugs and Primary Care drugs (Prescribing).• The control total plan for Month 5 required a £1.6m deficit. The actual position was £3.5m, £1.9m in excess of this plan.
Recommendation:	It is asked that the report is noted, with particular reference to the forecast position which is of a £35m deficit and the specific actions in progress to improve the expenditure run rate.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment Not applicable.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v9.01 draft



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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

FINANCE REPORT

MONTH 5 2019/20

Sue Hill

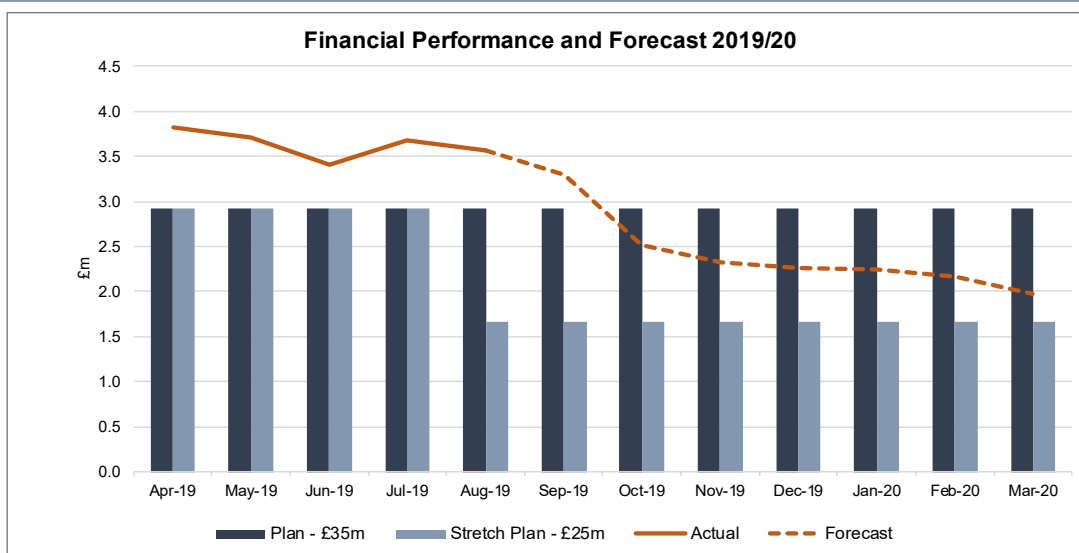
Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Executive Summary

Current Month		Year to Date		Full Year Forecast	
Original Plan	£2.9m Deficit	Original Plan	£14.6m Deficit	Original Plan	£35.0m Deficit
Control Total	£1.6m Deficit	Control Total	£13.3m Deficit	Control Total	£25.0m Deficit
Actual	£3.5m Deficit	Actual	£18.2m Deficit	Forecast	£35.0m Deficit
Plan Variance	£0.6m Adverse	Plan Variance	£3.6m Adverse	Plan Variance	Nil
Stretch Variance	£1.9m Adverse	Stretch Variance	£4.9m Adverse	Stretch Variance	£10.0m Deficit



At the end of Month 5 the Health Board is overspent by £18.2 m, £4.9m higher than the year to date control total plan of £13.3m. Total cash releasing savings delivered by Month 5 are £6.7m against planned savings of £10.3m, a shortfall of £3.6m.

Achievement against Key Targets

Revenue Resource Limit	✗	Public Sector Payment Policy (PSPP)	✓
Savings & Recovery Plans	✗	Revenue Cash Balance	✓
Capital Resource Limit	✓	Medium Term Plan	✗

2. Current & Forecast Position

2.1 Year to Date Position

- In month: The Health Board delivered a £3.5m deficit, £0.2m improvement against July. However this month we have included an adjustment in the ledger to reflect the £1.25m reduction in spend, which is equivalent to the additional savings required to deliver the £25m control total, which were not delivered in month.
- Year to date: The Health Board is overspent by £18.2 m, £4.9m higher than that required to achieve the control total – a plan of £13.3m. The key over spending division is Secondary Care, where the non-delivery of savings and high drugs costs are the main causes of the over spend.
- Financial performance by division is included in Appendix 1.
- Forecast for cash releasing savings for the year total £17.8m against a target of £35.0m, giving a shortfall of £17.2m, and is discussed in the Financial Recovery Programme Report. Cost avoidance and efficiency savings of £8.3m are forecast for the year, which will be used to offset cost pressures arising in year. Year to date cash releasing savings achieved are £6.7m against a plan of £10.3m, giving a shortfall of £3.6m. In addition, cost avoidance savings and efficiency gains totalling £2.8m have been delivered to date. These are used to offset cost pressures arising in year such as agency staff costs and continuing healthcare.
- It is currently anticipated that £35.0m of strategic cash support and £10.0m of working capital balances support will be required by the Health Board in 2019/20. These figures will be finalised later in the year and a formal request submitted to Welsh Government following agreement from the Board.
- The Capital Resource Limit at Month 5 is £22.2m. Year to date expenditure is £4.4m against a plan of £5.1m. The year to date slippage of £0.7m will be recovered throughout the remainder of the year.

2.2 Forecast Position

- The Health Board has a forecast outturn for 2019/20 of £35m, in line with the initial plan, but £10m behind the control total of £25m. While the extrapolation of the year to date position equates to a £43.7m deficit, the forecast reflects the expected impact of the specific actions which are being managed through the Recovery Programme, around Grip and Control and the identification and delivery of savings.
- The overall savings programme at Month 5 stands at £39.5m, an increase of £6.1m compared to the position at month 4. This reflects significant work undertaken as part of the Financial Recovery Programme.
- The following table reflects the three forecast scenarios, based on the current status of the Savings pipeline, the Grip and Control Action plan and an expectation that the Health Board may need to invest in additional resources in order to accelerate some of the schemes currently in development.

2. Current & Forecast Position

Financial recovery programme as at Month 5					Worst Case	Likely Case <i>Red from M10</i>	Best Case 100% delivery
	Green	Amber	Red	Total	No red 0%	50%	100%
Savings	16,423	515	8,242	25,179	16,938	21,058	25,179
Grip & Control	6,314	943	4,009	11,267	7,257	9,262	11,267
Grip & Control	400	5	2,673	3,079	405	1,742	3,079
	23,137	1,463	14,925	39,524	24,600	32,062	39,524

Month 5 YTD extrapolation	YTD	1. Do Nothing	2. Worst Case	3. Likely Case	4. Best Case	Total
Underlying Deficit	-27,638	-66,331	-43,680	-42,231	-35,519	
Savings	6,676	16,022	915	4,121	4,121	25,179
Grip & Control	2,762	6,629	1,034	3,341	3,341	14,345
Total	9,438	22,651	1,949	7,462	7,462	39,524
Indicative Recovery Costs			-500	-750	-750	-2,000
Deficit	-18,200	-43,680	-42,231	-35,519	-28,807	
<i>Savings delivered:</i>						
Savings		16,022	16,938	21,058	25,179	
Grip & Control		6,629	7,662	11,004	14,345	
Total		22,651	24,600	32,062	39,524	

- The best case scenario includes £2m of recovery costs, which would include both PMO and Service Improvement capability to secure cash releasing savings. However, the biggest risk remains the number of schemes which are red rated and the identification of cost avoidance rather than cash releasing schemes.

2.4 Financial Governance and Control

- The recommendations from PWC relating to financial governance and control were also reflected in the Welsh Audit Office' Structured Assessment of the Health Board in 2017. As part of the Financial Recovery Programme, the Health Board is addressing some specific issues.
- Financial deficit and budgetary over-spends:** A number of divisions are spending significantly ahead of budget and forecast to continue doing so. Standing Financial Instructions (SFIs) state that the Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board. Authorities delegated to budget-holders (included within the Health Board's Scheme of Financial Delegation) are subject to expenditure approval being within funding limits of approved budgets.
- Actions being taken:
 - A new business case process has been agreed with Executives with all projects being subject to the requirements of the new process.
 - A reminder is being sent to all Executives, divisional senior management and budget-holders of their financial obligations under the Health Board's SFIs and accountability framework.

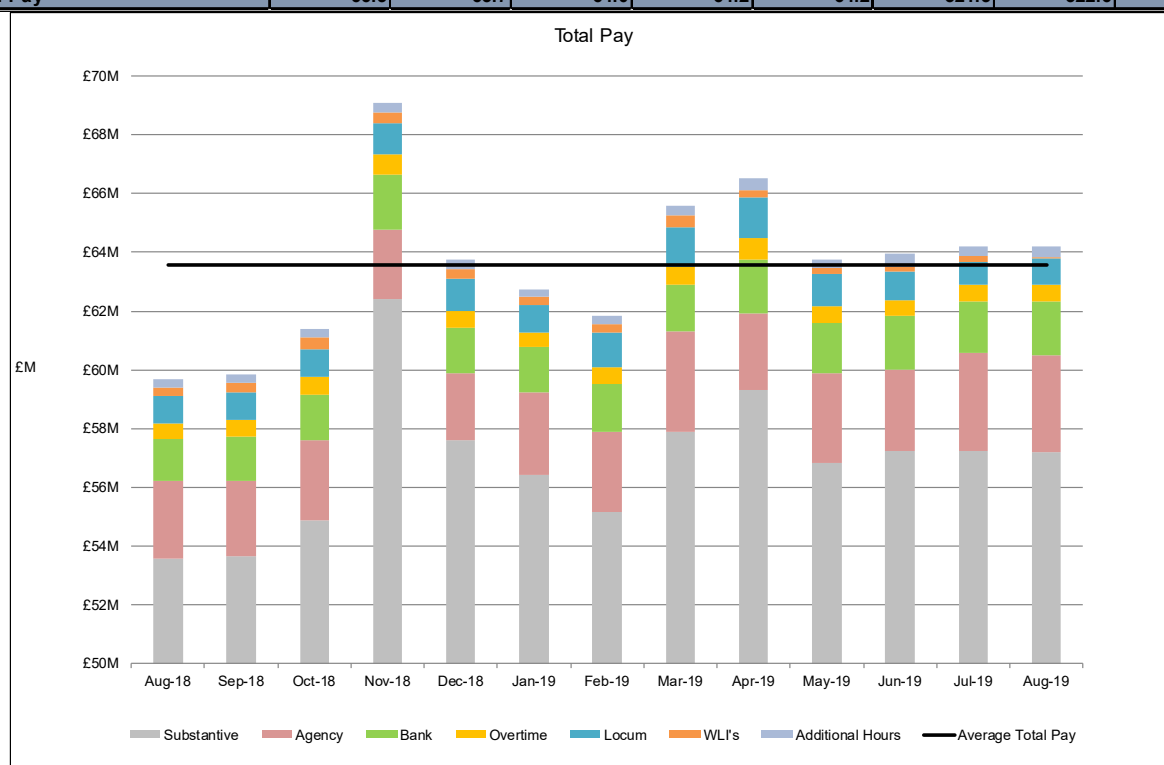
2. Current & Forecast Position

- All divisions and their respective senior managers and budget-holders are being challenged to find actions that will ensure financial recovery through fortnightly meetings.
 - The finance function is currently completing a list of cost pressures. This will be used to inform any additional actions being required, and budget-setting for 2020/21.
- **Establishment control:** The Health Board has a number of unfunded posts and associated cost pressures and risks within the establishment and related budgets (e.g. when the Health Board takes on a managed practice posts previously funded through the GMS contracts are often converted to established posts within the Health Board).
- Actions being taken:
 - Finance is currently carrying out a stock take of unfunded posts. This will identify the full range of explanations, and relevant follow-up actions.
 - Finance is also currently reviewing the Health Board's use of interim staff and its conformance with establishment control and HMRC IR35 requirements.
- **No PO no Pay Policy conformance:** Expenditure should be properly approved using our Oracle ledger before being committed. It has been identified that a significant proportion of expenditure is being requisitioned retrospectively.
- Actions being taken:
 - Oracle users have been reminded that requests for expenditure should be prospective.
 - Additional training is being offered to Oracle users and weekly emails will be issued describing areas of noncompliance and reviews will take place to ensure compliance improves

3. Expenditure

3.1 Pay

	Actuals					Cumulative		
	Month 1 2019/120	Month 2 2019/120	Month 3 2019/120	Month 4 2019/120	Month 5 2019/120	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	8.4	8.1	8.1	8.0	8.1	43.6	40.7	(2.9)
Medical & Dental	14.3	14.0	14.3	14.7	14.7	68.8	72.0	3.2
Nursing & Midwifery Registered	21.3	20.1	20.1	20.2	19.7	106.1	101.4	(4.7)
Additional Clinical Services	10.0	9.2	9.3	9.3	9.0	43.2	46.8	3.6
Add Prof Scientific & Technical	2.5	2.6	2.3	2.4	2.8	13.3	12.6	(0.7)
Allied Health Professionals	3.7	3.7	3.7	3.7	3.7	18.5	18.5	0.0
Healthcare Scientists	1.2	1.2	1.1	1.1	1.1	5.6	5.7	0.1
Estates & Ancillary	3.2	3.0	3.1	2.9	3.1	15.4	15.3	(0.1)
Savings to be allocated						(1.0)		1.0
Health Board Total	64.6	61.9	62.0	62.3	62.2	313.5	313.0	(0.5)
Primary care	1.9	1.8	2.0	1.9	2.0	8.0	9.6	1.6
Total Pay	66.5	63.7	64.0	64.2	64.2	321.5	322.6	1.1



- Included in the year to date Health Board total pay costs is £2.1m relating to RTT.
- Little movement in pay costs from Month 4. A data cleanse of staff positions during August has led to the transfer of some staff between staffing groups. In particular, staff have moved from Nursing & Midwifery and Additional Clinical Services to the Add Prof Scientific & Technical category, to ensure Pharmacy and Operating Department Practitioners (ODP) staff were reported in the correct staff group.
- 10.9% (£7.0m) of total pay for Month 5 (10.8% / £34.8m year to date) related to variable pay; agency, bank, overtime, locum, WLI and additional hours, which is in line with July costs.

3. Expenditure

- Expenditure on agency staff for Month 5 is £3.3m, 5.2% of total pay. Medical agency costs remained static at £1.5m. Nurse agency costs totalled £1.0m for the month, a decrease of £0.2m from the prior month.
- Expenditure on locum staff for Month 5 is £0.9m, an increase of £0.1m on July. This is the second lowest level since October 2018 and it is not yet understood whether this is the impact of controls or reluctance to undertake additional work due to pension/tax changes. The Health Board has started to implement Medic on Line and this will continue to be rolled out across the organisation. This will ensure that locum expenditure is captured in 'real time', improving the timeliness of cost reporting.

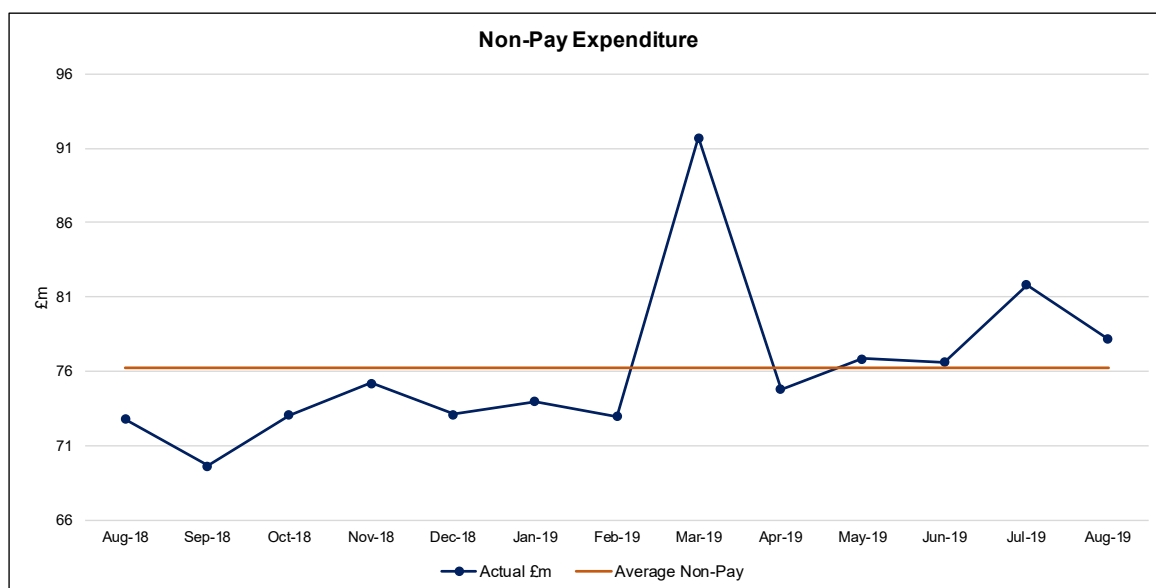
3.2 Pay Actions

- The Establishment Control process continues to enable grip and control of pay costs. The Vacancy Authorisation Panel (VAP) / Workforce Authorisation Panel (WAP) give greater scrutiny of any increased substantive wage spend and there needs to be wide scale compliance with the new procedures to improve financial management across the Health Board.
- The Workforce Improvement Group leads the Workforce Optimisation Portfolio, which will be the overarching mechanism to ensure successful delivery of the BCU wide workforce initiatives.
- External consultancy services are analysing Medical spend and advising areas of potential improvement. Additionally, focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff, particularly in Nursing, Medical & Dental and Admin & Clerical.

3.3 Non-Pay

	Actuals					Cumulative		
	Month 1 2019/120 £m	Month 2 2019/120 £m	Month 3 2019/120 £m	Month 4 2019/120 £m	Month 5 2019/120 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care	16.7	17.0	17.3	16.9	17.3	86.9	85.2	(1.7)
Primary Care Drugs	8.2	8.2	8.2	8.2	8.6	40.4	41.4	1.0
Secondary Care Drugs	5.9	6.0	5.6	6.3	5.8	27.8	29.6	1.8
Clinical Supplies	5.3	5.6	5.5	5.9	5.6	27.7	27.9	0.2
General Supplies	1.8	2.3	1.3	5.3	2.6	13.1	13.3	0.2
Healthcare Services Provided by Other NHS Bodies	21.1	21.0	21.5	23.1	22.2	109.3	108.9	(0.4)
Continuing Care and Funded Nursing Care	8.3	8.3	8.1	8.0	8.2	40.0	40.9	0.9
Other	5.1	5.9	5.6	5.2	5.0	21.0	26.8	5.8
Capital	2.4	2.6	3.5	2.9	2.8	14.2	14.2	0.0
Total	74.8	76.9	76.6	81.8	78.1	380.4	388.2	7.8

3. Expenditure



- June 2019 Prescribing data, received in Month 5, indicated a further increase in Primary Care drugs costs due to a growth in prices, as opposed to activity. Therefore additional Prescribing costs of £0.4m have been recognised in the month, increasing the year to date over spend to £1.0m. There is further risk in relation to Category M drugs which are expected to increase in price, potentially impacting on future months.
- Secondary Care drugs costs have reduced by £0.5m from Month 4, to a cost of £5.8m. However overspends continue, particularly in Dermatology (£0.5m), Oncology (£0.4m), Diabetes (£0.4m) and Mental Health (£0.4m). Aside from savings delivery, this is currently the largest over spend area for the Health Board.
- Continuing Healthcare (CHC) continues to over spend, at an average rate of almost £0.2m a month. In August the main issues related to Children's CHC, which is being closely monitored on a case by case basis.
- Unallocated savings schemes are contributing £4.3m to the over spend. This includes unallocated savings from the original £25.0m target (£2.4m), savings targets brought forward from prior years that did not have recurrent schemes attached to them (£0.7m) and the year to date share of the £10.0m additional savings for which schemes have not yet been confirmed (£1.2m).
- Travel is over budget by approximately £100k each month. The key area of pressure is the Non-Emergency Patient Travel Service (NEPTS). Discussions continue with the Welsh Ambulance Service (WAST) around transferring NEPTS, with a focus on analysis of data to define the service needs. There is likely to be a short delay to the initial transfer date of October 2019, but it is anticipated that it will still transition to WAST in 2019.

3.4 Non-Pay Actions

- A robust 'Grip & Control' programme has been established for reducing non-pay costs. This includes a discretionary non-pay weekly review panel to scrutinise orders and the deployment of a Grip & Control checklist, which consolidates actions from previous plans.

3. Expenditure

A Task and Finish group has also been established to target areas where Grip & Control can be improved. Relevant areas for improvement are being shared with Executives to action and report back.

- A number of actions are focused on the reduction of Secondary Care drugs costs, including switching drugs to cheaper alternatives and benchmarking against other organisations.
- All divisions are required to produce and progress recovery plans at pace, through the identification of cost savings and reductions in the run rate. The Recovery Director will monitor this through divisional review meetings. Recovery plan ideas will be reviewed and converted into tangible opportunities, so increasing savings identification.

3.5 RTT Costs

- At the end of August the Health Board has spent £5.7m on additional activity to reduce the long waiting lists. Welsh Government have confirmed funding of £11.85m for RTT and a further £2.25m to support Orthopaedic performance, MSK services and improvement with follow ups.

		YG £000	YGC £000	YWM £000	Other £000	Support Services £000	Outsource £000	Total £000
Medical Costs		571	498	94		82		1,245
Theatre Staff		135	103	10				248
Theatre Non Pay		147	122	57				327
Other Staffing		6	99	-	132	168		405
Other Non Pay		302	472	-	57	797		1,627
Ward / Outpatients		165		9				174
Outsourced Activity				-			592	592
Insourcing		654	240	219				1,114
Total Expenditure		1,980	1,534	389	189	1,047	592	5,732
Diagnostics	Cardiology	1		14				15
	Gastro / Endoscopy	948	397	184				1,529
	Ophthalmology	71		-				71
	Radiology			-		1,047		1,047
	Urology			33				33
Sub Total		1,019	397	231	-	1,047	-	2,695
Inpatients Daycases Outpatients	Anaesthetics	7		1	18			26
	ENT	36	106	-				142
	General Surgery	144	104	-			4	252
	Gen Med	2		-				2
	Max Fax		90	-			2	92
	Oral	49						49
	Ophthalmology	121	180	69			19	389
	Orthopaedics	510	465	87	114		353	1,529
	Other			-	57			57
	Urology	93	155	-			214	462
	WPAS Validators		36	-				36
Sub Total		961	1,137	158	189	-	592	3,037
Total Expenditure		1,980	1,534	389	189	1,047	592	5,732

4. Savings

4.1 Savings Programme

Savings Category	Red £m	Amber £m	Green £m	Total £m
Cash Releasing	8.242	0.515	16.423	25.179
Cost Avoidance	4.010	0.943	6.311	11.264
Efficiency	2.673	0.005	0.400	3.079
Total	14.925	1.463	23.134	39.522

- Cash releasing savings plans total £25.2m, which is an increase of £1m over Month 4. There is however a significant balance within the red risk category, reflecting schemes which still require considerable work to move them into delivery. BCU wide savings schemes form the most significant element of this red risk category, most notable workforce (£2.5m), procurement (£1.7m) and the corporate review (£0.6m). The newly established Improvement Groups are addressing these schemes and project documents are expected during September. Ensuring movement in these areas is a priority for the PMO and the Improvement Team in supporting this work. There are also significant red risk scheme values in Divisional plans, most notably Area East, Mental Health and Wrexham Maelor Hospital. Moving these schemes to amber and green is being driven through the Divisional Recovery Meetings with support from the PMO.
- The most significant growth in savings plan since Month 4 is in the cost avoidance category, with an increase of £5.1m. Significant movements here include recovery plans developed by Area East and Mental Health. Whilst the identification of recovery actions is positive, these are largely replacing planned cash releasing savings, which places further pressure on the Board's financial position moving forward. There is also pan Health Board work regarding care packages and medical agency / locum costs which is adding significantly to the cost avoidance savings plan. This programme is being driven through the FRG and the Divisional Review meetings by the Recovery Director, supported by the PMO. It is critical that evidence of impact of cost reduction actions is demonstrated through the financial performance of those divisions from Month 6 onwards.

4.3 Savings Actions

- The work of Improvement Groups needs to drive movement in the BCU wide red risk schemes to ensure delivery. A continued focus on cash releasing savings is required through the recovery process to ensure that the underlying financial position of the Health Board improves.
- Work to develop further medical agency / locum savings must progress to move schemes from red risk during September.
- Divisional schemes which are currently rated red require urgent action to ensure delivery plans can be implemented and risk reduced. Divisions, through their Recovery Meetings, need to evidence the impact of cost avoidance savings on the run rate from Month 6 onwards.

5. Risks and Opportunities

5.1 Risks and Opportunities

	Issue	Description	£m	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Prescribing	<ul style="list-style-type: none"> Lowest forecast methodology is used, giving rise to a possible financial risk. Does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list nor the emerging potential risk in relation to a National Category M drug price increase. 	(2.3)	<ul style="list-style-type: none"> The risk is reviewed and updated monthly. There are a wide range of Prescribing Savings Schemes in place to manage spend and growth. 	Berwyn Owen, Chief Pharmacist & Nigel McCann, CFO Prescribing Finance Lead
2	Risk: Continuing Healthcare (CHC)	<ul style="list-style-type: none"> The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk on CHC is primarily in relation to Older People's Mental Health (OPMH) CHC. 	(1.8)	<ul style="list-style-type: none"> Divisions are developing cost avoidance schemes to mitigate against this impact. 	Rob Nolan, Finance Director –Commissioning & Strategy
3	Risk: Under-performance of savings plans	<ul style="list-style-type: none"> Cash releasing savings identified totalled £16.8m, a shortfall of £8.2m against the original target of £25.0m. Cost avoidance savings identified totalled £7.0m against an expected requirement of £9.5m, a shortfall of £2.5m. Therefore total savings risk is £10.7m. 	(10.7)	<ul style="list-style-type: none"> Work continues on the development of further resource utilisation schemes, which will form an important part of the Health Board's efficiency programme for 2019/20. 	Sue Hill, Executive Director of Finance
4	Risk: Hallett v Derby Hospitals NHS Foundation Trust	<ul style="list-style-type: none"> A significant test case for the NHS. The court, found that three Department Of Health publications that prescribed how NHS organisations should address monitoring had not been incorporated. There will be a significant potential for other doctors to bring claims against organisations that use Allocate software. 		<ul style="list-style-type: none"> It has not yet been determined whether this case will impact on the Health Board and if it does, what the financial implications may be. Workforce & Organisational Development are conducting further investigations. 	Sue Green, Executive Director of Workforce & Organisational Development
5	Risk: Welsh Risk Pool Pressure	<ul style="list-style-type: none"> Potential risk in relation to the Welsh Risk Pool. NWSSP are forecasting that annual expenditure will exceed the 2019/20 budget by £3.7m. Welsh NHS organisations may therefore need to take a share of this pressure. 		<ul style="list-style-type: none"> The risk has not yet been quantified and discussions continue around potential mitigations. 	Tony Uttley, Interim Finance Director – Operational Finance
6	Opportunity: Stretch Target	<ul style="list-style-type: none"> Control total of £25.0m set by the Welsh Government requires a further £10.0m of savings to be made. Once identified, these schemes have the potential to reduce the year end position below the £35.0m currently forecast. 		<ul style="list-style-type: none"> Work has been initiated through improvement groups, looking at benchmarking and opportunities, to identify savings plans to meet these targets. 	Sue Hill, Executive Director of Finance
Total			(14.75)		

Appendix 1: Financial Performance by Division

	Month 1 ACTUAL £000	Month 2 ACTUAL £000	Month 3 ACTUAL £000	Month 4 ACTUAL £000	Month 5 ACTUAL £000	CUMULATIVE		
						BUDGET £000	ACTUAL £000	VARIANCE £000
WG RESOURCE ALLOCATION	(124,954)	(123,186)	(124,111)	(129,295)	(124,695)	(626,241)	(626,241)	0
AREA TEAMS								
West Area	13,278	12,998	13,066	14,339	13,470	67,005	67,152	147
Central Area	17,294	17,075	17,051	18,030	17,448	86,990	86,899	(91)
East Area	19,050	18,928	18,905	20,129	19,420	95,789	96,432	643
Other North Wales	834	1,072	1,206	864	1,224	5,531	5,200	(331)
Commissioner Contracts	16,206	16,191	16,647	18,154	19,319	86,602	86,516	(85)
Provider Income	(1,601)	(1,768)	(1,859)	(2,268)	(2,154)	(8,817)	(9,650)	(833)
Total Area Teams	65,062	64,496	65,017	69,248	68,727	333,099	332,549	(550)
SECONDARY CARE								
Ysbyty Gwynedd	8,712	8,444	8,392	8,371	8,158	41,276	42,077	800
Ysbyty Glan Clwyd	10,392	10,281	10,259	10,469	10,285	49,271	51,686	2,415
Ysbyty Maelor Wrexham	8,908	8,700	8,530	8,773	8,650	42,809	43,562	753
North Wales Hospital Services	8,994	8,647	8,584	9,429	6,647	41,596	42,301	704
Womens	3,370	3,282	3,066	3,258	3,294	16,210	16,270	60
Total Secondary Care	40,375	39,354	38,831	40,301	37,034	191,162	195,895	4,733
Total Mental Health & LDS	10,682	10,156	10,145	10,088	10,268	50,991	51,335	344
Total Corporate & Other Budgets (Reserves)	12,660	12,895	13,533	13,339	12,233	64,322	64,664	342
TOTAL - STRETCH PLAN (£25.0m)	3,825	3,716	3,414	3,681	3,566	13,333	18,202	4,869
Stretch Target Offset						1,250	0	(1,250)
TOTAL - ORIGINAL PLAN (£35.0m)						14,583	18,202	3,619
MAIN COST PRESSURES								
Secondary Care drugs								1,834
Primary Care drugs								1,012
Travel								515
Unallocated savings - original target plus brought forward								3,082
Unallocated savings - stretch target								1,250

Health Board**7.11.19****GIG
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WALES**Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health BoardTo improve health and
provide excellent care

Report Title:	Finance Report Month 6 2019/20
Report Author:	Ms Sue Hill, Acting Executive Director of Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance of the Health Board as at September 2019, and on actions being taken to manage the financial challenge and mitigate risk.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report includes recommendations on improvements to financial governance and financial risks are highlighted in the report.
Financial Implications:	<ul style="list-style-type: none">• The Health Board developed a draft annual plan which delivers a £35m deficit.• The Financial Recovery programme has been set up to deliver a significant financial improvement, in line with the £25m deficit control total set by Welsh Government, which would require delivery of £10m of additional stretch savings compared to the draft financial plan.• At Month 6 the Health Board is overspent by £21.2m, which is £6.2m worse than the profiled year to date control total (of £15.0m).• The key reason for the year to date shortfall is that the planned savings have not been fully converted and delivered. The draft plan assumed an even delivery of savings across the year rather than a back-ended profile. Achievement of full-year plan requires significant acceleration of savings delivery in the second half of the year.• The control total plan for Month 6 required a £1.6m deficit. The actual position was £2.9m, £1.3m in excess of this plan which is broadly equivalent to the additional stretch savings profiled into the position in-month but not delivered.• Other key areas of cost pressure in-month and year to date include Secondary Care drugs and Primary Care drugs (Prescribing).
Recommendation:	It is asked that the report is noted, with particular reference to the forecast deficit of £35m deficit and the specific actions in progress to achieve plan.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment Not applicable.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v9.01 draft



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

FINANCE REPORT

MONTH 6 2019/20

Sue Hill

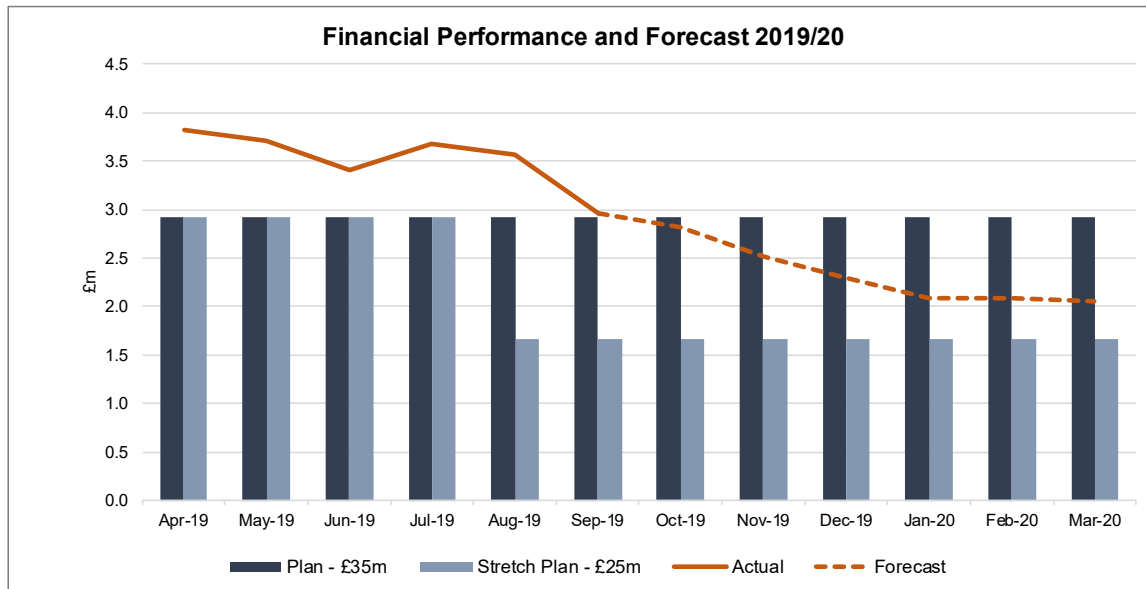
Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Executive Summary

Current Month		Year to Date		Full Year Forecast	
Original Plan	£2.9m Deficit	Original Plan	£17.5m Deficit	Original Plan	£35.0m Deficit
Control Total	£1.6m Deficit	Control Total	£15.0m Deficit	Control Total	£25.0m Deficit
Actual	£2.9m Deficit	Actual	£21.2m Deficit	Forecast	£35.0m Deficit
Plan Variance	Nil	Plan Variance	£3.7m Adverse	Plan Variance	Nil
Control Variance	£1.3m Adverse	Control Variance	£6.2m Adverse	Control Variance	£10.0m Deficit



The Health Board is overspent by £21.2 m, £6.2m higher than the year to date control total plan. Cash releasing savings delivered to date are £8.7m against a year to date plan of £13.5m, a shortfall of £4.8m and including £2.5m of undelivered stretch savings. Achievement of full-year plan requires significant acceleration of savings delivery in the second half of the year.

Achievement against Key Targets

Revenue Resource Limit	✗	Public Sector Payment Policy (PSPP)	✓
Savings & Recovery Plans	✗	Revenue Cash Balance	✓
Capital Resource Limit	✓	Medium Term Plan	✗

2. Current & Forecast Position

2.1 Year to Date Position

- In month: The Health Board delivered a £2.9m deficit. This is slightly short of a balanced position against the original plan, but the £1.3m additional stretch savings phased in-month to meet the control total plan have not been achieved.
- Year to date: The Health Board is overspent by £21.2 m, £6.2m higher than that required to achieve the control total – a phased year to date plan of £15.0m (including £2.5m of additional stretch target, allocated from Month 5 onwards at £1.25m per month). The key over spending division is Secondary Care, where the non-delivery of savings, agency premium pay costs and other cost pressures are the main causes of the over spend. More detailed financial performance by division is shown in Appendix 1.
- Cash releasing savings achieved to date are £8.7m against a year to date plan of £13.5m, giving a shortfall of £4.8m. Additional cost avoidance and efficiency savings of £3.7m have been delivered to date, and offset cost pressures arising in year.
- The cash requirement for the year is forecast to be £42.4m. This arises from the forecast deficit position, movements in revenue working capital balances and capital resource allocations that were not drawn in 2018/19. The Health Board will consider all possible actions to minimise the level of requested Repayable Strategic Cash Assistance.
- The Capital Resource Limit (CRL) at Month 6 is £17.2m. Year to date expenditure is £5.5m against a plan of £6.0m. The year to date slippage of £0.5m will be recovered throughout the remainder of the year.

2.2 Forecast Position

- The Health Board's forecast deficit is £35m, in line with the initial plan but £10m behind the control total of £25m. While the extrapolated year to date position equates to a full-year deficit of £42.4m, the forecast outturn reported to Welsh Government reflects the anticipated impact of actions being managed through the Recovery Programme, including Grip and Control measures and the conversion and delivery of savings opportunities. The £35m deficit forecast requires the delivery of all green and amber rated schemes which equates to £28.7m and £7.7m of schemes currently rated Red.
- There has been an increase in the level of pipeline savings schemes identified across the Health Board, which has improved by £6m in Month 6 (15%), to £45.6m in total. Schemes need to be quickly converted into delivering schemes so that they can begin to impact on the monthly position for the remainder of the year. The Health Board's savings position is analysed in detail in the Recovery Director's report.

2.4 Financial Governance and Control

- As part of the Financial Recovery Programme, the Health Board is addressing a number of governance and control issues. Standing Financial Instructions (SFIs) state that budgetary limits set by the Board must not be exceeded. Authorities delegated within the Health Board's Scheme of Financial Delegation are also subject to expenditure approval being within budget limits.

2. Current & Forecast Position

- Forecasts submitted by the divisions are shown below. Three divisions are forecasting to end the year within plan. All other divisions are currently forecasting to over spend against their budgeted allocation for 2019/20 (including stretch savings targets).

	Annual Budget £000	Month 6 Year to Date Variance £000	Full Year Forecast Variance Over Budget £000	Forecast Red Rated Savings £000	Indicative Forecast Variance Over Budget £000
WG RESOURCE ALLOCATION	(1,563,562)	0	0	0	0
AREA TEAMS					
West Area	162,584	193	880	0	880
Central Area	208,283	137	1,221	(545)	676
East Area	231,806	752	2,100	(1,090)	1,010
Other North Wales	9,995	(113)	(190)	0	(190)
Commissioner Contracts	206,629	(428)	(848)	0	(848)
Provider Income	(19,117)	(993)	(1,105)	0	(1,105)
Area Wide				(200)	(200)
Total Area Teams	800,180	(452)	2,058	(1,835)	223
SECONDARY CARE					
Ysbyty Gwynedd	95,033	872	1,293	0	1,293
Ysbyty Glan Clwyd	115,347	2,963	5,340	0	5,340
Ysbyty Maelor Wrexham	100,775	959	2,000	(250)	1,750
North Wales Hospital Services	98,056	649	2,209	(280)	1,929
Womens	38,546	222	478	(4)	474
Total Secondary Care	447,757	5,665	11,320	(534)	10,786
Total Mental Health & LDS	125,765	495	1,832	0	1,832
Total Corporate	123,811	285	1,797	0	1,797
Other Budgets (Reserves)	91,049	165	225	0	225
Multi Divisional Schemes				(5,300)	(5,300)
TOTAL - STRETCH PLAN (£25.0m)	25,000	6,159	17,232	(7,669)	9,563
Stretch Target Offset	10,000	(2,500)	(10,000)		(10,000)
TOTAL - ORIGINAL PLAN (£35.0m)	35,000	3,659	7,232	(7,669)	(437)

- A significant number of savings schemes are multi-divisional or pan-Health Board (e.g. Planned Care, Workforce Optimisation and Procurement). The allocation of red schemes across divisions and expenditure categories will be finalised as the schemes are specified and classed as green. This allocation will enable a clearer view on the surety of individual divisions' forecasts, the incidence of recovery and an increasing focus on remaining areas requiring recovery action.
- Actions being taken to address financial governance and control issues include:
 - Reminder sent to all staff re-confirming their financial obligations under the Health Board's SFIs and accountability framework. All divisions continue to be challenged on run rate and savings delivery through fortnightly financial recovery meetings.
 - Progress continues in addressing the grip and control actions within the Financial Recovery Action Plan.
 - The new business case process is being promoted across the organisation.
 - The finance function is maintaining a list of cost pressures to identify necessary in-year actions and inform budget-setting for 2020/21.
 - Compliance with Purchase Order (PO) requirements is being monitored and action will be taken accordingly. Oracle users have been reminded that requests for

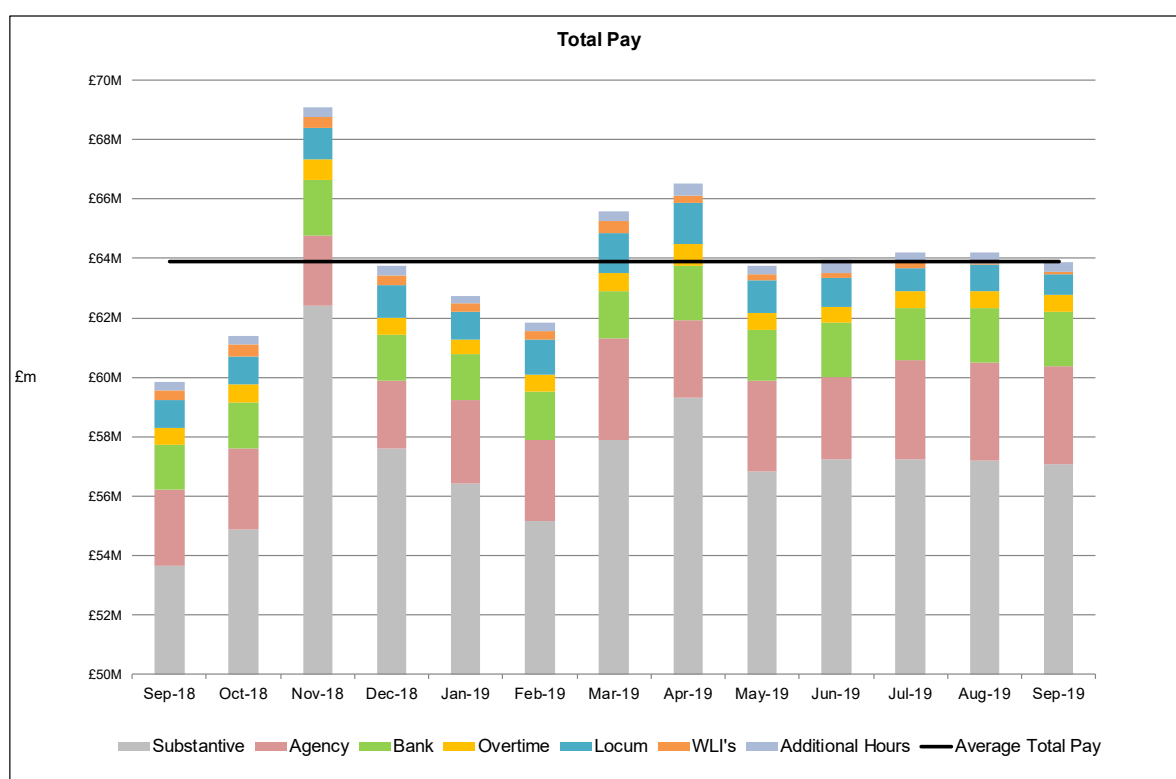
2. Current & Forecast Position

expenditure should be prospective not retrospective. Additional general and targeted training is available to Oracle users

3. Expenditure

3.1 Pay

	Actuals						Cumulative			YTD RTT Costs Included in Actuals £m
	Month 1 2019/120 £m	Month 2 2019/120 £m	Month 3 2019/120 £m	Month 4 2019/120 £m	Month 5 2019/120 £m	Month 6 2019/120 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	
Administrative & Clerical	8.4	8.1	8.1	8.0	8.1	8.1	52.4	48.8	(3.6)	0.1
Medical & Dental	14.3	14.0	14.3	14.7	14.7	14.4	82.4	86.4	4.0	1.3
Nursing & Midwifery Registered	21.3	20.1	20.1	20.2	19.7	20.0	127.1	121.4	(5.7)	0.3
Additional Clinical Services	10.0	9.2	9.3	9.3	9.0	9.2	51.4	56.0	4.6	0.1
Add Prof Scientific & Technical	2.5	2.6	2.3	2.4	2.8	2.6	16.1	15.2	(0.9)	0.0
Allied Health Professionals	3.7	3.7	3.7	3.7	3.7	3.7	22.2	22.2	0.0	0.4
Healthcare Scientists	1.2	1.2	1.1	1.1	1.1	1.1	6.7	6.8	0.1	0.0
Estates & Ancillary	3.2	3.0	3.1	2.9	3.1	3.0	18.8	18.3	(0.5)	0.1
Savings to be allocated							(1.2)		1.2	
Health Board Total	64.6	61.9	62.0	62.3	62.2	62.1	375.9	375.1	(0.8)	2.3
Primary care	1.9	1.8	2.0	1.9	2.0	1.8	9.7	11.4	1.7	0.0
Total Pay	66.5	63.7	64.0	64.2	64.2	63.9	385.6	386.5	0.9	2.3



- Pay costs overall are marginally lower compared to Month 5, but there is considerable consistency throughout the year, both in total costs and across pay groups. Over spends continue in areas of high agency usage.
- 10.6% (£7.0m) of total pay for Month 6 (10.8% / £41.6m year to date) related to variable pay; agency, bank, overtime, locum, waiting list initiatives (WLIs) and additional hours, £0.2m less than in August. This reduction is due to a fall in locum costs.
- Expenditure on agency staff for Month 6 is £3.3m, equating to 5.1% of total pay. Medical agency costs remained static at an in-month spend of £1.5m. Nurse agency costs equate

3. Expenditure

to £1.1m for the month, an increase of £0.1m from last month. Vacancies and increasing sickness absence rates remain the root cause of the majority of agency spend.

- Expenditure on locum staff for Month 6 is £0.7m, a decrease of £0.2m on August. This is the lowest level over the last two financial years and recent analysis has confirmed that pension changes have been a key influencer in this reduction.

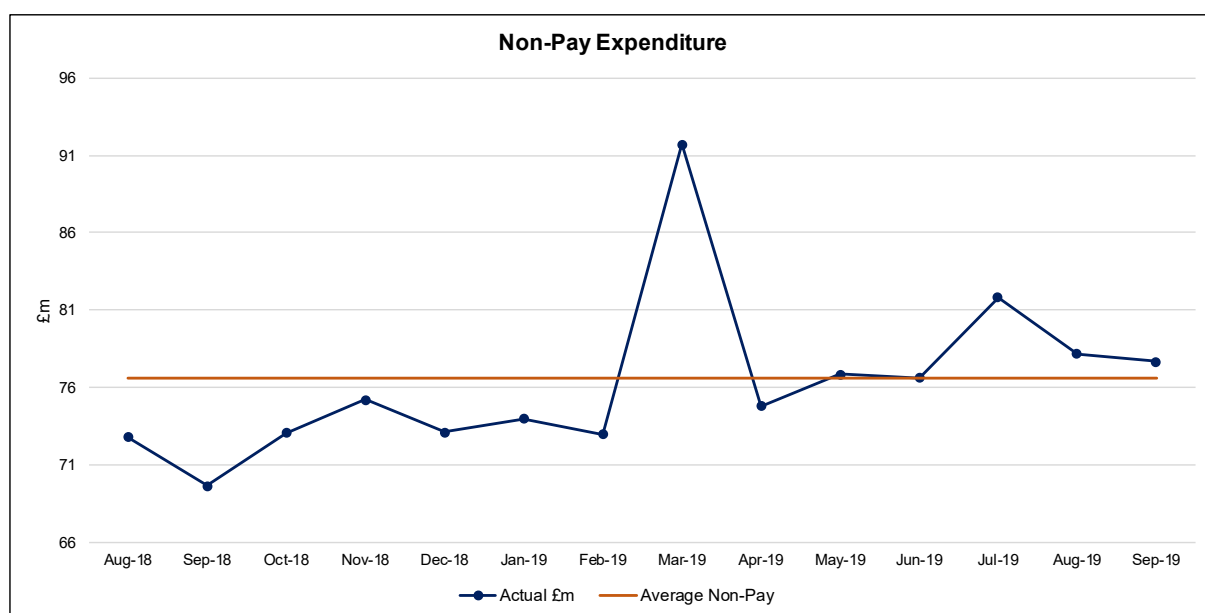
3.2 Pay Actions

- Establishment Control processes including Vacancy Authorisation Panel (VAP) and Workforce Authorisation Panel (WAP) continue to give scrutiny of any increased substantive wage spend.
- For non-core spend, the focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff, particularly in nursing, medical & dental and admin & clerical. The Workforce Optimisation Portfolio is the overarching mechanism to ensure successful delivery of the BCU wide workforce initiatives. This is managed by the Workforce Improvement Group (WIG).
- There has been a focus on increasing the capacity of internal temporary nursing staff. Actions have included auto-enrolment to the bank of new substantive nursing staff and revised pay rates. All nursing bank shifts worked from September onwards now attract revised pay of minimum of midpoint of band or equivalent to pay in substantive contract if higher. These rates are promoted to both encourage existing bank staff to do more shifts and to attract agency staff to bank. Over 4,000 more bank hours were delivered in September than the same period last year, helping to both mitigate agency costs and improve safety through higher fill rates.
- For our agency nursing staff, mandatory 1 hour unpaid breaks per shift have been introduced, directly reducing agency costs. This will be extended to our substantive nursing staff in January, which will significantly increase the nursing hours available to fill shifts.
- Medical staffing programs have project plans to deliver savings; Hunter Clinical are to begin supply of substantive medical staff and Medacs are to set up a Health Board medical bank, both to be in place by November.
- Intensive support for sickness absence remains in place. Teams with high sickness levels are being highlighted for action, including further scrutiny and support. Targeted work on long-term sickness has resulted in a 22% reduction in cases over 39 weeks since the beginning of the financial year. From October, payments for sickness absence will be paid as basic pay without enhancements, for absences of less than three months. This is a national agreement and reverts back to the position prior to June 2018. Since the reintroduction of enhancements during sickness absence, there has been a steady increase in sickness levels, despite intensive support and interventions. Although a temporary measure, it is anticipated that stopping enhancements will see a reduction in absence levels of 0.2% by December, with an even bigger impact (up to 1%) if the position remains and enhancements continue not to be paid.

3. Expenditure

3.3 Non-Pay

	Actuals						Cumulative		
	Month 1 2019/120 £m	Month 2 2019/120 £m	Month 3 2019/120 £m	Month 4 2019/120 £m	Month 5 2019/120 £m	Month 6 2019/120 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care	16.7	17.0	17.3	16.9	17.4	17.3	104.3	102.6	(1.7)
Primary Care Drugs	8.2	8.2	8.2	8.2	8.6	8.7	48.4	50.1	1.7
Secondary Care Drugs	5.9	6.0	5.6	6.3	5.8	5.9	33.6	35.5	1.9
Clinical Supplies	5.3	5.6	5.5	5.9	5.6	5.6	33.2	33.5	0.3
General Supplies	1.8	2.3	1.3	5.3	2.6	3.3	16.3	16.6	0.3
Healthcare Services Provided by Other NHS Bodies	21.1	21.0	21.5	23.1	22.2	21.5	131.1	130.4	(0.7)
Continuing Care and Funded Nursing Care	8.3	8.3	8.1	8.0	8.2	8.0	48.0	48.9	0.9
Other	5.1	5.9	5.6	5.2	5.0	4.5	24.1	31.3	7.2
Capital	2.4	2.6	3.5	2.9	2.8	2.8	17.1	17.0	(0.1)
Total	74.8	76.9	76.6	81.8	78.2	77.6	456.1	465.9	9.8



- **Primary Care drugs:** July 2019 data, received in Month 6, indicate a continuing increase in costs 3.5% higher than last year, most being price-related (around 1% activity-related). Risks around Category M drugs, which are expected to increase in price, are not currently reported in the position. August 2019 data will be the first indicator of this. The forecast position and risk assessment will be updated following analysis of new data in Month 7.
- **Secondary Care drugs:** Costs have increased by £0.1m from Month 5. Over spends in some areas continue, but £0.35m has been identified against the Drug Treatment fund in the month, which has reduced the in-month over spend to £0.1m (£1.9m year to date).
- **General Supplies:** £0.4m of funding for the Mental Health I-Can project has been utilised this month, with the costs charged to non-pay. This has increased reported expenditure, but not impacted on the General Supplies and Services variance as costs are fully funded.
- **Healthcare Services provided by Other NHS Bodies:** The WHSCC contract has performed well in the month, with a year to date underspend of £1.3m and a £1.5m improvement in the annual forecast.

3. Expenditure

- Unallocated (and non-delivering) savings schemes are contributing £5.6m to the over spend. This includes unallocated savings from the original £25m target (£2.3m), savings targets brought forward from prior years that did not have recurrent schemes attached to them (£0.8m) and the year to date share of the £10m additional savings for which schemes have not yet been confirmed (£2.5m).
- Negotiations concerning the transfer of the Non-Emergency Patient Travel Service (NEPTS) to the Welsh Ambulance Service (WAST) are ongoing. It is anticipated that discussions will conclude towards the end of 2019, with migration of the service taking place over the months following and expected completion in April 2020. The transfer is expected to be cost neutral to the Health Board should the funding transferred to WAST be in line with the costs that are currently being incurred. The cost of the current service is £0.4m, but the future model and service specification is still being discussed and is open to negotiation. Any future savings that WAST make from providing the service are to be reinvested into patient transport for the Health Board.

3.4 RTT Costs

- At the end of September the Health Board has spent £6.6m on additional activity to reduce the long waiting lists. Expenditure to date by service and category are:

Expenditure Category		YG £000	YGC £000	YWM £000	Other £000	Support Services £000	Outsource £000	Total £000
Pay Costs		905	815	126	132	299		2,277
Theatre Non Pay		138	151	58				347
Other Non Pay		416	549	25	57	987		2,034
Outsourced Activity							664	664
Insourcing		760	259	252				1,271
Total Expenditure		2,219	1,774	461	189	1,286	664	6,593
Diagnostics	Cardiology			14				14
	Gastro / Endoscopy	1,100	431	250				1,781
	Ophthalmology	71						71
	Radiology					1,286		1,286
	Urology			39				39
Sub Total		1,171	431	303	-	1,286	-	3,191
Inpatients Daycases Outpatient	Anaesthetics	7		2	18			27
	ENT	36	143					179
	General Surgery	147	113				4	264
	Gen Med	2						2
	Max Fax		90				2	92
	Oral	49						49
	Ophthalmology	133	218	69			21	441
	Orthopaedics	562	570	87	114		413	1,746
	Other				57			57
	Urology	112	166				224	502
	WPAS Validators		43					43
Sub Total		1,048	1,343	158	189	-	664	3,402
Total Expenditure		2,219	1,774	461	189	1,286	664	6,593

- Total Referral to Treatment (RTT) funding available at present is £13.5m, however discussions continue with WG regarding additional resource. Based on current plans, forecast expenditure is £24.8m, (including £6.2m on endoscopy) a shortfall of £11.3m. If no further funding is made available, the committed funding would have been fully utilised by December, impacting on the achievement of treatment targets.

4. Savings

4.1 Savings Programme

- Planned savings within the tracker total £45.6m, split across risk categories as shown below.

Savings Category	Red £m	Amber £m	Green £m	Total £m
Cash Releasing	5.204	1.291	17.660	24.155
Cost Avoidance	11.398	0.396	8.642	20.436
Efficiency	0.250	0.005	0.712	0.967
Total	16.852	1.692	27.014	45.558

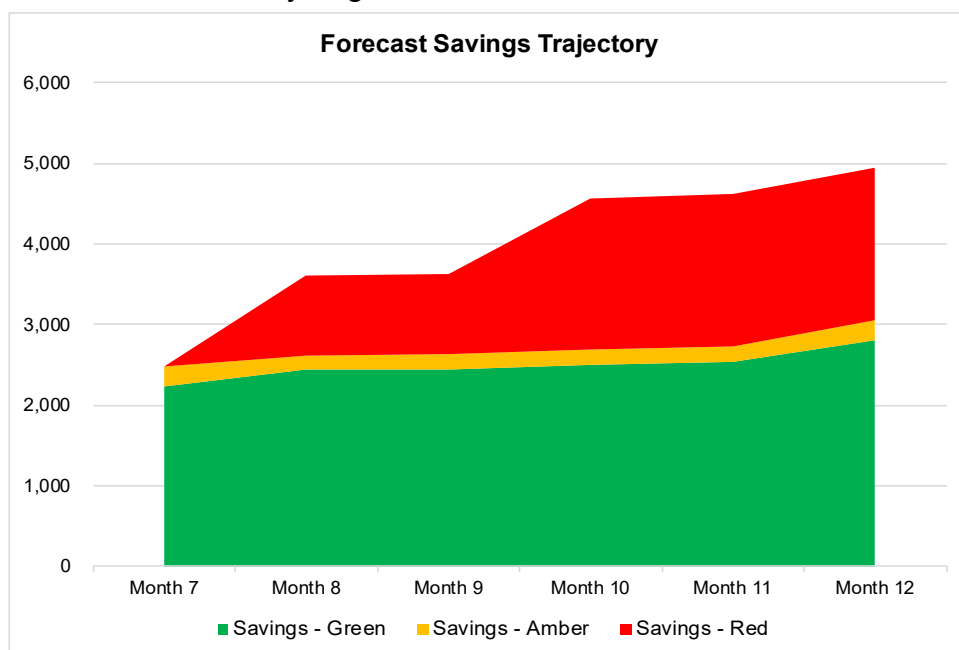
- Cash releasing savings plans now stand at £24.2m which is a decrease of £1m over Month 5. This reduction reflects the removal of some red risk schemes, which have been replaced by Improvement Group Project Initiation Documents (PIDs), which at this time have been categorised as cost avoidance. This reduction is expected to be temporary as elements of these PIDs are expected to have a cash releasing impact, but have yet to be validated. It is anticipated that these new schemes will impact positively on divisional run rates and therefore budgetary performance. The savings target for procurement has risen by £1.1m in Month 6. There has been an improvement in risk rating for cash releasing savings, with red risk schemes reduced by £3m since Month 5, reducing the red risk proportion of cash releasing savings from 32.5% in Month 5 to 21.5% in Month 6. Further details on the classification of schemes can be found in the Financial Recovery Group (FRG) update.
- There remain significant red risk scheme values in divisional plans and overall targets, both cash releasing and cost avoidance. Moving these schemes to amber and green is being driven through the divisional recovery meetings with support from the Programme Management Office (PMO). Improvement Groups continue to address the BCU-wide schemes within the red risk category with initial project documents submitted for workforce (£4.4m) and medicines management (£0.3m) during September. These proposals now require detailed work to initiate savings delivery and allocate savings across divisions and project documents are expected for all other Improvement Groups in October. Ensuring movement in these areas is a priority for the PMO and the Improvement Team in supporting this work.
- The largest growth in savings plan since Month 5 is in the cost avoidance category, with an increase of £9.6m. This includes significant movements, such as the workforce plan referred to above and the inclusion of the outline plan for planned care, which identifies an additional £0.9m of savings. The cash releasing value of these schemes is currently being validated and is expected to reduce the cost avoidance value, as noted above. There are also a number of schemes from divisions which have been included in month, most notably Area East (£0.93m), Area West (£0.35m), Area Central (£0.45m) and Mental Health (£1.14m). These initial scheme proposals have been developed as a result of the recovery meetings and now need to progress to amber / green and implementation during October. This programme is being driven through the FRG and the divisional review meetings by the Recovery Director, supported by the PMO. It is critical that evidence of impact of cost reduction actions is demonstrated through the monthly financial performance of those divisions.

4. Savings

- Whilst the identification of additional cost avoidance measures is positive in terms of in year improvement to the financial position, it does not improve the underlying position in the same manner as cash releasing savings. There is therefore a need to ensure that the recovery process remains focused on cash releasing recurrent savings as well as run rate reduction.

4.2 Savings Forecast

- Savings delivery for the remainder of the year is crucial to achieving plan. The overall forecast trajectory is heavily influenced by the expected timing of savings delivery. Based on relevant assumptions, an indicative forecast savings delivery for schemes in the tracker is shown below. This is based on the most up-to-date information. Achievement of the original plan deficit requires a conversion of around 46% of red schemes in the tracker, as well as delivery of green and amber schemes.



	Actual	Forecast						Total
	Month 1-6 £m	Month 7 £m	Month 8 £m	Month 9 £m	Month 10 £m	Month 11 £m	Month 12 £m	
Savings - Green	12.4	2.2	2.4	2.4	2.5	2.5	2.8	27.3
Savings - Amber		0.3	0.2	0.2	0.2	0.2	0.2	1.2
Savings - Red			1.0	1.0	1.9	1.9	1.9	7.7
Total Savings	12.4	2.5	3.6	3.6	4.6	4.6	4.9	36.2

Assumptions: Green schemes: 100% delivery in line with forecasts.

Amber schemes: 100% delivery in line with forecasts.

Red schemes: 100% delivery of schemes with agreed profiles / 0% delivery of schemes with no profile.

4.3 Savings Actions

- The work of Improvement Groups needs to continue to develop clear plans to deliver the BCU wide red risk schemes. Projects identified to date by Improvement Groups need to be progressed to delivery. A continued focus on cash releasing savings is required through the recovery process to ensure that the underlying financial position of the Health Board improves as well as the in-year position.
- Divisional schemes which are currently rated red, including those generated from recovery actions in Month 6, require urgent action to ensure delivery plans can be

4. Savings

implemented and the risk reduced. Divisions, through their recovery meetings, need to evidence an increasing impact of cost avoidance savings on their monthly run rate.

6. Risks and Opportunities

6.1 Risks and Opportunities

	Issue	Description	£m	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Welsh Risk Pool Pressure	- Potential risk in relation to the Welsh Risk Pool. NHS Wales Shared Services Partnership (NWSSP) are forecasting that annual expenditure will exceed the 2019/20 budget by £3.7m. Welsh NHS organisations may therefore need to take a share of this pressure.	(0.7)	- Discussions continue around potential mitigations.	Tony Uttley, Interim Finance Director – Operational Finance
2	Risk: Prescribing	- Lowest forecast methodology is used, giving rise to a possible financial risk. - Emerging issue is Category M price increases, which have been reflected in the risk. - Does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list.	(2.5)	- The risk is reviewed and updated monthly. - There are a wide range of Prescribing Savings Schemes in place to manage spend and growth.	Berwyn Owen, Chief Pharmacist & Nigel McCann, CFO Prescribing Finance Lead
3	Risk: Continuing Healthcare (CHC)	- The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk on CHC is primarily in relation to Older People's Mental Health.	(1.6)	- Divisions are developing cost avoidance schemes to mitigate against this impact.	Rob Nolan, Finance Director – Commissioning & Strategy
4	Risk: Under-performance of savings plans	- Cash releasing savings (including income generation and accountancy gains) identified totalled £19.8m, a shortfall of £5.2m against the initial plan target of £25m. In addition there are £0.5m red risk schemes, giving a total risk of £5.7m.	(5.7)	- The Health Board is continuing to identify new schemes and move existing red schemes into amber and green in order to close the gap to the initial £25.0m plan target.	Sue Hill, Executive Director of Finance
5	Risk: Junior Doctor monitoring	- There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors.		- Further investigations are being undertaken to quantify any potential impact. The Health Board is working to mitigate this risk through a number of measures.	Sue Green, Executive Director of Workforce & Organisational Development
6	Risk: Pay awards	- Potential risk around the funding for the Medical & Dental pay award and sickness enhancements. Anticipated income is based on funding 2.0% of budgeted posts, but the pay award was agreed at 2.5%.		- The risk has not yet been quantified and discussions continue with Welsh Government around anticipated funding.	Sue Hill, Executive Director of Finance
7	Risk: General dental Services (GDS) uplift funding	- Potential risk in relation to funding for the 2.5% GDS uplift which has not yet been confirmed by Welsh Government.		- The risk has not yet been quantified and discussions continue with Welsh Government around the funding.	Rob Nolan, Finance Director – Commissioning & Strategy
8	Opportunity: Stretch Target	- Control total of £25m set by the Welsh Government requires a further £10m of savings to be made. Once identified, these schemes have the potential to reduce the year end position below the £35m currently forecast.	10.0	- Work has been initiated through improvement groups, looking at benchmarking and opportunities, to identify savings plans to meet these targets.	Sue Hill, Executive Director of Finance
Total			(0.5)		

Appendix 1: Financial Performance by Division

	Month 1 ACTUAL £000	Month 2 ACTUAL £000	Month 3 ACTUAL £000	Month 4 ACTUAL £000	Month 5 ACTUAL £000	Month 6 ACTUAL £000	CUMULATIVE		
							BUDGET £000	ACTUAL £000	VARIANCE £000
WG RESOURCE ALLOCATION	(124,954)	(123,186)	(124,111)	(129,295)	(124,695)	(125,453)	(751,694)	(751,694)	0
AREA TEAMS									
West Area	13,278	12,998	13,066	14,339	13,470	13,505	80,590	80,784	193
Central Area	17,294	17,075	17,051	18,030	17,448	17,475	104,346	104,483	137
East Area	19,050	18,928	18,905	20,129	19,420	19,251	115,176	115,928	752
Other North Wales	834	1,072	1,206	864	1,224	997	4,909	4,796	(113)
Commissioner Contracts	16,206	16,191	16,647	18,154	19,319	16,881	103,825	103,397	(428)
Provider Income	(1,601)	(1,768)	(1,859)	(2,268)	(2,154)	(2,170)	(10,826)	(11,820)	(993)
Total Area Teams	65,062	64,496	65,017	69,248	68,727	65,938	398,019	397,567	(452)
SECONDARY CARE									
Ysbyty Gwynedd	8,712	8,444	8,392	8,371	8,158	8,031	49,235	50,107	872
Ysbyty Glan Clwyd	10,392	10,281	10,259	10,469	10,285	10,258	58,981	61,944	2,963
Ysbyty Maelor Wrexham	8,908	8,700	8,530	8,773	8,650	8,702	51,304	52,264	959
North Wales Hospital Services	8,994	8,647	8,584	9,429	6,647	8,517	50,169	50,818	649
Womens	3,370	3,282	3,066	3,258	3,294	3,365	19,413	19,635	222
Total Secondary Care	40,375	39,354	38,831	40,301	37,034	38,873	229,103	234,768	5,665
Total Mental Health & LDS	10,682	10,156	10,145	10,088	10,268	10,969	62,728	63,223	495
Total Corporate Budgets	10,709	10,748	10,397	10,816	10,365	10,172	62,925	63,210	285
Other Budgets	1,952	2,148	3,135	2,524	1,868	2,458	16,418	14,084	(2,334)
Total Corporate & Other Budgets (Reserves)	12,660	12,895	13,533	13,339	12,233	12,630	76,843	77,294	451
TOTAL - STRETCH PLAN (£25.0m)							15,000	21,159	6,159
Stretch Target Offset							2,500	0	(2,500)
TOTAL - ORIGINAL PLAN (£35.0m)	3,825	3,716	3,414	3,681	3,566	2,957	17,500	21,159	3,659

MAIN COST PRESSURES									
Secondary Care drugs									1,926
Primary Care drugs									1,598
Continuing Healthcare (CHC)									854
Travel									546
Unallocated savings - original target plus brought forward									3,137
Unallocated savings - stretch target									2,500

Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Audit Committee
Meeting date:	12th September 2019
Name of Chair:	Cllr Medwyn Hughes
Responsible Director:	Dawn Sharp, Acting Board Secretary
Summary of business discussed:	<ul style="list-style-type: none"> • In Committee items from previous meeting reported in public • Clinical Audit Plan and Clinical Audit Policy • Wales Audit Office Update • Wales Audit Office, Integrated Care Fund • Wales Audit Office, Operating Theatres Review • Head of Internal Audit Annual report and Opinion • Internal Audit Progress report • Amendments to the Scheme of Reservation and Delegation • Interim Risk Management Arrangements • Interim Board Assurance Framework (incorporating the Legislation Assurance Framework) • Annual Review of Declarations of Interest, Gifts and Hospitality and Review of Standards of Business Conduct Policy • Financial Conformance Report • Post Verification Progress Report • Counter Fraud Progress Report • Internal and External Audit Tracker
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Members were pleased to note the considerable progress made in terms of the Clinical Audit Plan and Policy. The plan was approved though further work is required to determine reporting templates for the Quality Safety and Experience (QSE)/Audit Committees. It is expected that the Policy will be signed off at the Joint Audit & QSE meeting in November following review at the October Audit Committee workshop. • The WAO: National Integrated Fund and Operating Theatres Report were received. Members noted the Integrated Care Funds, of which, the overall finding was positive. The Interim Director of Acute Care and the Hospital Director of Wrexham Maelor Hospital attended the meeting to provide feedback on progress made against the recommendations from the Operating Theatre report. Positive improvements were noted in a number of areas including staff views of the service.

	<ul style="list-style-type: none"> • Internal Audit Progress Report: Head of Internal Audit considered the report to be very positive overall. There were no limited assurance reports received during the period in question • The amendments to the Scheme of Delegation were approved though further amendments are imminent • The latest Corporate Risk Register was reviewed • Members reviewed and endorsed the Interim Assurance Framework • Legislation Assurance Framework: BCUHB continue to lead across Wales in terms of development and progress. All newly enacted applicable legislation will now be reported at Committee with details of the impact and relevant Divisional ownership • The revised Standards of Business Conduct Policy was approved • The Financial Conformance Report was received and the losses and special payments approved. The number of Single Tender and Single Quote Waivers has decreased in 2019/20 when compared with the previous year. The number of non NHS invoices paid on target was 96.4%. The Health Board was in the process of producing an IR35 procedure to strengthen the internal governance on the application of the HMRC Intermediaries Legislation. • The Pharmacy section of the Post Payment Verification Progress Report was positive with no concerns raised. BCUHB were currently outperforming all Wales • Phase one of the National Exercise on Procurement Fraud had gone very well and the Counter Fraud Authority (CFA) had formally accepted the Information Return Submission. Furthermore, there has been a significant financial recovery for the period reported (£250,000) and a successful prosecution in the Crown Court.
<p>Key risks including mitigating actions and milestones</p>	<ul style="list-style-type: none"> • Members raised some concerns with regards the WAO Operating Theatres report in terms of performance against targets in January as well as the number of administrative cancellations (not due to patient cancellation). The Interim Director of Acute Care and the Hospital Director of Wrexham Maelor Hospital acknowledged there was further work to do. Progress will be monitored via the tracker • Internal Audit Infection Prevention – whilst the findings of the report had been well received by management and areas of good practice identified, Members raised concerns about the departure from the National guidelines. A further briefing note will be produced for QSE in addition to the Safe, Clean Care reports. • Members felt that the reasons for the change in approach for the Risk Management Strategy were insufficiently documented. The rationale for change in tiers from five to three

	<p>requires further explanation. The existing Risk Management Strategy arrangements have been extended, acknowledging the ongoing work to simplify the management of risks across the organisation which is being piloted. There will be a scheduled workshop to review and approve the background pilot work, in the meantime the Committee agreed to the extension of the existing risk management arrangements.</p> <ul style="list-style-type: none"> • The Financial Conformance Report indicated that NHS Wales Shared Service Partnership (NWSSP) continued to receive invoices without a valid Purchase Order. Breaches were analysed monthly and reported to relevant managers. Additional steps were being taken internally and with NWSSP to implement targeted action to reduce non-compliance with the All Wales No Po No Pay policy. • Members considered that some of the responses provided for the Internal and External Audit Tracker were not satisfactory. Significant improvement with regards the quality of narrative is required. A nominated individual has been identified within each Division/Department and will now be responsible for the management of all recommendations within their designated areas.
Special Measures Improvement Framework Theme/Expectation addressed	Governance and Leadership
Issues to be referred to another Committee	<ul style="list-style-type: none"> • One recommendation from the Internal and external Audit Tracker in relation to IG/IA Health Records Security to be escalated to the Digital and Information Governance Group • Estates and Environment Risk to be referred back to the Finance & Performance Committee • Mental Health Services Risk, a response to be prepared for QSE by the Risk owner detailing justification for the score decrease • Clinical Audit Policy to Joint Audit and Quality and Safety Committee • The Assistant Director of Nursing, Infection Prevention to provide a briefing update note for QSE on the IA Infection Prevention report
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • Change of the Charitable Funds Committee membership, replacing the Executive Director of Nursing and Midwifery with the Executive Medical Director. • Amendments to the Scheme of Reservation and Delegation • Endorsement of the Interim Assurance Framework • Extension of the existing Risk Management Strategy arrangements until 31 March 2020

Well-being of Future Generations Act Sustainable Development Principle	In summary, the purpose of the Audit Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's system of assurance. As such the Committee gives consideration to the sustainable development principles in their widest sense but in particular, the focus on progress of internal and external audit reports supports the principle of putting resources into preventing problems occurring or getting worse.
Planned business for the next meeting:	Range of regular reports to also include; financial accounting timetable, review of Corporate Risk register, feedback on the Structured Assessment, review of audited annual accounts and financial statements including Charitable Funds.
Date of next meeting:	12 th December 2019

Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Quality, Safety and Experience Committee
Meeting date:	24.9.19
Name of Chair:	Lucy Reid, Independent Member
Responsible Director:	Gill Harris, Executive Director of Nursing and Midwifery
Summary of business discussed:	<p>The Committee received:</p> <ul style="list-style-type: none"> • A patient story describing the experience of a patient with dementia who attended the Emergency Department in Ysbyty Glan Clwyd with her son. The Committee discussed how the helpful feedback provided by the patient's son could be used to spread good practice across all health settings recognising the need to also be flexible for each patient in accordance with their individual needs; • Mental Health and Learning Disabilities Division Exception Report which detailed lessons learned from incidents, Healthcae Inspectorate Wales (HIW) outstanding actions and progress made on the mental health performance measures. The Committee discussed the quality of documentation and record keeping was mentioned as an area for improvement within the report and the plans to improve the level of pharmacy support in the East; • The Integrated Quality and Performance Report for August which included performance against key indicators. The Committee noted the variance in mortality performance across sites and were informed that this is being investigated. An update report would be provided to the November Committee meeting; • The Medicines Management Report identified key risks being managed by the service currently. The lack of pharmacy support for Mental Health services in the East was discussed and the plans to address this. There was also discussion around the implications for patients of recent changes to repeat prescribing services in community pharmacy and the Health Board have been liaising with the contractor; • Concerns, Litigation, Incidents, Coroner and HIW Report which provided an analysis of concerns and incidents across the Health Board and the learning arising. The Committee noted the variance in performance across the 3 areas and were informed of plans in place to review progress each week.

	<ul style="list-style-type: none"> A number of policies were submitted to the Committee for approval but were rejected due to a number of amendments required and a need to review the Equality Impact Assessments.
Key assurances provided at this meeting:	<ul style="list-style-type: none"> An inspection of HMP Berwyn's health services was undertaken by HM Inspectorate for Prisons and HIW recently and the report provided to the Committee (<i>Board Members can read the report via this link</i>). The findings were positive overall but identified the main area for improvement was dental services. This service has been constrained by estates issues that have resulted in difficulties being able to provide additional dental services resulting in long waiting times for prisoners. The Committee noted the positive impact of having a paramedic on site to prevent emergency admissions. The Public Sector Ombudsman Wales Annual Letter 2018/19 was a positive report and reflects the amount of work that has been invested in the improvement in managing concerns across the Health Board. (<i>Board Members can read the report via this link</i>) An update on the Health Board's progress against the review of maternity services in Cwm Taf Health Board and the findings of a recent visit by HIW. The feedback received from HIW was positive with regards to examples of learning, patient feedback, leadership and safe and effective care. Areas for improvement included opportunities for health improvement, information governance issues around the security of notes and delays in scan reviews.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> The Annual Plan Monitoring Report and progress against key actions was reviewed and the Committee noted that there were quality assurance issues with the report. In particular, there were milestones recorded as Red with no accompanying narrative and incorrect colour coding which made it difficult to be assured of progress. There were discussions over the progress against the plans for the provision of diagnostic services and overall productivity. The Committee requested an up to date report to be submitted to members in between meetings. The Committee noted, in the Integrated Quality and Performance Report for August, the high numbers of postponed procedures for non-clinical reasons and there was discussion around the actions being taken to address this. It was also noted that a recent Wales Audit Office report had been discussed at Audit Committee and the recommendations were being worked on. The Committee were informed about concerns with the sustainability of the breast radiology service with limited cover being provided by other areas. A radiologist had recently been appointed but recruitment has been challenging. The Committee were apprised of a shortage in resources within the paediatric ophthalmology service resulting in interim arrangements being made with other sites.

	<ul style="list-style-type: none"> The Committee queried the proposed closure of some of the actions in the HASCAS and Ockenden Improvement Group report on the basis of the narrative and other ongoing workstreams.
Special Measures Improvement Framework Theme/Expectation addressed	Leadership and Governance
Issues to be referred to another Committee	<ul style="list-style-type: none"> The QSE Committee and Audit Committee will be having the annual joint meeting in November to discuss collective responsibilities. The performance element of the Follow Up Backlog Clearance work has been referred to the Finance and Performance Committee.
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> The Occupational Health and Safety Gap Analysis Report was received which identified significant areas of non-compliance against health and safety legislation across the Health Board. The report also highlighted the need to improve the risk management structure and the robustness of previous self-assessments undertaken. The report included a comprehensive improvement plan with timescales, but it was noted that some of the requirements may involve significant resources which the Committee were not in a position to consider. The Committee were concerned with the lack of progress with the Follow Up Backlog Clearance. Although the report was inconsistent in part, the size of the backlog has increased and the trajectories for improvement were unclear. The Committee was unable to note the position reported or approve the initiatives outlined as both were unclear.
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave due consideration to the sustainable development principles.
Planned business for the next meeting:	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> Progress updates against limited assurance or high risk audit reports Organisational response to HIW thematic review of Children's Services Mental Health quality and performance assurance report Listening and learning report Mortality and morbidity reports Safeguarding update Primary and community care assurance report Any high risk serious untoward incidents In committee briefings on follow up backlog and endoscopy

Date of next meeting:	19.11.19
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Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Finance & Performance Committee
Meeting date:	30 th September 2019
Name of Chair:	Mr Mark Polin
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Summary of business discussed:	<ul style="list-style-type: none"> • The Annual Plan Monitoring Report was discussed and an action agreed for the relevant Executive to address issues of consistency between data and narrative, and to consider how to improve assurances around grip and control to recover slipped performance. • The Annual Plan Refresh paper was received and an action agreed for the Executive Team to work to strengthen the report against the context of challenges in contextualising large amounts of complex data into meaningful papers for members. • Members welcomed the amended format of the monthly finance report. • An in committee paper on the approach to identifying drivers of financial deficit was noted, with some amendments suggested ahead of submission to Board in November. • An in committee paper was supported regarding a proposed lease of Health Board owned land. • An in committee paper detailing medical and dental agency locum spend was noted. • An in committee paper sighting the Committee on plans to provide continuing healthcare support was received, and further work requested.
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • That the implementation of the Vanguard unit and third endoscopy room at Ysbyty Wrexham Maelor was anticipated within the next three to four weeks. • A good level of confidence that the discretionary capital programme schemes would be delivered. • The Interim Recovery Director remained confident at the ability to achieve £35m savings within 2019-20 but there were concerns around sustainability into 2020-21. • There was a good level of confidence in the effect of the Vacancy Authorisation Panel and Workforce Authorisation Panel.

Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> Continued concerns were expressed around quality and timeliness of Committee (and Board) papers and a lack of confidence in the organisation's improvement journey in general. The Chief Executive would take these concerns back to the Executive Team. Expected progress against unscheduled care performance measures was disappointing and this would be a focus for the Financial Recovery Group. A deterioration in elements of planned care was noted. A workplan was set out by the Interim Director of Acute Care. The pace of delivery against the Referral to Treatment plan was of concern. A paper would be prepared for the next meeting giving costed detail. Budget management was reported as a key driver to the current financial position, and a range of actions were set out to address including further support to budget holders, review of standing financial instructions, benchmarking and scrutiny by the FRG.
Special Measures Improvement Framework Theme/Expectation addressed	Leadership and Governance Strategic and Service Planning
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave appropriate consideration to the sustainable development principles.
Planned business for the next meeting:	<p>Range of standard papers plus:</p> <ul style="list-style-type: none"> Update on associated milestones for endoscopy and diagnostics Paper on RTT providing costed detail and added benefits Business case for eyecare services Paper on use of Regional Partnership Board monies A planned trajectory for the remainder of 2019-20 in terms of run-rate and year end position. Further paper on unfunded cost pressures (in committee item) Further paper on continuing health care (if not dealt with via email)
Date of next meeting:	Thursday 24 th October 2019

Health Board

7.11.19



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Charitable Funds Committee
Meeting date:	4 th October 2019
Name of Chair:	Mrs Jackie Hughes, Independent Member
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Summary of business discussed:	<ul style="list-style-type: none">• The Charitable Funds Finance Report for Quarter 1 of 2019/20 highlighted that income from donations and fundraising is £7,000 higher and legacy income is £55,000 higher than in Quarter 1 of 2018/19. Grant funded charitable expenditure of £689,000 is £270,000 (64%) higher than expenditure for the first quarter last year, which is promising to note as it's in line with the Charity's strategy. The gain on investments totals £237,000, which equates to 3% of the brought forward portfolio value.• Amanda Hughes and David Tomalin from the Wales Audit Office attended the committee meeting for the Charitable Funds Accounts 2018/19, the Annual Report, Financial Statements and Letter of Representation. The Committee approved the Charitable Funds Annual Report and Financial Statements for 2018/19 and signed the Letter of Representation.• The Charitable Funds Fundraising Report for Quarter 1 of 2019/20 outlined the key highlights noted in the report and presented a brief PowerPoint to the committee on the new grants, new application system and new ways of compiling priority projects and what it all means to the committee. The Committee discussed and approved the report.• Ms Rhiannon Wilmot – PhD student from Bangor University, attended the committee to present a PowerPoint on the findings of her research carried out which was part funded by the charity.• An update of the current position regarding the Legacy Strategy was presented and discussed.• An updated Third Sector Groups Report was provided to Committee members to provide an overview of activity carried out by the Partnership Support Manager along with proposed and scheduled activity.• The minutes from the Charitable Funds Advisory Group meetings for the 18th July and 5th September 2019 were

	<p>received and noted with discussion. The Chair and Executive Director of Finance want to review the Terms of Reference of both the Charitable Funds Committee and Charitable Funds Advisory Group urgently outside of the committee meeting.</p> <ul style="list-style-type: none"> • All applications which had been approved by the Advisory Group were ratified. • The committee reviewed and noted the Charity Risk Register. • The committee reviewed and noted the updated Rothschild Portfolio Report to 30th June 2019. • As mentioned above, both Terms of Reference will be reviewed urgently outside of the meeting.
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The charity had operated within its Reserves Policy for 2018/19 and remains liquid. • The investment portfolio had performed in line with the investment strategy.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Terms of Reference for both the Charitable Funds Committee and the Charitable Funds Advisory Group meeting.
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • Not Applicable
Issues to be referred to another Committee	<ul style="list-style-type: none"> • None
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • None
Well-being of Future Generations Act Sustainable Development Principle	<ul style="list-style-type: none"> • Developing a strategy for legacies and donations in line with the Health Board's identified priorities supports the WBFGA long term planning priority. • Working together with partners lies at the very heart of fundraising, particularly with volunteers, fundraisers and other charities through Joint Working Agreements • The Advisory Group was a good working example of involving those with an interest as part of decision making when allocating grant funding. • Charitable Funds are a driver in supporting the prevention agenda through funding opportunities and by alignment with Health Board LHSW priorities.
Planned business for the next meeting:	<p>Standing agenda items, plus:</p> <ul style="list-style-type: none"> • Invite the four groups (Older persons, Younger persons, I Can MHL and Cancer) to the next Charitable Funds Committee

	<p>meeting to present a positive short presentation of their business plans and any support that they require from Charitable Funds Committee, with Charity department input in advance.</p> <ul style="list-style-type: none"> • Bring a new agenda item to next committee meeting 'Update on Strategic Priorities'.
Date of next meeting:	10 th December 2019

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Health Board 7.11.19	 <div> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Mental Health Act Committee
Meeting date:	27.9.19
Name of Chair:	Mrs Marian Wyn Jones, Vice Chair BCUHB
Responsible Director:	Mr Andy Roach, Director Mental Health and Learning Disabilities
Summary of business discussed:	<p>The Committee received the following:</p> <ul style="list-style-type: none"> • CANIAD – Patient Story • Membership and Terms of Reference • Child and Adolescent Mental Health Services Update • Deprivation of Liberty Safeguards (DoLS) Update Report • Hospital Manager's Update Report • Mental Health Act Committee Performance Report – June 2019 • Update on the approval functions of Approved Clinicians & section 12(2) Doctors in Wales from 8th June 2019 to 6th September 2019 • Healthcare Inspectorate Wales (HIW) Monitoring Report • Child Adolescent Mental Health Services - Response to Delivery Unit Report on primary care mental health services (Part 1 of the Measure) • BCUHB Policy Position in relation to the Mental Health Act
Key assurances provided at this meeting:	<p>A Patient Story highlighting challenges around communication with regard to a 136 admission was shared, following agreement that it would continue to be a regular feature of the MHAC Agenda.</p> <p>The Committee gained assurance that lessons learnt in relation to 136 admissions would be shared, and a Task and Finish Group re-established to explore the issues. The Committee fully acknowledged the sensitivity of the experience summarised by the patient. A meeting was scheduled to feedback the points raised between the Committee Chair and the North Wales Police and Crime Commissioner.</p> <p>The Committee received an update on Child and Adolescent Mental Health Services and their performance against the Mental Health Measure targets, noting a significant improvement in relation to waits</p>

	<p>for assessment and therapy. It was noted that cross over was gained to ensure targets were met in challenging periods. GP cluster leads had responded positively to the North Denbighshire pilot. Welsh Government Funding was used to enhance Early Intervention services.</p> <p>The Committee noted and endorsed the Action Plan produced to address the 5 recommendations outlined in the Child and Adolescent Mental Health Services' response to the Delivery Unit Report on Primary Care Mental Health. It was noted also that the business case for PICU had been finalised.</p> <p>The Committee noted that Health Inspectorate Wales Monitoring Report had highlighted a theme of continuous improvement with significant improvements to services across the Division.</p>
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Healthcare Inspectorate Wales (HIW) Monitoring Report - the theme of continuous improvement was been noted, along with significant improvements across the Division.
Special Measures Improvement Framework Theme/Expectation addressed	Mental Health
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	<p>In summary, the purpose of the Committee is to consider and maintain the use of the Mental Health Act, Mental Capacity Act and the Mental Health Measure and provide assurance to the Board</p> <p>As such the Committee gives consideration to the sustainable development principles in their widest sense.</p>
Planned business for the next meeting:	Range of regular reports as per the cycle of business.
Date of next meeting:	20 th December 2019

Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Remuneration & Terms of Service Committee
Meeting date:	29.8.19
Name of Chair:	Mr Mark Polin, Chair
Responsible Director:	Mrs Sue Green, Executive Director of Workforce & OD
Summary of business discussed:	<p>The Committee considered the following issues in public:</p> <ul style="list-style-type: none"> • Audit Committee feedback on the R&TS Committee Annual Report, which led to amendments to the R&TS terms of reference, already approved by the Board in July 2019 (references to trade union partners and the addition of responsibility for oversight of revalidation). • The Committee discussed the need to be sighted on objective setting and performance appraisal of very senior managers. It was agreed to amend the second and third bullet points in section 3.1.1 of the terms of reference, to read <i>'be sighted on the objectives set by the Chief Executive for his immediate team, confirm that all Directors have had objectives set, and that appropriate and timely performance reviews have taken place'</i>. • Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 18/19 • General Medical Council (GMC) Revalidation Update 2019 • Review Body on Doctors' & Dentists Remuneration Report <p>and in committee:</p> <ul style="list-style-type: none"> • Details regarding a collective grievance • Executive and Director changes • Upholding Professional Standards in Wales (UPSW) Independent Member Report – restrictions or suspensions more than six months in duration.
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Appropriate governance processes are being followed in respect of performance management, oversight of staff, workforce processes and UPSW requirements.

Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> Information was provided on mitigating actions in respect of risks relating to the collective grievance.
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> Leadership and Governance.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	The Board is asked to approve the revised wording to section 3.1.1 of the attached terms of reference.
Well-being of Future Generations Act Sustainable Development Principle	<p><i>1. Balancing short term need with long term planning for the future – considered as part of the Executive changes agenda item</i></p> <p><i>2. Working together with other partners to deliver objectives – covered during the collective grievance and UPSW agenda items</i></p> <p><i>3. Involving those with an interest and seeking their views – via consultation with trade union partners</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – consideration of senior pay issues</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – noted.</i></p>
Planned business for the next meeting:	<p>Range of standing items plus -</p> <ul style="list-style-type: none"> Proposals regarding substantive senior appointments to replace current interim arrangements.
Date of next meeting:	4.11.19 (additional extraordinary meeting under consideration).

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

**REMUNERATION AND TERMS OF SERVICE
COMMITTEE**

1. INTRODUCTION

- 1.1** The Board shall establish a committee to be known as the Remuneration and Terms of Service Committee (**R&TS**). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

- 2.1** The purpose of the Committee is to provide:

- advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;
- assurance to the Board in relation to 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; and
- to perform certain, specific functions as delegated by the Board and listed below.

3. DELEGATED POWERS AND AUTHORITY

- 3.1** The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

- 3.1.1** comment specifically upon

- the remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;
- and be sighted on the objectives set by the Chief Executive for his immediate team, to confirm that Directors have had objectives set, and that appropriate and timely performance reviews have taken place
- proposals to make additional payments to consultants;
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

- removal and relocation expenses
- 3.1.2 consider and approve Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance.
 - 3.1.3 to monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professionals.
 - 3.1.4 monitor and review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;
 - 3.1.5 investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
 - 3.1.6 obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
 - 3.1.7 consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business including approval of Workforce policies.
 - 3.1.8 Consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months.

4. SUB-COMMITTEES

- 4.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

5. MEMBERSHIP

5.1 Members

- Four Independent Members of the Board
- The Chair of the Audit Committee will be appointed to this Committee either as Vice-Chair or a member.

5.2 In attendance

- Chief Executive Officer
- Executive Director of Workforce and Organisational Development (Lead Director)

Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting. A Trade Union Partner Chair of the Local Partnership Forum will be in attendance at meetings held in public as an ex-officio member.

5.3 Member Appointments

5.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

5.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

5.4 Secretariat

5.4.1 Secretary: as determined by the Board Secretary.

5.5 Support to Committee Members

5.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

6. COMMITTEE MEETINGS

6.1 Quorum

6.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that at least one Executive Director will also be in attendance.

6.2 Frequency of Meetings

- 6.2.1 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the Health Board's annual plan of Board Business.

6.3 Withdrawal of individuals in attendance

- 6.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES

- 7.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

- 7.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

- 7.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

7.3.1 joint planning and co-ordination of Board and Committee business; and

7.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 7.4 The Committee shall embed the corporate goals and priorities through the conduct of its business and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

8. REPORTING AND ASSURANCE ARRANGEMENTS

- 8.1 The Committee Chair shall:

8.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities, via the Chair's assurance report as well as the presentation of an annual Committee report;

8.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 8.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 9.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

10. REVIEW

- 10.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval

Audit Committee

Health Board

Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Strategy, Partnerships and Population Health Committee
Meeting date:	01.10.19
Name of Chair:	Mrs Marian Wyn Jones, BCUHB Vice Chair
Responsible Director:	Mr Mark Wilkinson, Executive Director Planning and Performance
Summary of business discussed:	<ul style="list-style-type: none"> • SP19/84 Reconnecting with the public – an update on public engagement – this update report was noted. Discussion centred on past progress and future priorities, such as the clinical strategy. The new website is a real opportunity to use new media. The Team was congratulated for their nomination in the CIPR awards. • SP19/85 Public Health Update: Well North Wales – Annual Report 2018-19 – Key priorities were noted in this annual report: infrastructure and networking, housing, social prescribing, and food poverty. The programme has received national recognition for work in tackling food poverty. • SP19/86 Presentation: Research and Innovation Strategy – key themes and the process in getting a new strategy were highlighted as well as reflections on the previous strategy. The committee expressed a wish for clarity of actions, and measurement of impact. • SP19/87 Annual Operational Plan Monitoring report – noted • SP19/88 Development of the Three Outlook and 2020/21 Annual Plan – the key issue here was the need to develop our RTT plan. • SP19/89 Enabling Strategies: Quality Improvement Strategy briefing – The committee were reminded of our key themes: to reduce mortality, harm, improve reliability of care, deliver what matters most, and integrate care. Some real successes were noted eg ward accreditation and reduced infection rates. • SP19/90 Transformation Bid: Children and Young People Update – noted. • SP19/91 Planning Board - Substance Misuse Update – noted, in particular the strong multi agency working, and the completion of The Elms in Wrexham. • SP19/92 Welsh Language Standards Update – The Committee received an update on progress with the delivery of the Welsh Language Standards following the issue of the final

	<p>compliance notice in line with the Welsh Language measure 2011. It was noted that new standards are now in force and although exemptions can be applied for, they are time limited.</p> <ul style="list-style-type: none"> • SP19/93 Strategic Equality Plan and Objectives 2020-24 - For agreement in draft prior to external consultation – SEP approved in draft for the period of consultation. • SP19/94 North Wales Regional Partnership Boards update: Wrexham and Flintshire – noted • The In Committee session received a progress update on the development of a Clinical Services Strategy underpinned by a new digital approach.
Key assurances provided at this meeting:	<p>The following key assurances were gained in the meeting</p> <ul style="list-style-type: none"> • SP19/84 Reconnecting with the public – update on public engagement. The update summarised the approach and key public engagement activities undertaken. It had been widely recognised that the team had been working with communities and stakeholders, in order to gain and raise confidence in the Health Board to help develop and improve services in line with the Three Year Outlook. • SP19/86 Presentation: Research and Innovation Strategy The committee had been provided with the update in relation to the progress of the Strategy for Research and Innovation within BCUHB. It was noted that the plan would be taken to the board workshop in October, and then the Board would receive the Strategy at the November meeting. • SP19/88 Development of the Three Outlook and 2020/21 Annual Plan The plan set out the progress made towards the development of our Three Year Outlook and 2020/21 plan in line with the agreed timetable. It was accepted that the organisation required to finalise its RTT plan. The progress of the update was noted by the committee. • SP19/94 North Wales Regional Partnership Boards update: Wrexham and Flintshire The Committee noted the update and current progress made by the Flintshire and Wrexham PSBs. • SP19/96 Key Themes for Delivery for Winter 2019/20: a National Approach The Committee noted the contents and actions along with timescales in order to deliver plans as stated within the report. It was noted that themes had been identified with a particular focus for winter 19/20. The future Intention of developing a summer plan was noted and discussed.
Key risks including mitigating actions and milestones	None
Special Measures Improvement Framework	<ul style="list-style-type: none"> • Mental Health / Strategic & Service Planning • Engagement

Theme/Expectation addressed	
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave consideration to the following sustainable development principles: <i>1. Balancing short term need with long term planning for the future;</i> <i>2. Working together with other partners to deliver objectives;</i> <i>3. Involving those with an interest and seeking their views;</i> <i>5. Considering impact on all well-being goals together and on other bodies</i>
Planned business for the next meeting:	Range of regular reports plus an update on the services strategy.
Date of next meeting:	12.11.19 Workshop 3.12.19 formal business meeting

Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Digital & Information Governance Committee
Meeting date:	27.9.19
Name of Chair:	Mr John Cunliffe, Independent Member
Responsible Director:	Dr David Fearnley, Executive Medical Director
Summary of business discussed:	<p>The Committee considered the following items:</p> <ul style="list-style-type: none"> • Revised Terms of Reference <ul style="list-style-type: none"> ○ Following renaming of the Committee, some further amendments were suggested. These included defining the SIRO (senior information risk officer) and the lead executive director for Information Governance. • A revised Informatics Operational Plan <ul style="list-style-type: none"> ○ Impact of WCCIS and ED system delays was discussed. • Operational Plan progress monitoring report <ul style="list-style-type: none"> ○ Continuing challenges with WCCIS and its risk status were highlighted along with issues with IP telephony, CHAI & Office 365. • Informatics Quarter 2 Assurance Report <ul style="list-style-type: none"> ○ WAO ICT asset management report progress update ○ the significant health record storage issue created National Infected Blood Inquiry was noted. Significant cost pressures for future financial years will be highlighted to F&P Committee. The potential to digitize health records was discussed with previous analysis of scanning to be shared. ○ Potential development of a Digital Impact Assessment to be examined to aid integration with wider operational plans • Draft Informatics section of 3 year forward plan was noted • Digital Transformation Group Chair's assurance report was

	<p>received, noting that this group would be superseded by an Improvement Group</p> <ul style="list-style-type: none"> • IT change management policy was approved subject to various amendments being completed • Wales Audit Office 2014 and 2018 Clinical Coding Audit management response was received. It was agreed a further updated document would be provided to the Audit Committee. • An update was provided on NWIS for information with discussion on contextualising future reports for BCU • The Information Governance annual report 2018/19 was ratified. • Information Governance quarter 2 assurance report <ul style="list-style-type: none"> ○ FOI process was discussed with further information on exemptions requested • Information Governance Group assurance report • Caldicott : Principles into Practice Outturn report 2019 and Improvement Plan 2019/20 • At the InCommittee session the development of a BCU Digital Strategy was discussed.
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Progress against Informatics Operational Plans • BCU's Digital strategy was continuing to be developed • Continued progress on good Information Governance
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Continued Delay in progress with the national WCCIS and other national systems. • Further concern regarding business continuity following another major national data centre failure/outage • Capacity to roll out digital mobile workforce plans • Paper health records storage
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • Governance
Issues to be referred to another Committee	<ul style="list-style-type: none"> • F&P <ul style="list-style-type: none"> • Additional Costs to maintain paper health records due to national blood enquiry

	<ul style="list-style-type: none"> • Audit <ul style="list-style-type: none"> • Receive update on WAO 2014 & 2018 clinical coding
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	The Committee is content that these principles are taken into account as part of its core business and in the consideration of papers.
Planned business for the next meeting:	Range of regular reports
Date of next meeting:	21.11.19

Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Advisory Group Chair's Report	

Name of Advisory Group:	Stakeholder Reference Group (SRG)
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Meeting date:	10 September 2019
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Name of Chair:	Mr Ffrancon Williams
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance
Summary of key items discussed:	<p>Mental Health update, incorporating Finances</p> <p>A presentation was delivered to the Group by representatives from the Mental Health and Learning Disabilities Division. The Service is in Special Measures and a lot of work has been ongoing in response to this and has also contributed to an overspend for the Health Board.</p> <p>A new model of care is being developed which is based on Primary Care / Community Care Hub / Bed Based Provision. This is linked to the ICAN pathway which is an alternative to statutory services. This has been tested in Unscheduled Care and has received a huge amount of praise from Service Users. The service is building priorities up, looking at what can be done differently, measuring success and finances. A lot of work was done in shifting the culture of Mental Health staff confidence following Tawel Fan and being placed in Special Measures. There are proposals for additional investment in Primary Care Practitioners, Crisis Intervention and Rehabilitation.</p> <p>The Mental Health and Learning Disabilities budget accounts for 10% of the overall Health Board spend. The overspend has reduced and it is hoped that the Division will break even at the end of the financial year. One of the big areas of spend is on out of area placements. Savings have been made by reviewing the packages of care and ensuring placements are appropriate.</p> <p>Clinical Services Strategy</p> <p>Sally Baxter, Assistant Director – Health Strategy delivered a presentation on developing our clinical services strategy. It is a requirement of Welsh Government that we have a Clinical Services</p>

	<p>Strategy as part of our 3 year planning process. It will give the Health Board direction and clear focus. Work to develop the Strategy is going on with service users, groups and carers. This fulfils the Welsh Government quadruple aim “A Healthier Wales”. Engagement with the Regional Partnership Board has taken place and there have been bids made for transformation funds.</p> <p>A better value approach is being adopted to look at maximising value for the population and across the whole pathway. Access and travel times are recognised within this work. An All Wales National Clinical Plan has been developed, which this work will link to, and priorities have been identified for discussion. The work will address financial sustainability to contribute to the recovery plan. It was noted that workforce sustainability is an issue. Current work is undergoing to engage with the relevant Forums, before public engagement takes place.</p> <p>Strategic Equality Plan Sally Thomas, Head of Equality, Diversity & Human Rights and Mike Townson, Senior Equalities Manager delivered a presentation to the Group relating to the Strategic Equality Plan. There is a duty on the Health Board to produce this Plan as part of the Equality Act.</p> <p>Third Sector Strategy Sally Baxter, Assistant Director – Health Strategy gave a verbal update relating to the Third Sector Strategy. A summary of engagement feedback was reported to the Strategy, Partnership and Population Health Committee on 3rd September. Themes are communication, trust, recognition, time and wealth of experience. Revised principles and actions to improve areas are being developed.</p> <p>Well-Being of Future Generations Act Sally Baxter, Assistant Director – Health Strategy gave a verbal update relating to the Well-Being of Future Generations Act. This featured as a section within the Health Board Annual Report this year.</p>
<p>Key advice / feedback for the Board:</p>	<p>The work in Mental Health is encouraging, with the Pathway approach and the projection of savings to break even. It was pleasing to hear of the effectiveness of the referral process and the Community Care Hub. The Group was encouraged to hear about the use of Mental Health Practitioners working with the Police before S136 Powers were implemented.</p> <p>Relating to the Clinical Services Strategy, the Group emphasised the importance of public engagement that will be needed around the changes to services. Transport links, travel times to services and WAST performance (Welsh Ambulance Services Trust) needs to be taken into account and prioritised in some way.</p>

	The Chair noted the on-going lack of attendance by Local Authorities and the Group agreed that the matter should be raised with them so that attendance at the SRG meeting would be prioritised.
Special Measures Improvement Framework Theme/Expectation addressed	Strategic planning Engagement
Planned business for the next meeting:	<p>The Group confirmed the following items will be considered for the December meeting:</p> <ul style="list-style-type: none"> • Social Prescribing and Health and Well Being Hubs • Three Year Plan update • Primary Care Updates – Chris Stockport to attend <p>With the following items in reserve:</p> <ul style="list-style-type: none"> • Any Business Cases • Workforce Strategy update
Date of next meeting:	17 December 2019

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Health Board 7.11.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Advisory Group Chair's Report	
Name of Advisory Group:	Healthcare Professionals Forum (HPF)
Meeting date:	13.9.19
Name of Chair:	Mr Gareth Evans, Clinical Director Therapy Services, Therapies & Health Science
Responsible Director:	Mr Adrian Thomas, Executive Director of Therapies & Health Science
Summary of key items discussed:	<ul style="list-style-type: none"> • H19/32 Matters arising and summary action log • H19/33 Introduction and Overview of Planning and Performance Directorate. • H19/34 Corporate Planning Update – Developing our Clinical Services Strategy • H19/35 Performance Update • H19/36 Development of Strategic Equality Draft Objectives • H19/37 Quality & Improvement Hub (QI) • Members' Summary Updates • Exit Interviews
Key advice / feedback for the Board:	<p>H19/32 The Vice-Chair wished members and the Health Board to note the importance of Exit Interviews and the feedback that is received.</p> <p>H19/33 The Forum received an Overview of Planning and Performance Directorate by the Executive Director, Mr Mark Wilkinson. Members noted the comment Mr Wilkinson made of the importance of the Health Board plans being Specific, Measurable, Achievable, Realistic and Time (SMART) and how important it is that going forward, our plans need to be built up from services and teams. Members also acknowledged the underdeveloped areas of Primary Care and Demand Management.</p> <p>H19/34 Members received an update from the Assistant Director for Health Strategy on Developing our Clinical Services Strategy. The presentation incorporated the following slides:</p> <ul style="list-style-type: none"> • Reviewing our strategy • Population Health • Life expectancy at birth – trends 1 and 2 • Review of current strategies and evidence • Living Healthier, Staying Well • A Healthier Wales: actions required to date

- Acute hospital care – current position
- Other major services – current developments
- What else will shape the future clinical services strategy
- Where does this take us?
- Priorities identified to date
- Clinical Leadership
- Questions to consider
- Next steps

It was noted by the Forum that as members of the Health Board attending National Groups, we have a responsibility to disseminate communication across the Health Board.

Members also agreed there needs to be more Clinical Involvement and this should be encouraged more. The Forum also recognised the importance to provide time and space for this.

H19/35 The Forum received a presentation from the Director of Performance, which incorporated the following slides:

- Performance Framework
- Key Performance Indicators
- RTT – Waiting List All BCU Patients
- Diagnostics – unvalidated over 8 week position
- Cancer
- Unscheduled Care
- Ambulance Handover and DTOC
- Quality Improvements – reducing Mortality
- BCUHB Reducing Harms – Collaborative Approach
- The Future of Performance

Members noted the long-term objective for Performance is delivering a better outcome for the population of Wales. The Key Performance Indicators were also noted by the Forum who welcomed an update that these measures are under review to ensure they are balanced to meet the strategic intent of A Healthier Wales.

H19/36 Members received a presentation on Development of Strategic Equality Draft Objectives by Sally Thomas, Head of Equality and Human Rights. The presentation incorporated the following:

- Background to the Plan
- Our work to date
- Our draft Equality Objectives
- Questions to HPF Members

The Forum were informed Wales has the strongest equality laws across Great Britain and the Welsh Government are currently working to further strengthen the equality and rights protections afforded to individuals in Wales. Members were also advised that

	<p>the consultation document will be circulated in October and the forum have been invited to respond.</p> <p>H19/37 Members received a presentation on BCU Quality & Improvement Hub (QI) from Dr Melanie Maxwell, Senior Associate Medical Director. The presentation incorporated the following:</p> <ul style="list-style-type: none"> • What is the hub? • Quality Framework • What are the hub aims • The offer • What have we achieved so far? • What next? • How will we judge success? • Why get involved? <p>The forum were informed the function of the Hub is to look at “<i>How do we work together to improve services</i>” and it is hoped through the quality framework this will be the way forward, alongside the idea of networking. Members also noted all Health Boards are now required to have a QI Hub. The Forum supported the need for this work to be linked to organisational priorities and that it should be part of peoples jobs as well part of a prevailing culture.</p> <p>H19/38 The forum noted the written updates received from the following representatives:</p> <p>H19/38.01 Pharmacy and Medicines Management H19/38.02 Nursing H19/38.03 Healthcare Science</p> <p>H19/34.04 The member for Optometry raised the concern again around Contact Lenses Service and the information being received by patients. It was agreed that the Lead Executive Director of the Forum who would refer the concerns onto the appropriate Operational Lead.</p>
Planned business for the next meeting:	Range of standing items plus: <ul style="list-style-type: none"> • Corporate Planning • Workshop
Date of next meeting:	13 th December 2019

Disclosure: Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Health Board		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19	To improve health and provide excellent care	

Report Title:	Primary Care & Care Closer to Home
Report Author:	Dr Chris Stockport, Executive Director, Primary Care & Community Services
Responsible Director:	Dr Chris Stockport, Executive Director, Primary Care & Community Services
Public or In Committee	Public
Purpose of Report:	To provide an update on Primary Care and Community Service transformation, 12 months after the commencement of the Executive Director of Primary Care and Community Services.
Approval / Scrutiny Route Prior to Presentation:	This update was directly requested at the Health Board meeting in September 2019.
Governance issues / risks:	<p>This paper is an update document for discussion and does not raise any additional current governance issues or risks.</p> <p>However the paper does highlight the need for the Health Board to consider the impact of the ongoing development of Health and Social Care Localities ('clusters') upon Health Board governance processes.</p>
Financial Implications:	The paper highlights a number of potential constraints to the future rate of Primary Care transformation that the Health Board will need to consider during future budget setting processes.
Recommendation:	The Board is asked to note the considerable progress that has been made in Primary and Community Service transformation during the last year. The Board is also asked to consider the governance and financial implications of the transformation programme as it moves further forwards, outlined within the paper.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	X	1.Balancing short term need with long term planning for the future	X

2.To target our resources to those with the greatest needs and reduce inequalities	X	2.Working together with other partners to deliver objectives	X
3.To support children to have the best start in life	X	3. Involving those with an interest and seeking their views	X
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	X	4.Putting resources into preventing problems occurring or getting worse	X
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	X		
7.To listen to people and learn from their experiences	X		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and service planning			
Equality Impact Assessment			
Not required for update paper of this nature			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Primary Care & Care Closer to Home Update Report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Chris Stockport
Executive Director Primary Care & Community Services

November 2019

Introduction

This document provides an overview of the progress being made with major areas of work related to Primary Care, or that fall under our Care Closer to Home approach. It outlines the work now required to build upon our current position.

The Primary, Community and Care Closer to Home landscape is a busy space with regard to service redesign and policy. The interdependencies between different components of work are complex although this may not always be readily visible; however a carefully coordinated approach is being taken to ensure we interweave our redesign. In this regard the totality of work is greater than the sum of its parts.

Local redesign is occurring within the context of a number of different policy documents and drivers; the opportunities for exciting and sustainable redesign have never been greater. This includes the desire to develop the ambitions outlined within a Healthier Wales, developing the Prudent Healthcare agenda within a primary care context, the new Primary Care Model for Wales and our own strategic desire to de-medicalise (and instead 'socialise') primary and community services where it is appropriate to do so.

Drawing together the various policy drivers, the interdependencies, and our local context, has been key to creating a roadmap that can be more easily articulated and out of this, four key pillars have emerged. All four must be right for us to deliver sufficient, high quality, and sustainable care closer to home within primary and community settings; failure to deliver any one part results risks in the failure of the whole.



This paper outlines the activity underway within each of these pillars.

A. Primary Care Capacity

Primary Care is responsible for:

- delivering the vast majority of **first contact** scheduled and unscheduled healthcare
- **triaging** and **streaming** appropriate access into secondary care level services
- **coordinating** and **clinical oversight** of complex community based healthcare

Primary care is not just General Medical Practice ('GP's') but GMP is the largest component

Mostly delivered through independent contractors

We have had major capacity challenges with regard to the delivery of Primary Care across most contractor groups, including GMP, Dental, and community pharmacy in recent years. These have been most significant in GMP and Dental.

Key projects underway that are addressing PC capacity include:



These are generally progressing well.

■ **GMS Contract**

Status: On-track (Green)

19/20 has seen a significant refresh of the GMS contract in Wales. The Quality and Outcomes Framework (QOF) has been removed and replaced with the Quality Assurance and Improvement Framework (QAIF). QAIF requires delivery against a nationally-set basket of quality improvement activities.

A requirement to diversify and improve access to primary care advice has also been added, which will require significant telephony upgrades for many practices (see later) and the offering of email consultations.

Payments to retain GPs as partners (rather than salaried or locums) have been introduced.

A stronger expectation to work collaboratively is writ large throughout the contract specification.

The Health Board area teams and GMS contract team are heavily occupied presently delivering roadshows, supporting practices to understand the significantly amended contractual requirements, and upgrading our own internal systems for support and monitoring of the contract.

■ Primary Care Model

Status: On-track (Green)

The 'Primary Care Model for Wales' is the coordinated roll-out of an updated primary care model. The national model is entirely consistent with our local innovation in recent years.

Indeed, BCU is able to demonstrate a number of exemplar projects that have significantly contributed to setting the pace and breadth of thinking within the Primary Care Model for Wales. In particular, the work achieved in Prestatyn, in Blaenau Ffestiniog, and in a range of innovative primary care advance practitioner roles within nursing, physio, pharmacy & occupational therapy has informed the Primary Care Model as it has evolved in the last year.

Our workforce modelling, PACCA academy, cluster development, and promotion of the social model of care philosophy are key pieces of work contributing to our local rollout of the model.

In addition to the work required for local implementation, senior representatives from BCU are leading or strongly contributing to the national roll-out and oversight of the model.

Managed Practices

Related to this piece of work is the way in which we use our managed Primary Care practices. Whilst the model is relevant within both managed and independent practices, the contribution that managed practices can offer to support the rollout should not be underestimated, nor should the opportunity that the model has to offer for managed practices.

For this reason coordination of managed practices is being brought together 'behind the scenes' into a managed practice unit. The unit will prioritise implementing (and further informing) the new model within those managed practices that have not yet fully adopted it. Although resource will be required to complete this, it is an important step to returning managed practices onto a sustainable footing, able to make best use of resources longer-term.

■ Workforce modelling

Status: On-track (Green)

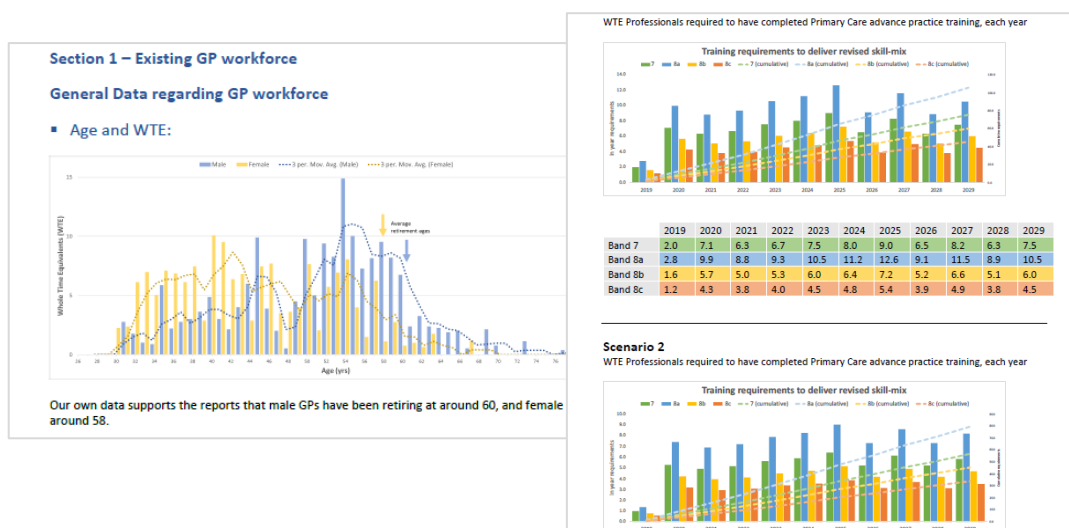
This piece of work has focused upon making better use of the limited workforce data that we have regarding our independent contractors, allowing us to plan better, support practices better, and better predict workforce gaps before they impact.

So far, GP contractor data has been used to simulate a number of scenarios based upon

- different GP retirement ages,
- different GP refill and recruitment rates,
- different workforce diversification approaches, and
- primary and community care workload expansion projections.

This has created a model which identifies hotspots, and quantifies recruitment and training requirements.

This has been a significant piece of work, never done before. As the model is evolving we are continuing to make refinements. This includes widening the model beyond GPs and advance practitioners to include other professional groups.



Since commencing this work, and recognising the paucity of data nationally, the GMS contract refresh has introduced a requirement for practices to provide additional workforce data via a national toolkit. This dataset (once available) will feed into our existing project.

The modelling has informed the need to significantly expand our training provision, which is being incorporated into our Primary & Community Care Academy plans (see next section).

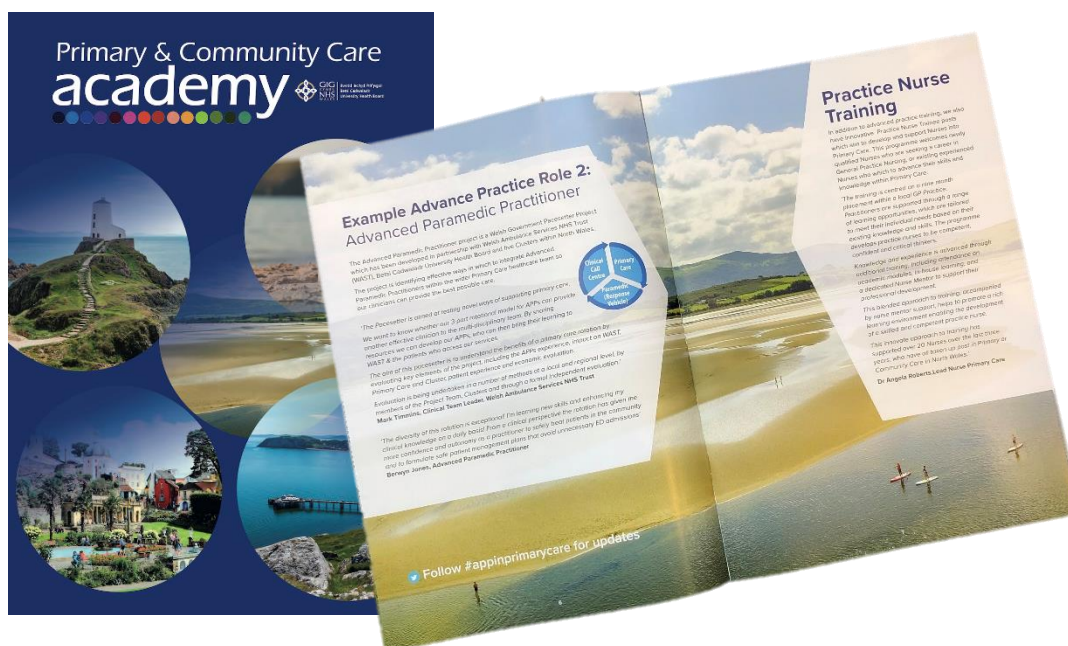
■ Primary & Community Care Academy (PACCA)

Status: On-track (Green)

The Primary & Community Care Academy (PACCA) has been created to serve three objectives. Firstly to ensure we train our diversified primary care workforce as efficiently as possible by facilitating and coordinating workplace training opportunities. Secondly, to provide focused support to independent contractors wishing to redesign their services (whether they are struggling or not) by sharing examples of best practice, ideas and expertise. Thirdly, to aid recruitment into Primary and Community Services in North Wales by promoting our ability to offer work within educationally rich and research rich environments.

The Academy is now in the first operational year, with an Academy manager in place and making progress against an ambitious plan to expand activity in year two.

Components of the Academy programme were tested at the recent Royal College of General Practitioner (RCGP) conference in Liverpool, where they were particularly well received. As a result serious conversations are currently progressing with a number of GPs, attracted by the developmental opportunities outlined, and now considering working in North Wales.



Work currently underway (Year 1):

- Website created (currently being translated)
- Online training resources for Primary & Community Care professionals being finalised, covering topics such as de-medicalisation, maximising MDT working in Primary Care, social prescribing, determinants of health and social model of care.
- Library of best practice being collated, sharing experiences and tips on service redesign for independent contractors
- Mentorship programme for advance practice nurses trainees in Primary Care in place
- Coordination of practices with training capacity across GP training, advance practice training, and undergraduate student training
- Current piloting of Advance Practice Primary Care Paramedics, with creation of an in-practice training programme, mentorship and partnership with GP educators
- Further building of relationships with HEIs and HEIW underway
- Scoping of Primary Care research capacity with BCU colleagues
- Creation of a 'Faculty' of expertise to support practices in difficulty, or to provide mentorship to practices wishing to introduce service redesign

▪ Dental strategy

Status: Amber

Work is ongoing with regard to the creation of a dental strategy for BCU which addresses equity of provision, and explores more contemporary approaches to providing appropriate provision in our more rural areas in particular.

This work is now behind schedule, but is being brought back on track by the direct oversight of one of the Area Directors.

Alongside the Welsh Government dental reform programme is being adopted, and contractors are being proactively supported to consider applying.

▪ Clinical care pathways

Status: Just commencing

In brief, this work will recast our thinking away from Social, Primary, Community and Secondary care working in silo isolation, and instead focus upon whole clinical pathway journeys, starting with a number of key clinical conditions.

The opportunities of looking at the whole pathway include

- Ensuring early parts of the pathway (often under-represented when sectors of care are considered individually) are adequately reflected in resource allocation, increasing the potential of upstream prevention, and maximising more simple, but effective, interventions.
- Ensuring that social medicine, and 'what matters' are adequately reflected within individual decision making.
- Maximising the consistency of referral practice along a disease continuum (e.g. both to and back from secondary care) helping to ensure secondary care elements of our pathways are only used when necessary.

The clinical pathways work is an important piece of cross-cutting work and the learning from work done elsewhere, most notably 'HealthPathways' in Canterbury NZ, is currently being explored. This is likely to require significant capacity to drive at full pace (see constraints later), but the rewards in terms of patient experience/quality and system efficiency are likely to be significant.

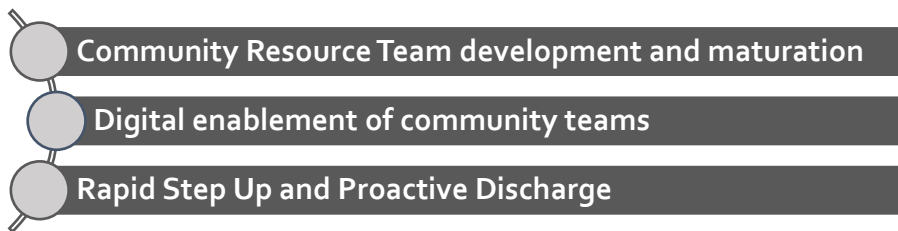
Presently the leadership for this resides within the Care Closer to Home Improvement Group, but it is recognised that this cuts across the planned care and unscheduled care Improvement Groups and also across all executive portfolios.

B. Community Care Capacity

Community Health Services deliver

- the majority of **home-based** care to **non-ambulatory** individuals
- a number of **specialist professional** non-GP services based outside of hospital

Alongside is a rapidly developing cadre of professionals who contribute additional multi-disciplinary skills, including many not directly employed by the Health Board



It is not just primary care capacity that is being addressed. Community Care services also require transformation to make the best contribution to the care of increasing levels of frailty and chronic disease and work is underway in this regard.

Historically, our community services have tended to operate in parallel, but separated from, primary care. Our work on developing clusters, and expanding the new model for Primary Care is specifically addressing this.

Key areas to provide updates on include:

■ Community Resource Teams

Status: On-track (Green)

Our community based staff are aligning into Community Resource Teams (CRTs).

CRTs are teams of community based professionals that are multi-disciplinary, and multi-partner by design, with colleagues from different professional backgrounds within health, social care and other partner organisations sat alongside each other and working together. Rather than the historic configuration of a district nursing team, OTs, social workers working independently, CRTs bring them together into a collaborative team covering specific geographical areas that map within cluster boundaries.

This work is being supported by a CRT maturity framework that has been agreed amongst RPB partners, with A Healthier Wales transformation funding supporting all clusters to increase the

maturity of their CRTs at pace. Within this several clusters are undertaking specific pacesetter activity that can then be rolled out across the CRTs in all clusters.

Colleagues from the Institute of Public Care are supporting us with evaluation and benchmarking, and we are also working with the NHS Wales Delivery Unit who are assisting us to 'Right Size' our community service provision.

▪ Digital Enablement

Status: Red

Our community staff who almost without exception, continue to provide predominantly paper based care when in patient homes, and the progression of CRTs is at risk of being limited by this in addition to the considerable inefficiencies that this creates when returning to offices to re-enter data at fixed computer points.

The landscape for community service digitalisation is complex, occurring within the context of the national roll-out of the WCCIS system (which will be the database used by community health and LA colleagues), and some concerns about functionality.

We are working alongside the national rollout to prepare and implement the complementary digital initiatives that will provide additional support to teams alongside WCCIS. This includes providing community nurses with electronic diary booking, clinical photography and smart-enabled access to existing electronic records. A number of pilots are proposed, supported by A Healthier Wales transformation funding which will progress as soon as procurement (currently underway) allows.

▪ Rapid Step Up & Proactive hospital discharge

Status: Amber

A shift of emphasis is required to support teams to wrap around those members of the community known to them and to be able to more rapidly escalate community care to avoid hospitalisation. In addition, there is more that can be done to go into hospital and proactively identify individuals who can be returned to community settings more quickly to have their recover supported by a team that already knows them.

Work on this cultural shift is underway, ultimately enabled by our CRT reconfiguration and digitalisation work.

Successful development of primary care, and of community services, requires high-trust, robust partnership working between different organisations and sectors.

Partnership working offers a range of opportunities including demedicalisation, community resilience, organisational resilience, and better outcomes

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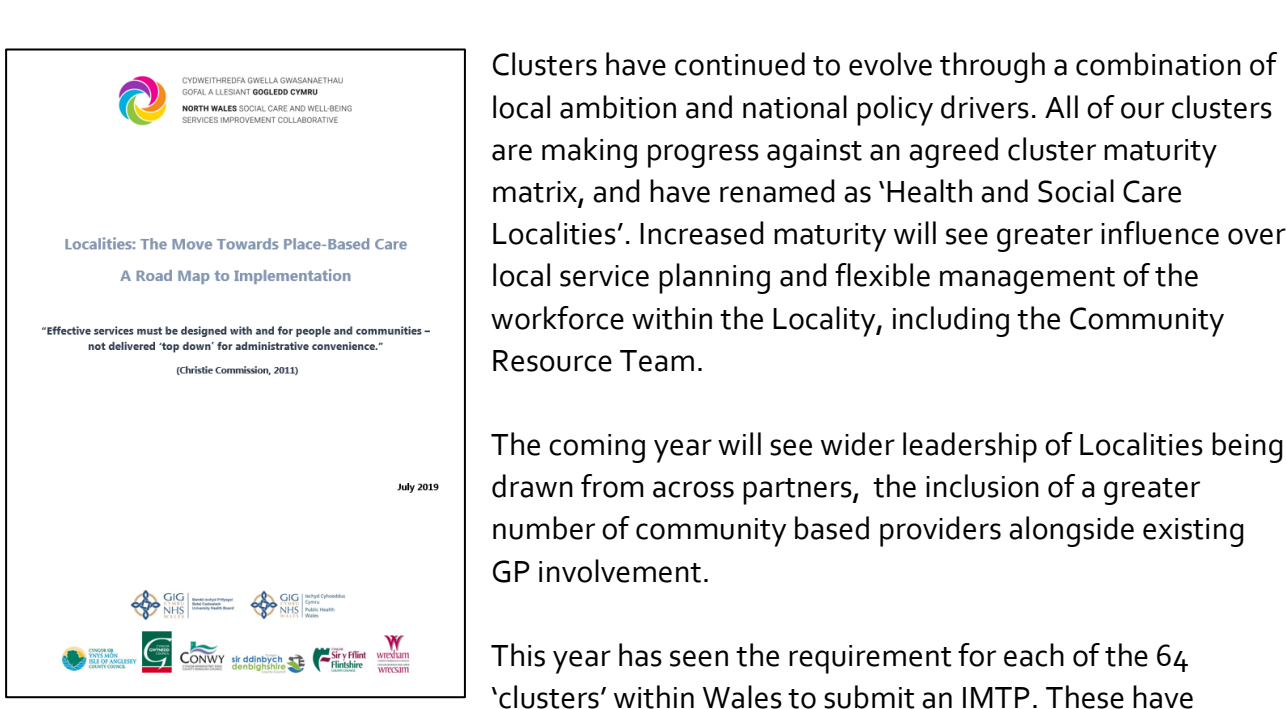
Partnership working offers a range of opportunities including demedicalisation, community resilience, organisational resilience, and better outcomes


We have made consistent progress in the development of partnership working during the last year, with a commitment to maintain this progress.

Examples include:

Clusters/Localities

Status: On-track (Green)





CYDWITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESANT **GOGLEDDO CYMRU**
**NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE**

Localities: The Move Towards Place-Based Care
A Road Map to Implementation

"Effective services must be designed with and for people and communities – not delivered 'top down' for administrative convenience."

(Christie Commission, 2013)

Clusters have continued to evolve through a combination of local ambition and national policy drivers. All of our clusters are making progress against an agreed cluster maturity matrix, and have renamed as 'Health and Social Care Localities'. Increased maturity will see greater influence over local service planning and flexible management of the workforce within the Locality, including the Community Resource Team.

The coming year will see wider leadership of Localities being drawn from across partners, the inclusion of a greater number of community based providers alongside existing GP involvement.

This year has seen the requirement for each of the 64 'clusters' within Wales to submit an IMTP. These have

recently been assessed by colleagues in Public Health Wales who made the following observation:

[the BCU] Health Board plans stood out as exemplary plans when compared to the ...[other]... health board submissions reviewed, and in general terms, this HB is well on its way to developing robust, meaningful plans that demonstrate how they will drive forward cluster based working and improvements in population health, linked to their HB IMTP and wider partnership planning infrastructure. This HB cluster plans had some exemplary sections within individual plans - needs assessment, finance, workforce and assets sections in this HB plans were more detailed than the other HBs, and the overall narrative of the plans flowed telling a good story about where the cluster was heading.

Community Partnerships

Status: On-track (Green)

In their IMTPs, each cluster/Locality has been able to provide a number of examples of how they have contributed to the creation of stronger community partnerships focused around 'What matters' to individual service users.

GP Federations

Status: Amber

Work continues to progress to help independent GP practices to understand what opportunities may exist to create business federations. We believe this will offer contractors opportunities to improve resilience through the sharing of expertise, and efficiencies through scale, and so the Health Board continues to commit to support contractors to explore this further.

Health Board Integration

Status: Amber

The course of the last year has seen a number of examples of greater partnership and integration of Primary Care and Community Services within other Health Board services. The commitment to 'whole' clinical pathways referred to above is but one example. Another is the ongoing support of BCU colleagues to explore ways of helping independent GP contractors to meet the telephony requirements of their revised GP contract by making use of the new BCU telephony infrastructure.

Wales sharing of ideas

Status: On-track (Green)

The Health Board now provides a consistent contribution on an all-Wales basis to the strategic direction of Primary Care and Community Services, chairing national workstreams, proactively contributing to other workstreams, and providing consistent attendance at national learning and sharing events. A number of partnerships to pilot new ways of working have arisen as a consequence.

D. Philosophy & Approach

The sustainability of healthcare services is as much to do with philosophy and culture as it is to do with sufficient professional capacity.

Within Primary Care environments huge opportunities exist to adopt less medicalised approaches to the delivery of healthcare and to increase well-being.

This is the '**social model** of [health]care' rather than the traditional 'medical model'.

Within the context of preventable chronic illness, the social model of care has particular relevance.

Best delivered in partnership, with the different perspectives of a multi-disciplinary team working **with** (rather than to) medical colleagues, and always with honest 'what matters' conversations at the centre that do not overplay the scope of medical interventions over less complex interventions.

When under pressure, the temptation is to increase capacity through transactional changes (more GPs, more medications, etc). Our approach has been clear in that everything already covered within this paper is based upon being able to better deliver a transformation in service delivery built upon a more social model of care.

Whilst some increase in GPs and other professionals may be required to manage the care of more individuals with complex co-morbidity in environments closer to home, there is considerable scope to mitigate this by ensuring that we use our resources in the most prudent way and rebalance a modern cultural bias towards medical interventions over less complex interventions that are equally effective.

This philosophical shift is underway, informing all of the work above and a number of deliberate actions have been taken to ensure that our programme of work has ensured a wide range of contributions have been encouraged and empowered and that our processes have not been medically dominated. Fundamental in delivering this approach is our emphasis upon progressing in partnership with our colleagues outside of Health.

All of our Academy mentorship and support programmes contain this ethos at their core, with a number of standalone modules for primary care professionals being created that explore the concepts of de-medicalisation and social approaches.

Moving forwards

This paper has articulated a number of strong and tangible inroads made in Primary Care and Community Services within the last year.

A large component of the effort committed within the last year has been focused upon the challenges of redesign and professional cultural change. This transformational activity has required the commitment of resource in order to fix problems to place services onto a sustainable footing from which greater community-based provision can then subsequently be delivered.

Moving forwards there are a number of challenges to address in order to further progress this transformation.

1. The ability to train more advanced practitioners within Primary Care environments

The delivery of the new Primary Care model, alongside the delivery of more care within community settings will require a significant increase in advance practitioners working within Primary and Community care settings.

There is a shortage of suitable advance practitioners as well as GPs, but there is not a shortage of ambitious and capable potential applicants for training placements. Our work in recent years has clearly shown that advance practice professionals working within Primary Care need to train within Primary Care environments and that if done in a supportive environment they can flourish.

The Academy provides the ability to oversee this and provide mentorship, primary care experience and coordination but to train sufficient individual practitioners we will need to think more creatively in order to fund their training placements. The nature of Primary Care means that training will require periods of time when the trainee is supernumerary, and the nature of independent contractorship is such that independent practices will not shoulder the risk of salary costs to train a practitioner who can then move to another independent practice before they have seen a return on their investment. The Health Board has a critical role in unlocking these challenges.

2. The governance of increased cluster autonomy

Our Health and Social Care Localities are maturing at pace, and at a rate that is faster than our preparation for the implications of cluster autonomy. We need to establish how we will support localities to make appropriate decisions locally. This will require us to restructure our support management structures to Localities, and establish local financial governance rules that allow Localities to progress (according to maturity) to have pooled local budgets.

3. Partnership

Partnership working is tough and requires continued faith, flexibility and compromise. Daily operational pressures quickly draw people away from system leadership into local crisis management and we have experienced this at times this year. The coming year will require us to continue to protect time to prioritise partnership activities.

4. Capacity to make 'whole pathway' thinking the norm

We have identified significant potential to commence a journey of 'whole pathway' thinking. The ability to proceed in recent months has been limited by capacity which we will need to unlock. A number of priority pathways have been (or are being) identified within the Care Closer to Home Improvement Group but we will need to identify the capacity to create a methodology and then progress this work in a number of pilot areas within the coming year. Although there is rich organisations from elsewhere, it will be a significant undertaking that cannot just sit within Care Closer to Home.

Recommendations

1. That the Health Board note the considerable progress that has been made in Primary and Community Service transformation during the last year.
2. That the Health Board considers the financial implications of expanding Primary Care workforce training through the Academy in order to meet current and future demand.
3. That the Health Board considers the governance implications and support required to Health and Social Care Localities ('clusters') as they mature and are able to make more autonomous local decisions.

Health Board		GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19	<i>To improve health and provide excellent care</i>		

Report Title:	Seasonal Plan
Report Author:	Miss Claire Brennan, Head of Office, Executive Nurse Director
Responsible Director:	Mrs Deborah Carter, Interim Director of Operations
Public or In Committee	Public
Purpose of Report:	To provide an update and assurance to Board that work is ongoing in partnership with Local Authorities and other partner agencies to enable delivery of health and social care services to meet the additional demand and seasonal pressures anticipated during winter 2019/20 in conjunction with the Building Better Care programme of work for delivering improvements to Unscheduled Care (USC).
Approval / Scrutiny Route Prior to Presentation:	The draft submission to Welsh Government (WG) of the winter operational plan has been developed in partnership with Area Integrated Service Boards, presented to the North Wales Leadership Group and final joint plan will be presented to the North Wales Regional Partnership Board before final submission to WG in November. The Unscheduled Care Improvement Group will oversee all Health Board initiatives for winter resilience in conjunction with the Building Better care programme of work.
Governance issues / risks:	<p>Governance issues relate to improving performance and improving the patient experience. There is a risk register in place for project deliverables against the milestones.</p> <p>Recruitment to all staffing resources identified, to support delivery of services over winter, may not be achievable within the short timescales</p> <p>There may be challenge from the Regional Partnership Board in signing off the schemes identified by the Health Board and other partners.</p>
Financial Implications:	Schemes identified across each area will need to be achievable within WG winter funding allocations received to enable delivery over winter. These schemes have been prioritised within the financial envelope available.
Recommendation:	The Board is asked to note the work being done to strengthen delivery over Winter 2019/20 through initiatives developed partnership with agreed WG allocations of funding and in conjunction with the Building Better Care improvement programme

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	X	1.Balancing short term need with long term planning for the future	X
2.To target our resources to those with the greatest needs and reduce inequalities	X	2.Working together with other partners to deliver objectives	X
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	X
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	X	4.Putting resources into preventing problems occurring or getting worse	X
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	X
6.To respect people and their dignity	X		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Leadership and governance Strategic and service planning			
Equality Impact Assessment			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

1. Introduction

- 1.1 The purpose of this paper is to provide an update to the Health Board on the plans to manage and enable delivery of services to meet the additional demand and seasonal pressures anticipated during winter 2019/20.
- 1.2 The paper outlines the national approach, key themes for delivery and the timetable of work being undertaken with partners, to support improvement in urgent and emergency care services, including ambulance handover, time spent in Emergency Departments (EDs) and delayed transfers of care.

2. Welsh Government (WG) national review of delivery over winter 2018/19

- 2.1 A review of service delivery over Winter 2018/19 was undertaken across Wales led by Welsh Government and a report received by Health Board's setting out the following conclusions.
- 2.2 Winter 2018/19 was milder and less severe than the previous winter although activity levels for key services remained high at key points of the season.
- 2.3 There were increases in both acute respiratory illness and gastrointestinal illness reported in hospitals. Influenza cases were moderately lower than the record high levels of the previous winter although peaked to 'medium intensity' levels in the first few weeks of 2019. There were also increases in prevalence of people with more acute or complex conditions presenting to some services.
- 2.4 More people attended emergency departments in winter 2018/19 than in winter 2017/18. Despite this additional pressure, the vast majority of people who needed an immediate ambulance response or assessment and treatment in an emergency department (ED) were supported in a timelier manner, and primary care services generally reported less pressure when compared with the previous winter.
- 2.5 However, there were greater capacity challenges in some parts of the urgent and emergency care system that had consequences for patient access times to advice, care or treatment.

3. Background

- 1.1 WG set out the following 7 key themes across the health economy for local organisations to deliver over the remainder of 2019/20, with a particular focus on winter. Key to delivery of these actions is the need for collaborative working with Local Authority's and Welsh Ambulance Services Trust (WAST) to enable immediate improvement and strengthen resilience over the winter period;
 - i) Optimising cross organisational and sector working
 - ii) Urgent primary care out of hours resilience
 - iii) Preventing unnecessary conveyance and admission to hospital
 - iv) Discharge to assess/recover (D2AR)
 - v) Community step down capacity

- vi) An enhanced focus on respiratory pathway
 - vii) An enhanced focus on the frailty pathway
- 1.2 The Minister for Health and Social Services, has identified Regional Partnership Boards as a key vehicle to support integrated planning and delivery and has allocated funding of £3.614m to the North Wales Regional Partnership Board (NWRPB) with a further £2.216m allocated to BCUHB.
 - 1.3 The Health Board submitted a draft operational plan template to WG on 23rd October in line with their requirements set out in correspondence dated 26th September. The timelines for submission for each of the allocations are not synchronised and this has caused concerns about appropriate sign off and alignment of schemes from a number of partner organisations. The approach taken by the Health Board has been to work as collaboratively as possible to mitigate the concerns of partners.
 - 1.4 The draft operational plan set out the proposed priority initiatives against each of the 7 themes, which were formulated in collaboration with partners via the three local Area Integrated Service Boards as well as discussions for agreement of the use of both BCUHB and NWRPB allocations of funding.
 - 1.5 Draft plans were subsequently presented to the North Wales Leadership Group on Friday 25th October to maintain oversight on delivery. Details of the final joint Health and Social Care plan will be presented to the NWRPB on 8th November for approval prior to final submission to WG.
 - 1.6 In addition, to the initiatives included in the winter operational plan to support urgent primary care and Out Of Hours (OOH) resilience, separate bids for further funding to support the delivery of urgent primary care schemes at cluster level and cross cluster working were submitted to WG on 26th October in line with their timescales. These are expected to support new and traditional approaches to the provision of care out of hours, where:
 - Proposals which supplement out of hours (OOH) or urgent care by, for example, taking particular calls that have been triaged/re-routed as appropriate e.g. by OOH services/Ambulance/A&E/111;
 - Practices are not necessarily expected to 'open the doors' of a surgery, though may nonetheless make arrangements to be able to see selected patients face to face either at a surgery, at home or at their place of residence;
 - Schemes should ideally be in place for the Christmas/New Year period and cover the weekend between Christmas and the New Year (28 and 29 December)
 - Multi-disciplinary working, remote working including 'Skype' and telephone are possible;
 - Service offered is for a minimum of 15 hours per week unless there is a specific case made for less; and

- Proposals to prioritise access for particular group's e.g. frail elderly, nursing home residents, infants, 'amber' category ambulance, and medication related issues will be encouraged.

- 1.7 In hours GP practices are being encouraged to continue to report their escalation levels using the locally based framework whilst awaiting the development of a national tool to be rolled out. Escalation actions are being piloted.
- 1.8 It has also been agreed nationally that resources from the 111 programme will be allocated specifically for urgent dental initiatives during winter to support work around the development of an All Wales Out of Hours pathway for urgent dental care. Primary care are working through proposals to submit against the 111 monies from Health Boards by Friday 1st November 2019.

2. Building Better Care Improvement Programme

- 2.1 All winter resilience initiatives will be overseen via the Unscheduled Care Improvement Group in conjunction with the Building Better care programme of work. Details of 3 work streams within this programme are set out at Appendix 1.
- 2.2 In addition, each area has undertaken point prevalence studies and using the strawman (problem solving) methodology have identified projects focusing on reducing length of stay and improving flow across both acute and community sites. These include;
 - A community in-reach approach to 'pull' patients out of the Emergency Quadrant (EQ) prior to admission, or to reduce their length of stay; targeting patients with existing packages of care.
 - Processes to facilitate the movement of patients who are Medically Fit for Discharge (MFD) from both acute and community hospitals to a more appropriate setting to release both acute and community based bed capacity
 - Establishing a 'home first' virtual ward for the lower risk patients awaiting packages of care and expanding this to provide a discharge to assess model.
- 2.3 The structure for the USC Improvement Group is described in Appendix 2 below, and the delivery structure has been developed to improve accountability for operational performance and provide assurance to national and regional stakeholders.

3. Risks

- 3.1 Governance issues relate to project deliverables to improve performance as well as the patient experience. A risk register is in place for project deliverables against the milestones.

4. Emergency Department Quality Delivery Framework

- 4.1 The Cabinet Secretary has requested an understanding of '*what good looks like*' for patients accessing an Emergency Department and the creation of a

National Emergency Department Quality & Delivery Framework for NHS Wales (EDQDF) – see Appendix 3. This will include work to agree care standards, ensure a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments to enable optimisation of clinical outcomes and patient and staff experience. BCUHB are an early adopter site (in each of its 3 ED services) alongside Aneurin Bevan and Cardiff & Vale Health Boards.

- 4.2 The following overarching outcomes aligned with the Parliamentary Review's quadruple aim have been identified:-
 - Improved clinical outcomes by Emergency Departments.
 - Improved patient experience and quality of care within Emergency Departments.
 - Enhanced engagement of Emergency Departments' workforce.
 - Increased value for money achieved from Emergency Departments funding through innovation, improvement, adoption of good practice and eliminating waste.
- 4.3 Phase one of the work has been completed which focused on the development of the framework, gathering information in order to provide a rich picture / description of the present state. Therefore, in simple terms, whatever is currently deployed 'between the front door and the back door of an Emergency Department' is within the scope. This involved baseline and clinical feedback to identify care standards which were mapped to a high level Model of Care.
- 4.5 Phase two of the work, commenced in July and focuses on putting the National Quality and Delivery Framework into practice within an existing Emergency Department which is likely to be over a 12 month period.
- 4.6 Welsh Government are supporting Phase 2 with additional resources to free up time and expertise to form a local EDQDF Team within participating health boards. This involves the appointment of a Programme Manager and 3 Project Managers – 1 per Hospital in BCUHB and an additional business analyst.
- 4.7 Development of improvements will be undertaken in two parallel streams of work:
 - i) Pathway Improvement Projects: PIPs to focus on the Operational Arrangements to deliver against each of the 20 Care Standards. This work will be led by the EDQDF Project teams:
 - Collating and creating clinical and managerial protocols and procedures
 - Comprehensive core dataset and understanding of activity and flow
 - Resources mapped to the model and forecast against activities
 - Enhancing measurement and identify opportunities for digitalisation
 - ii) National Enablers for Service Improvements: NESIs to deliver improvements which have a dependency upon collaborations and expert support from other organisations and individuals beyond Emergency Departments. Initial examples include:

- ED Patient Experience
- ED Staff Experience
- ED Pioneering KPIs
- ED Benchmarking

4.8 The core project team will work with national bodies and external agencies such as NHS Wales Informatics Service (NWIS), Financial Delivery Unit (FDU), Health Education Improvement Wales (HEIW), Healthcare Inspectorate Wales (HIW), Delivery Unit (DU), Picker and NHS Benchmarking Network (NHSBN) to support local EDQDF Teams.

5. Recommendation

5.1 The Health Board is asked to note the work being done to strengthen delivery over Winter 2019/20 through initiatives developed partnership with agreed WG allocations of funding and in conjunction with the Building Better Care improvement programme and the Emergency Department Quality Delivery Framework.

Appendix 1

Building Better Care – Winter Priorities 19/20

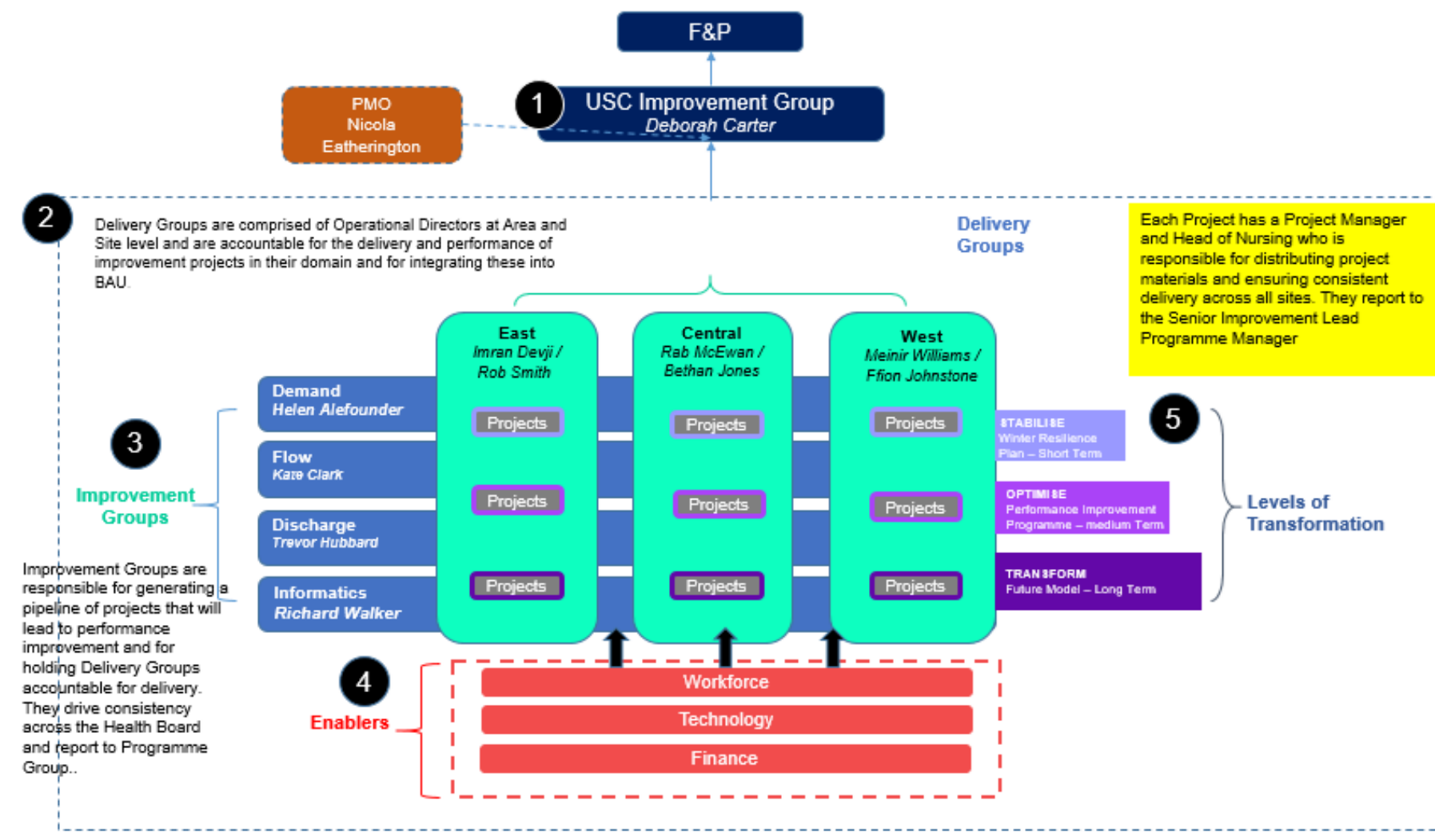


Demand		Flow		Discharge	
Workstream	Outcome	Workstream	Outcome	Workstream	Outcome
SICAT	Extended scope of SICAT to incorporate care and nursing homes (to minimise inappropriate demand on ED)	EDQDF Nationally led programme 'on what good looks' like for patients accessing an Emergency Department.	Improved clinical outcomes, patient experience, and quality of care by Emergency Departments. Increased value for money achieved from Emergency Departments funding through innovation, improvement, adoption of good practice and eliminating waste.	CRT Pathways	Ensure full use of community and third sector services available outside hospital site
MIU	Add consistency and scope to increase role of MIU as alternative treatment stream to ED	Site Management	Develop plan for Site Escalation, Rhythm and Coordination, Data and Analysis, Staffing Roles and Responsibilities, Competencies and Training Needs	Discharge to Assess	Fewer 'stranded' patients on the ward awaiting input before discharge
CRT Pathways	Ensure full use of community and third sector services available outside hospital site	Acute Medical Model	SDEC, Frailty Assessment, AMU/SAU, EGAU, Pathways, SSW	Home First	Cultural shift away from patients choosing to stay at hospital
		SAFER	Efficient time management while on ward	Super Stranded' Reviews	Identify themes causing blockages in the discharge process

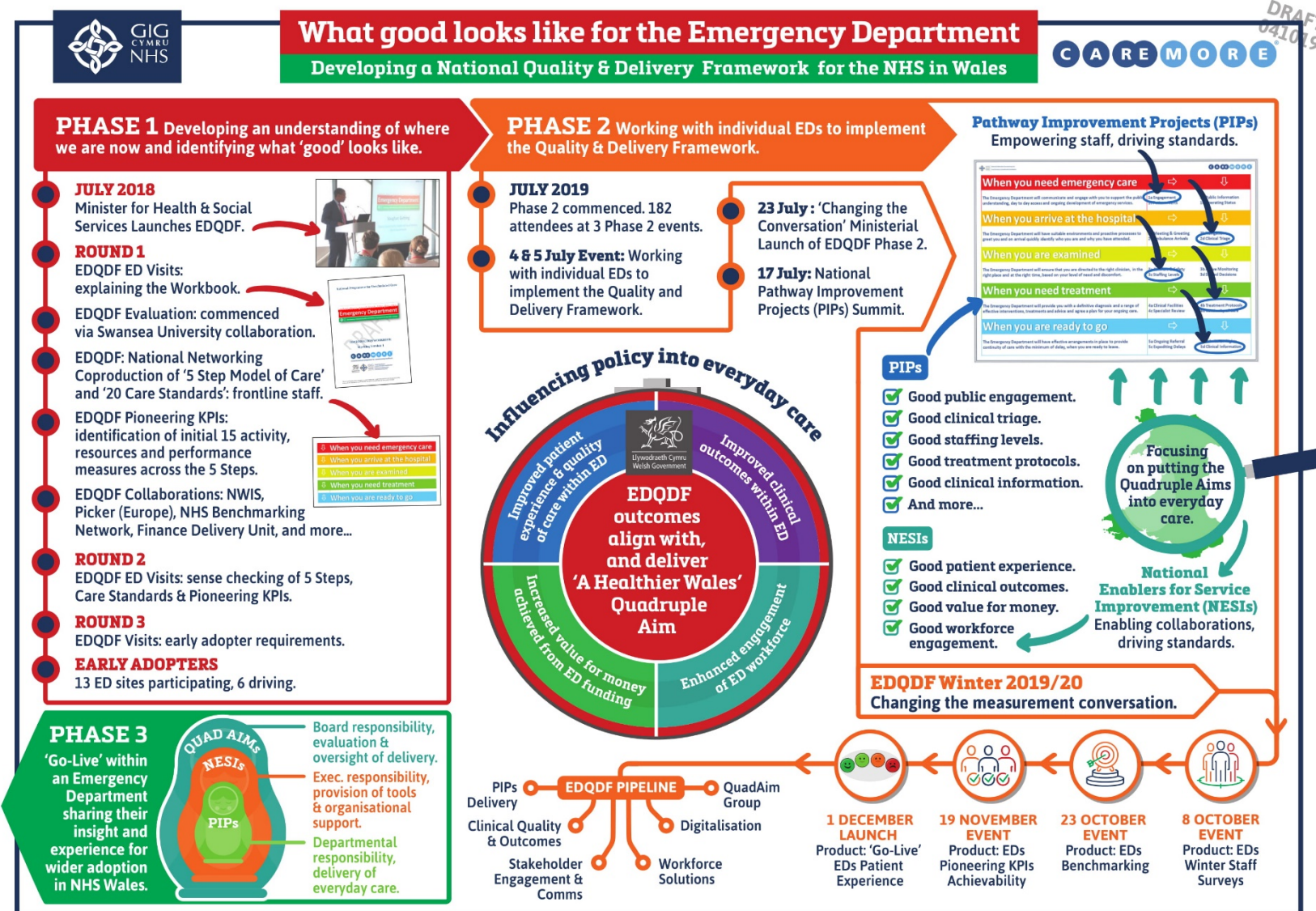
Enablers: Culture Improvement, Organisational Development, Staffing and Recruitment, IT systems, BI/Informatics, Estate, Finance, Training, Rostering and Job Planning

Risks: Change Fatigue, Relationships, Staffing, Finance, Competing Priorities, Sustainability, Data Quality, Pace

USC Improvement Group Structure



Emergency Department Quality & Delivery Framework



Health Board		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19	<i>To improve health and provide excellent care</i>	

Report Title:	Corporate Risk Register (CRR) and Assurance Framework Report
Report Author:	Mrs Justine Parry, Assistant Director of Information Governance and Assurance Mr David Tita, Head of Risk Management
Responsible Director:	Mrs Gill Harris, Executive Director of Nursing and Midwifery / Deputy Chief Executive
Public or In Committee	Public
Purpose of Report:	<ul style="list-style-type: none"> • To present the Corporate Risk Register and Assurance Framework Report to the Board for review, scrutiny and approval. • To provide assurance that risks to the Health Board's objectives and priority areas as defined in its 3 Year Plan are being robustly and effectively mitigated and managed.
The Board is being asked to:	<p>The Board is hereby asked to:-</p> <ul style="list-style-type: none"> • Note and approve this report. • Gain assurance that risks on the CRR are appropriately managed.
Executive Summary	<p>Over the last few months, the Risk Management team has been supporting Directorates, Divisions and Area teams in timely updating and refreshing risks on their risk registers as engagement and staff capacity building in risk management are noted as critical drivers in embedding our risk management culture. The Health Board recognises that it is on a risk management improvement journey which in the next few years will culminate in the implementation of an Enterprise Risk Management (ERM) Model.</p> <p>As part of the move towards ERM, the Health Board is currently undertaking a complete re-write of its risk management strategy and a Risk Management Gap and Training Needs Analysis as these will inform and shape its risk management annual improvement plan. The support and energy generated by Senior Leaders across the Health Board in driving forward improvements in our risk management culture is important in ensuring success and embedding a positive risk management and governance architecture.</p> <p>Corporate Risk Register and Assurance Framework Attached is the latest iteration of the Betsi Cadwaladr University Health Board's (BCUHB) combined Corporate Risk Register and Assurance Framework which is presented for review, scrutiny and approval.</p> <p>There are 18 risks on the Corporate Risk Register (CRR) compared to 17 as per the last report which was presented to the Board in January 2019. One risk (CRR07) has been de-escalated and closed, while risk ref. CRR10 has been split</p>

	<p>into three distinct new risks which have been added onto the CRR since the last report.</p> <p>The format remains the same as in previous submissions as a 'risk on a page' with the inclusion of the graph which plots any deviation to the initial, current and target risk scores. Text indicating the movement in the risk rating since last reviewed by the Board has been amended to make clear that this refers to the current risk rating.</p> <p>Due to the timing of this presentation to the Board, some of the Health Board's Committees haven't undertaken a further review of their assigned Corporate risk entries in year, however the date for this further review has been included within Section A below. A final review of each risk has also been undertaken by the Audit Committee, and a number of current risk ratings have been amended to reflect the improvement work to date and the increased controls. It is worth underlining that the graphs embedded in the risks reflected in this CRR report have been updated to align with the last review date of the risk and to denote the date at which the risk witnessed a change in score.</p> <p>Section A of this report will highlight key progress and changes that have been made in relation to each risk since the CRR was last reviewed by the Board while Appendix A will present the entire CRR.</p>
<p>Section A:</p>	<p>Following review, scrutiny and monitoring from the relevant committees, the following changes have been made to CRR since the last report was received by the Board in January 2019:-</p> <ul style="list-style-type: none"> • CRR01 Population Health. Key progress: Risk was reviewed at the Public Health Senior Leadership team meeting where the need for continuous engagement of the Live Lab work with Office of Future Generations Commissioner and Public Health Wales was noted as important. Focus on Healthy Weight in Pregnancy and Children was also underlined. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Strategy, Partnership and Population Health Committee on the 3rd December 2019. • CRR02 Infection Prevention and Control. Key progress: Infection Prevention quality visits have commenced to replace the previous "audit programme". These visits encompass observation of clinical practices, support and advice, micro teaching, safe clean care updates, hand hygiene observations, screening and any other relevant support needed by the ward staff. Scrutiny of every avoidable infection and lessons learnt are regularly shared. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Quality, Safety and Experience Committee on the 19th November 2019. • CRR03 Continuing Health Care (CHC) Key progress: This risk has been reviewed and re-assessed with emphasis placed on the CHC elements while the component around Care Homes and their development will be risk assessed as a new distinct risk. There

has been no change to the current risk scoring. This risk will be presented and reviewed, whilst the refreshed Care Home risk will be presented for approval to the CRR at the Quality, Safety and Experience Committee on the 19th November 2019.

- **CRR05 Learning from Patient Experience.**

Key progress: Performance and accountability reviews include concerns monitoring as Patient Advice and Support Service has been initially established in Ysbyty Glan Clwyd (YGC). There has been no change to the current risk scoring. This risk will be presented and reviewed at the Quality, Safety and Experience (QSE) Committee on the 19th November 2019.

- **CRR06 Financial Stability.**

Key progress: Risk controls have been refreshed, strengthened and a related risk (1863) from the East has now been linked to this risk to ensure joined-up and greater understanding. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Finance and Performance Committee (F&P) on the 28th November 2019.

- **CRR09 Primary Care Sustainability.**

There have been no further updates since previous submission and review by the Strategy, Partnership and Population Health Committee which agreed to move the target risk date to the 31st March 2021. This risk will be presented and reviewed at the Strategy, Partnership and Population Health Committee on the 3rd December 2019.

- **CRR10a National Infrastructure and Products.**

Key progress: This risk was split from the old CRR10 (Informatics Risk) following recommendations from the Information Governance and Informatics Committee. There have been no further updates since previous submission to the Committee. This risk will be presented and reviewed at the Digital and Information Governance Committee on the 21st November 2019.

- **CRR10b Informatics - Acute Health Records**

Key progress: This risk was also generated resulting from the split of CRR10. There have been no further updates since previous submission to the Committee. This risk will be presented and reviewed at the Digital and Information Governance Committee on the 21st November 2019.

- **CRR10c Informatics infrastructure capacity, resource and demand.**

Key progress: This risk was also generated resulting from the split of CRR10. There have been no further updates since previous submission to the Committee. This risk will be presented and reviewed at the Digital and Information Governance Committee on the 21st November 2019.

- **CRR11a Unscheduled Care Access.**

Key progress: Seasonal Plan added as a control and additional notes added to further actions to clarify progress to date. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Finance and Performance Committee on the 28th November 2019.

- **CRR11b Planned Care Access.**

Key progress: The risk description has been updated to include national standards and further involvement with partner organisations. Seasonal Plan added as a control and additional notes added to further actions to

clarify progress to date. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Finance and Performance Committee on the 28th November 2019.

- **CRR12 Estates and Environment.**

Key progress: Estates rationalisation and disposal programme now in place for 2019/20. Further actions updated to reflect new actions for this financial year. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Finance and Performance Committee on the 28th November 2019.

- **CRR13 Mental Health Services.**

Key progress: Whilst the target risk date has been updated, both the QSE and Audit Committee have requested further evidence to support the reduction in the risk score. Therefore the current risk score has reverted to the August 2018 score until further evidence is presented. However remarkable progress with this risk is corroborated by the HIW report demonstrating improvements in services. This risk will be presented and reviewed at the Quality, Safety and Experience Committee on the 19th November 2019.

- **CRR14 Staff Engagement.**

Key progress: This risk has now achieved its target score with further emphasis currently being placed on sustaining and embedding its controls. The current and target risk scores have been decreased since the last presentation to the Board. This risk will be presented and reviewed at the Strategy, Partnership and Population Health Committee on the 3rd December 2019.

- **CRR15 Recruitment and Retention.**

Key progress: Key controls have been strengthened and updated with further actions identified to support achieving the target risk score. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Strategy, Partnership and Population Health Committee on the 3rd December 2019.

- **CRR16 Safeguarding.**

Key progress: Risk controls have been strengthened to include business planning, a refreshed reporting framework and the introduction of a senior management Tier in the safeguarding structure. Further actions have also been updated to support achieving the target risk score and linked to operational risks, however the target risk date must be re-considered. There has been no change to the current risk scoring. This risk will be presented and reviewed at the Quality, Safety and Experience Committee on the 19th November 2019.

- **CRR17 Development of Integrated Medium Term Plan.**

Key progress: Risk has been reviewed following discussions at the Audit Committee, risk rating increased from 16 as per the last CRR report to 20 in line with recommendations. Relevant supporting information and action plans updated to reflect discussions at the Audit Committee.

- **CRR18 EU Exit - Transition Arrangements.**

Key progress: This risk has been reviewed and controls strengthened especially in the light of government heightened preparation for 'no deal' exit. The current risk score has since been decreased in light of the strengthened controls. The risk will be presented and reviewed at the

	Strategy, Partnership and Population Health Committee on the 3 rd December 2019.
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	The Board are requested to note the following:
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De-escalated Risks:

No risks are being presented for de-escalation during this meeting.

However:

- CRR04 was de-escalated in July following review by the Maternity Senior Management Team.
- CRR08 was de-escalated in July 2018 by the Board.
- CRR19 was de-escalated in June 2019 by the F&P Committee.

Closed Risk:

The following risk has been closed since the last CRR report was presented to the Board:

- CRR07 - Capital Systems on the 25th June 2019 by the F&P Committee.

New risks

The following three risks which were generated from the old Informatics Risk – CRR10 as per the recommendations of the Information Governance and Informatics Committee have now been added onto the CRR:

- CRR10a - National Infrastructure and Products
- CRR10b - Informatics - Acute Health Records
- CRR10c - Informatics infrastructure capacity, resource and demand

A further two new risks will be presented to the Quality, Safety and Experience Committee on the 19th November 2019 for approval onto the Corporate Risk Register. These are:

- Security Risk - A comprehensive review of security management identified shortfalls in the systems including CCTV, lone working, lock down procedure, security contract, violence and aggression, key holding and alarm systems.
- Health & Safety Risk - Through a gap analysis of 31 pieces of legislation, Occupational Health and Safety identified areas of concern in the safety management system and compliance with the law.

	Current Risk Level		Impact				
			Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
	Likelihood	Very Likely - 5			CRR03	CRR10a CRR11a CRR11b CRR17	
		Likely - 4			CRR05	CRR01 CRR06 CRR09 CRR10b CRR10c CRR13 CRR15 CRR16	
		Possible - 3				CRR12 CRR18	CRR02
		Unlikely - 2				CRR14	
		Rare - 1					
Approval / Scrutiny Route Prior to Presentation:		Board Committees.					
Governance issues / risks:		As set out in the Corporate Risk and Assurance Framework spreadsheet attached.					
Financial Implications:							
Recommendation:		The Board is hereby asked to:- <ul style="list-style-type: none">• Note and approve this report.• Gain assurance that risks on the CRR are appropriately managed.					

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Governance Theme – To ensure an effective approach to the management of risk.			
Equality Impact Assessment			
Due to the nature of this report an Equality Impact Assessment is not required.			

Key to abbreviations within the attached register.

Strategic Goals

- 1) Improve health and wellbeing for all and reduce health inequalities.
- 2) Work in partnership to design and deliver more care closer to home.
- 3) Improve the safety and outcomes of care to match the NHS' best.
- 4) Respect individuals and maintain dignity in care.
- 5) Listen to and learn from experiences of individuals.
- 6) Support, train and develop our staff to excel.
- 7) Use resources wisely, transforming services through innovation and research.

Principal Risks

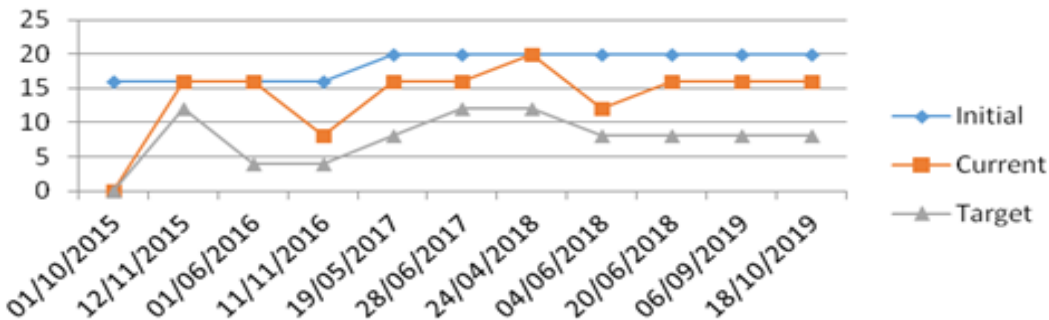
The Health Board has determined its principal risks to achieving its strategic goals as follows:-

- Principal Risk 1: Failure to maintain the quality of patient services.
- Principal Risk 2: Failure to maintain financial sustainability.
- Principal Risk 3: Failure to manage operational performance.
- Principal Risk 4: Failure to sustain an engaged and effective workforce.
- Principal Risk 5: Failure to develop coherent strategic plans.
- Principal Risk 6: Failure to deliver the benefits of strategic partnerships.
- Principal Risk 7: Failure to engage with patients and reconnect with the wider public.
- Principal Risk 8: Failure to reduce inequalities in health outcomes.
- Principal Risk 9: Failure to embed effective leadership and governance arrangements.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

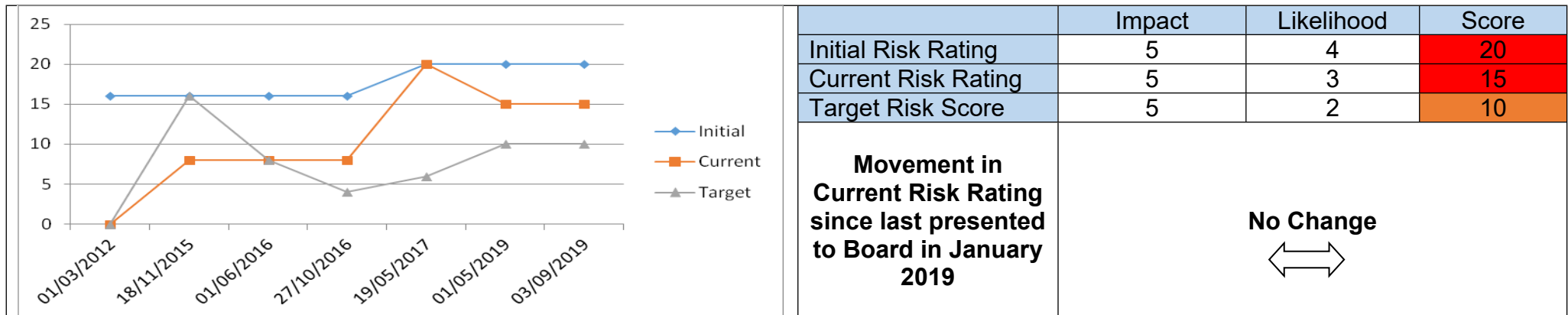
Appendix A

CRR01	Director Lead: Executive Director of Public Health	Date Opened: 1 October 2015			
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 18 October 2019			
	Risk: Population Health	Target Risk Date: 31 March 2021			
There is a risk that the Health Board fails to deliver Improvements in Population Health in North Wales. This is due to a failure to focus on prevention and early intervention. This could widen the gap in inequality of health outcomes.					
			Impact	Likelihood	Score
Initial Risk Rating			4	5	20
Current Risk Rating			4	4	16
Target Risk Score			4	2	8
Movement in Current Risk Rating since last presented to Board in January 2019		No Change ↔			
Controls in place 1. Population health intelligence updated on a continuing basis ensuring that information is available to support planning for and monitoring of health status. 2. Approved Population assessment to inform Social Services and Wellbeing Act developed in partnership, and now informing implementation of North Wales Regional Plan for 2018-2023. 3. Review of Board cycle of business completed to enable focus on population health issues. 4. Wellbeing Assessments completed and approved. 5. Wellbeing Objectives and Plans approved / to be approved in the 4 PSBs. 6. Strategic Partnerships in place providing opportunities for advocacy for improving population health with partners. 7. Approved HB Strategy Living Healthier, Staying Well confirms emphasis on improving population health through more focus on prevention.		Further action to achieve target risk score 1. Further exploration and identification of new opportunities for Health Board to secure population health improvement through leadership role in strategic partnerships utilising new structures - Regional Partnership Board and Public Service Boards. 2. Health Improvement and Inequalities Transformation (HIIT) Group to lead the development of relevant section of 2019/22 IMTP submission, and ensure co-ordination with other aspects of the Plan which are interdependent. 3. Identify substantive PMO support for this programme. 4. Participate in Live Lab work with Office of Future Generations Commissioner and Public Health Wales to provide a new focus for prevention within the delivery of community services, and generate learning which can be shared across Wales.			

<p>8. Baseline Assessment informing LHSW completed, underpinned by WG Public Health Outcomes Framework.</p> <p>9. Improved data on Primary care available to Area Teams and Contractors via PH Directorate website.</p> <p>10. Organisational objectives have now been revised and redefined as our Wellbeing Objectives.</p> <p>11. 2018/19 BCUHB Operational Plan aligned with key actions for improving health identified in Public Health Wales IMTP.</p> <p>12. DPH / Public Health Consultants attend all PSBs and Part 9 Board to advise and influence on prevention / early intervention agenda.</p> <p>13. Delivery of Public Health Team workplan is aligned with operational Area Teams.</p> <p>14. Public Service Boards Wellbeing Plans developed.</p> <p>15. Health Improvement and Inequalities Transformation Group now fully established and has led the development of the relevant section of the 2019/20 IMTP submission, to ensure co-ordination of the Plan which are interdependent.</p> <p>16. Continued engagement with the Live Lab work with Office of Future Generations Commissioner and Public Health Wales. Focusing on Healthy Weight in Pregnancy and Children.</p>	<p>5. Review of all other public health risks underway which will inform the existing risk mitigation measures for this overarching risk.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
<p>1. Oversight by Public Service Boards and Local Authority Scrutiny Committees.</p> <p>2. WG Review Meetings (JET). 3. Public Health Observatory reports and reviews. 4. WG Review and feedback on needs assessment.</p>	1 2 5 6 7	PR8	Strategic and Service Planning

CRR02	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 1 March 2012
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 3 September 2019
	Risk: Infection Prevention & Control	Target Risk Date: 31 March 2020
There is a risk that patients will suffer harm due to healthcare associated infection. This may be caused by a failure to put in place systems, processes and practices that would prevent avoidable infection. The impact of this may increase morbidity and mortality, increase admissions and longer length of stay, increase treatment costs, reputational damage and loss of public confidence.		

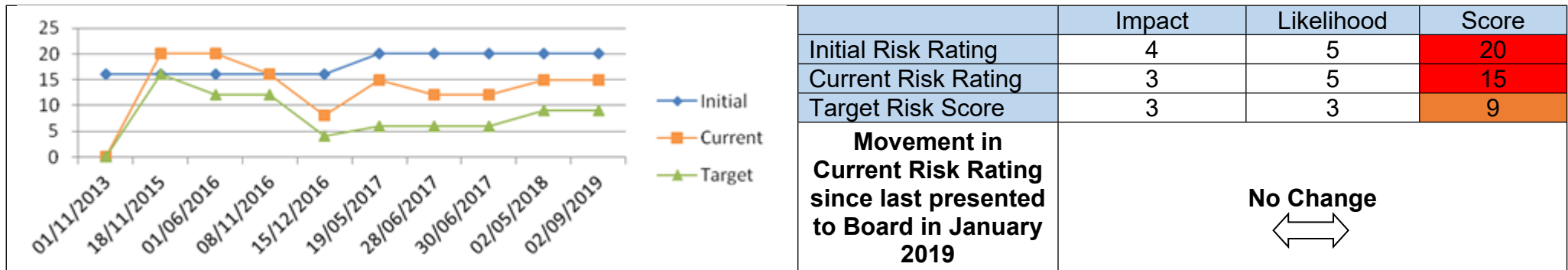


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Infection Prevention Sub-Group scrutinise trajectories and performance through the regular cycle of business, quarterly and annual reports to Quality and Safety Group. 2. Surveillance systems and policies/SOPs in place for key infections, with data presented through the governance route to Board. 3. Areas and Secondary Care sites governance arrangements. 4. Monthly Executive-led scrutiny meetings to review infections and learning from each site in place. 5. Continued progress on ANTT staff training, with key trainers in place, increased focus on medical staff supported by MDs, competencies held by individuals managers. 	<ol style="list-style-type: none"> 1. Continue the implementation of SCC and IP via annual work programmes. Await report from re visit from Janice Stevens in May 2019 for any further recommendations. 2. Implement the other actions identified in the 2019-20 annual infection prevention programme. 3. Implement actions in response to Welsh Government Antimicrobial Delivery Plan, relevant Welsh Health Circulars and in response to multi-drug resistant organisms. Part of the ARK study. 4. Continue to progress key actions from Duerden report 2016 in relation to Consultant Microbiologist staffing and capacity, Antimicrobial Stewardship, Estates and Facilities, policies and procedures.

6. External review performed August 2017; report on further actions presented to Board. Second review report received in August 2019 shows improvement, as does the internal audit on SCC assurance in June 2019. 7. Safe Clean Care Programme (SCC) launched 29-01-18, consideration to align SCC with IP annual work programme. 8. CAUTI snapshot planned for September 2019. 9. Deep dive considers every 6 organisms under WG scrutiny.	5. Scrutinise every avoidable infection and lessons learnt from these are shared formally. 6. Progress work on influenza preparedness in preparation for winter 19-20.
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Assurances		Links to		
1. Professor Duerden report 2016. 2. WG review of decontamination. 3. Demonstrable improvement in line with National Benchmarks. 4. CHC Bug watch visits. 5. HSE reviews. 6. Internal Audits of Governance Arrangements.		Strategic Goals	Principal Risks	Special Measures Theme
		1 2 3 4 5 6 7	PR1	Leadership

CRR03	Director Lead: Director of Primary and Community Care	Date Opened: 1 November 2013
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 2 September 2019
	Risk: Continuing Health Care	Target Risk Date: 31 December 2019
There is a risk that the CHC Framework and process will not be fully adhered to. This is due to inconsistent application and service pressures including availability of suitable provision. This could lead to poor patient experience and outcomes and associated complaints and retrospective claims.		

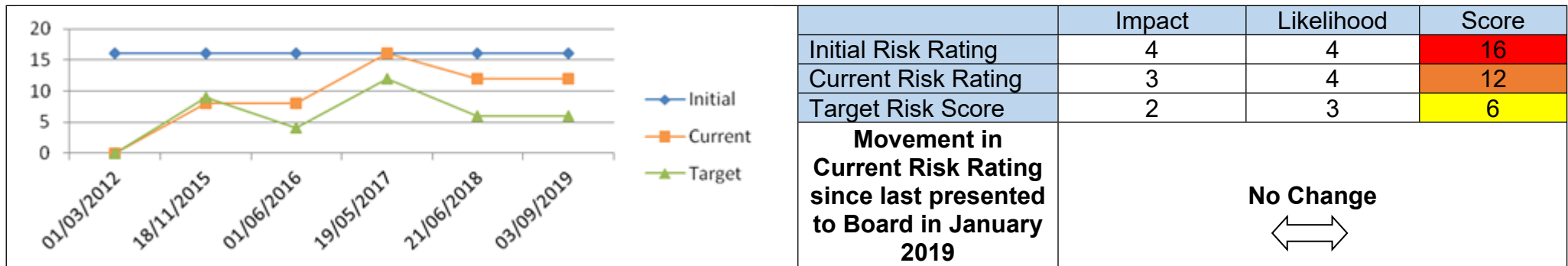


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 2014 national CHC Framework. Revised CHC structure in place including Practice Development Team. All Wales Retrospective Claims process (Powys). Joint LA & BCU CHC Regional Implementation Group. Revised BCUHB CHC Governance Framework agreed. PMO Scheme for CHC with associated project management and reporting in place. Annual WG self assessment. North Wales care home market place community project. Contracts and contract monitoring team in place. Implemented Scheme of Delegation Process within Areas. Implemented Skills and Knowledge Framework. Recruited to Retrospective Team. 	<ol style="list-style-type: none"> Implement revised CHC Governance and Strategic Commissioning Team. Finalise and implement regional SOP. development of dashboard KPI's for CHC with Broadcare. Monthly exception reporting. Develop CHC commissioning strategy. Implement the Older persons Commissioner and Operation Jasmine action plans. Roll out Bevan Exemplar care home support team. Finalise and implement joint quality monitoring tool across north Wales. Implement patient and family feedback process. Increase partnership working with the sector to include shared services.

13. Implemented revised national retrospective claims procedure. 14. CHC Contracts in place for all placements. 15. Care Home QAF in place. 16. Care Home Market position statement developed.	11. Develop training and workforce strategy for Care Homes. 12. Development of training and workforce strategy for CHC process.
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Assurances		Links to		
		Strategic Goals	Principal Risks	Special Measures Theme
1. Regular meetings with Regulators (CSSIW). 2. Inter-agency processes in place to review escalated concerns. 3. FNC Judicial Reviews of NHS Wales fee setting methodology implemented. 4. National reporting on CHC placements.		2 3 4 5 6 7	PR1	Strategic and Service Planning

CRR05	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 1 March 2012
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 3 September 2019
	Risk: Learning From Patient Experiences	Target Risk Date: 31 January 2020
There is a risk that the Health Board does not listen and learn from patient experience due to the untimely management and investigation of concerns. This could lead to repeated failures in quality and safety of care.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Corporate concerns team embedded in operational management structures. 2. Performance and accountability reviews include concerns monitoring. 3. Weekly divisional PTR meetings being held. 4. Monthly reporting and monitoring of performance and learning to QSG. 5. Enhanced monitoring of claims with Welsh Risk Pool. 6. Ongoing programme of work in place as part of the IMTP to deliver improvement. 7. Patient Advice and Support Service established in YGC initially. 8. Minimum data sets provided monthly to all divisions regarding Concerns. 9. Initial review (72hr) of serious incidents implemented. 10. Revised trajectories agreed as part of IMTP. 	<ol style="list-style-type: none"> 1. Concerns management and investigation processes being reviewed with support of new ADQA with a particular emphasis on incident management. 2. Review and revision of corporate concerns management to enhance learning in the divisions and create capacity to support training and development for the divisions. 3. Manage performance in line with revised trajectories. 4. PALs service introduced into East and West. 5. Learning from complaints now added into QSE reports. 6. Peer review of complaints redress reimbursement commenced on an All Wales basis to share learning across Wales. 7. Development of newsletter to include learning. 8. Focus on training and development of human factors training programme

<p>11. Significant reduction in total numbers of complaints open - focus on resolving complaints as OTS where possible.</p> <p>12. Harm dashboard launched and being informed by Datix.</p> <p>13. Weekly teleconference with corporate and divisions to monitor complaints.</p> <p>14. Associate Director Quality Assurance in post.</p> <p>15. Process commenced to manage historic incidents to closure and learning.</p> <p>16. Additional support identified to manage overdue complaints and allow divisions to focus on new complaints raised.</p> <p>17. Weekly Incident review meeting established to review all serious incidents and complaints over 3 month overdue.</p>	<p>9. Implementation of new "Once for Wales" RLDatix concerns management system to aid learning across wales.</p>
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Assurances		Links to		
1. Welsh Risk Pool Reports. 2. Monthly review by Delivery Unit. 3. Public Service Ombudsman Annual Report, Section 16 and feedback from cases. 4. Regulation 28 Reports from the Coroner.		Strategic Goals	Principal Risks	Special Measures Theme
		3 4 5 6	PR7	Leadership

CRR06	Director Lead: Executive Director of Finance	Date Opened: 1 March 2012
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 30 August 2019
	Risk: Financial Stability - Health Board Financial achievement of the control total agreed with Welsh Government	Target Risk Date: 31 March 2020

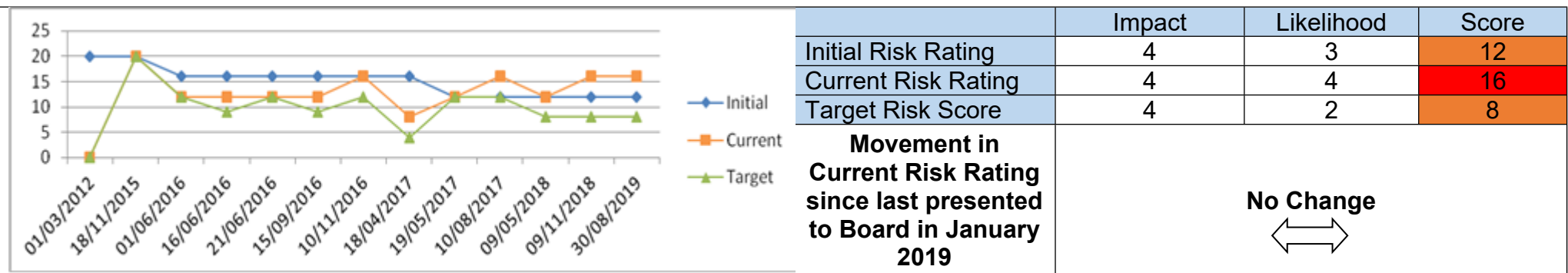
There is a risk that the Health Board will fail to achieve the deficit that meets the control total set by Welsh Government.

This is due to:

1. Savings plans that are not fully identified and may not be fully delivered.
2. Expenditure exceeding plan in both pay and non-pay areas.
3. The use of non-recurrent measures to support the in-year position risking the Health Board's longer term sustainability and continued failure to achieve its financial duty.
4. Failure to identify and progress transformational schemes that will position the Health Board for the longer-term.

The impact of this could increase the in-year deficit to 31 March 2020 and fail to progress towards the Control Total of £25m, and impact on the ability of the Health Board to improve its financial position in out-years.

The Health Board will remain in Special Measures until the financial position improves and will fail to attract necessary investment.

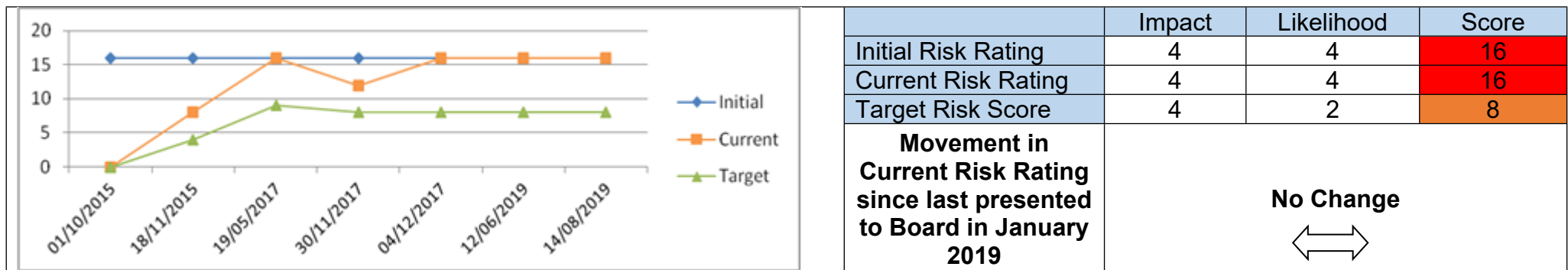


Controls in place	Further action to achieve target risk score
1. Appointment of Recovery Director and establishment of a multi-faceted Recovery Programme, including recovery challenge meetings across all business areas and improvement themes, deployment of	1. Further work to identify and convert recovery opportunities, including ongoing review by Improvement Groups of the All Wales Efficiency Framework for further opportunities.

<p>detailed grip and control, and active management if savings opportunity pipeline.</p> <p>2. Scheme of Financial Delegation and Accountability Agreements in place covering all devolved budgets.</p> <p>3. Additional stretch targets issued across all business areas.</p> <p>4. Dedicated Chief Finance Officer embedded in the management team of each Division (and hospital/area team).</p> <p>5. Focused additional recovery support provided by PwC and Finance in key areas of budgetary pressure.</p> <p>6. Programme Management software used to track and monitor the delivery of savings.</p> <p>7. Reporting through Financial Recovery Group and Finance and Performance Committee.</p>	<p>2. Ongoing communications to continuously embed financial goals across the organisation and all devolved budget areas including Better Care, Spending Well initiative.</p> <p>3. Potential F&P Committee requesting attendance of divisions with recovery shortfalls to seek assurances regarding further progress.</p> <p>4. Improved Financial Recovery Reporting to support oversight and decision-making.</p>
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Assurances		Links to		
<p>1. Monthly financial position reported to the F&P Committee and Board.</p> <p>2. Finance Delivery Unit (FDU) view at the WG Special Measures meeting.</p>		Strategic Goals	Principal Risks	Special Measures Theme
		7	PR2	SM4 SM1

CRR09	Director Lead: Director of Primary and Community Care	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 14 August 2019
	Risk: Primary Care Sustainability	Target Risk Date: 31 March 2021
There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales. This may be due to the significant number of GPs who are able to retire within the next 5 years and the supply of GPs in training may not meet the demand created by the turnover. This could lead to delayed access for some patients to the appropriate primary care service.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. 5 Domain Sustainability risk assessment metric developed by PCUS used pan-BCUHB and by Areas to RAG rate and identify highest risk requiring support. Last assessment undertaken July 2019. . 2. Each Area has developed a regular practice review process to prioritise support. 3. Area Teams have developed support infrastructure to those practices experiencing significant challenges/pressures in terms of sustainability. 4. National Sustainability assessment process allows practices to request support from the Health Board. 5. Clinical advice available from Area Medical Directors and Cluster leads to provide support and development advice to practices. 6. Salaried GPs employed by Areas, working in managed practices and also GMS practices in difficulty. Further GPs employed since April 2019. 	<ol style="list-style-type: none"> 1. Evaluation and integration of new service models into primary care to ascertain their success. 2. New governance models of primary care need to be assessed to identify their reliability and assurance. 3. Care closer to home strategy to be evaluated. 4. Establish primary care academy and further develop primary care training, including mentorship. 5. Recruit to GP schemes being adopted by Clusters and supported by new project manager for recruitment and retention. 6. Primary care workforce plan to be developed and fully implemented. 7. Further engagement with primary care and partner organisations.

7. Agreement to employ clinical leads in managed practices to provide leadership and oversight. Clinical lead appointed for Blaenau Ffestiniog, other practices progressing recruitment at present..

8. Recruitment and retention plan to recruit new GPs into North Wales under development. Project Management for recruitment and retention appointed. Attendance at recruitment fairs and other conferences being co-ordinated to promote careers and share current vacancies in North Wales.

9. Schemes for retaining and recruiting staff e.g. Outstanding GP scheme and the GP with experience scheme in place.

10. Developed Multi-Disciplinary Teams within GP practices eg physiotherapists, ANPs, audiologist, pharmacists and this team takes on patients that were previously seen by the PG.

11. Developing new models of delivery of care within GP practices.

12. Primary care funding is supporting the way that services are delivered within community and primary care setting to take pressure off GPs.

13. Emerging schemes that will further support the way that services are delivered from Primary care eg Occupational therapy, advanced practice paramedics and GP sustainability and innovation unit have been allocated funding from Primary Care Investment funds in 2018/19.

14. Cluster plans and funded schemes are focusing on areas such as pathways and supporting the way that care is delivered at local level.

15. ANPs focusing activity within Care/Nursing homes to improve patient care and reduce demand on GP visits.

16. Running 24/7 DN service to reduce out of hours call out and unnecessary ED admissions.

17. Navigators working within GP practices signposting patients to the right healthcare.

18. Workflow optimisation training available to practices.

19. Intermediate care funded schemes supporting primary care.

20. 16 BCUHB managed practices in place that are providing opportunities to trial new models of working and develop new areas of clinical care.

21. BCUHB has approved a 'Care Closer to Home' strategy that provides a vision of the way that care will be provided within community and primary

8. Demand management scheme – establishing ways to release GP capacity and shift services out of hospital settings – new roles, new models, and new services.

9. Work with Deanery to increase the number of GP training places in N Wales.

10. Lobby WG for review of national DDRB pay scales and recommendations to increase the rates to better reflect the different roles of salaried GPs.

11. Accelerated role out of advanced practice training.

12. Promote practice mergers and federating.

13. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models.

14. Further development of clusters/localities with partners to strengthen primary/community/social care.

15. Accelerate estates improvements to ensure fit for purpose buildings for care in community settings.

care setting in the future. A CCtH transformation board has been established to oversee progress, with the first meeting held on 20 July 2018.

22. Care closer to home themes set out in annual operational plan. Priority for cluster development, service model, workforce development, digital healthcare and technology and estates.

23. Governance and accountability of managed practices group in place; performance indicators established, project management work books published, governance framework for nurses and pharmacists agreed.

24. Premises issues being addressed with a number of practices, including approval to assign some premises head leases from partners to BCUHB.

25. Programme for recruiting and training practice nurses funded by PC funds in place with 6 nurses being recruited per annum.

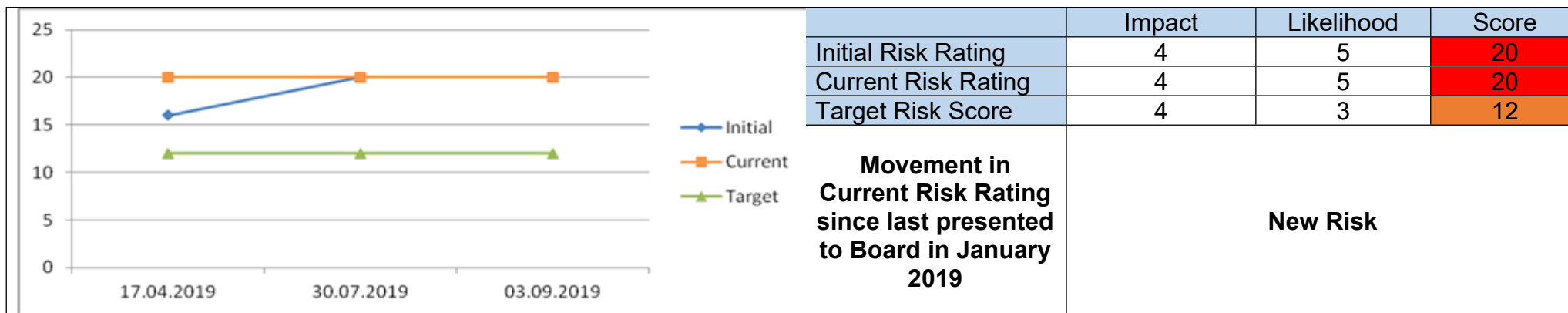
26. Director of Primary and Community Health Services appointed and in post.

27. Plans to progress CCtH built into IMTP 2019-20, identified leads for progressing 4 themes (CRTS, Clusters, Health and Workforce/service model) Centres.

28. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models. Project Manager appointed August 2019 and additional pacesetter proposal being submitted in same month to further develop the Academy.

Assurances	Links to		
1. Oversight by Board and WG as part of Special Measures. 2. CHC visits to Primary Care. 3. GP council Wales Reviews. 4. Progress reporting to Community Health Council Joint Services Planning Committee.	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR6	Primary Care

CRR10a	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 3 September 2019
	Risk: National Infrastructure and Products	Target Risk Date: 28 December 2020
<p>There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the organisation to deliver benefits when planned. This may be caused by</p> <p>a) a one size fits all approach.</p> <p>b) products which are not delivered as specified (e.g. time, functionality and quality).</p> <p>c) the approach of the National Programme to mandate/design systems rather than standards.</p> <p>d) poor resilience and a "lack of focus on routine maintenance".</p> <p>e) Supplier capacity leading to commitment or delivery delays.</p> <p>f) Historic pricing models that are difficult to influence / may not be equitable.</p> <p>This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient work flows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.</p>		

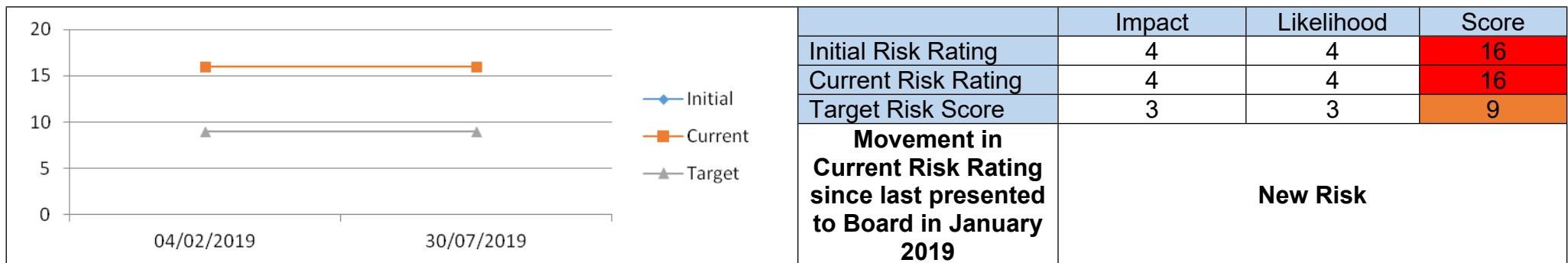


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Scrutiny of NWIS by D&IGC. 2. Project Governance. 	<ol style="list-style-type: none"> 1. Viable SLA. 2. Development and approval of local Digital Record. 3. Implementation of recommendation's from Architecture and Governance Reviews (due in May 19).

Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Public Accounts Committee Review of NWIS 2. Reports from the Digital Transformation Group to IGIC / EMG 3. WAO - review 4. National Architecture and Informatics Governance Reviews	7	PR6	Not Applicable

CRR10b	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 30 July 2019
	Risk: Informatics - Acute Health Records	Target Risk Date: 31 December 2019

here is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 2. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient records. 3. Escalation via appropriate committee reporting. 4. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). 	<ol style="list-style-type: none"> 1. Enable actions to meet the regulatory recommendations from the ICO, HASCAS/Ockenden and Internal Audit reports. 2. (Project) Development of a local Digital Health Records system to digitise the 'acute general' patient record. 3. (Project) Improve the assurance of Results Management (stop printing results). 4. (Project) Digitise the clinic letters for outpatients through implementation of Digital Dictation, and as appropriate Speech Recognition software. 5. (Project) Digitise nursing documentation through the implementation of CHAI Paediatrics, and Adults National Nursing systems.

	<p>6. (Project) Baseline the; storage, processes, management arrangements and standards compliance, and present the recommendations and funding requirements to work towards PAN-BCUHB Patient Records Compliance with legislation and standards in patient records management across all casenote types.</p> <p>7. Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.</p>
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Assurances	Links to		
1.Chairs reports from Patient Record Group. 2.ICO Audit. 3.HASCAS Audit.	Strategic Goals	Principal Risks	Special Measures Theme
	7	PR1	Not Applicable

CRR10c	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 3 September 2019
	Risk: Informatics infrastructure capacity, resource and demand.	Target Risk Date: 31 December 2019

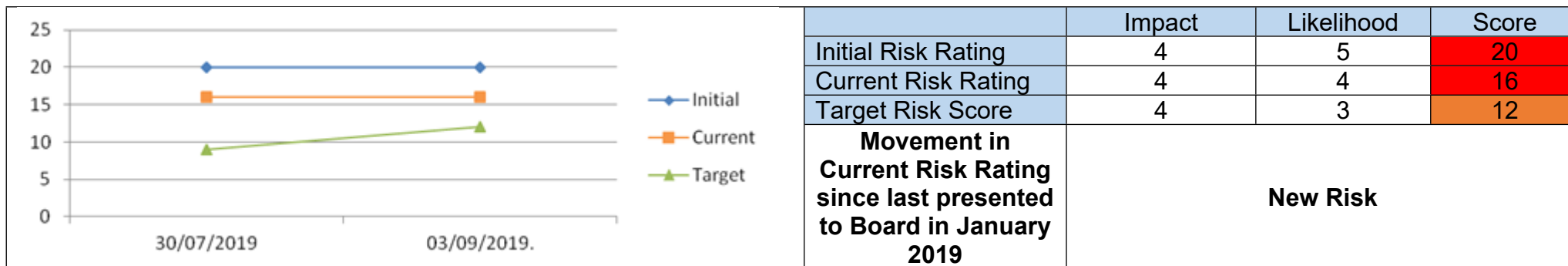
There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:

(a) A lack of capacity and resource to deliver services / guide the organisation.

(b) Increasing demand (internally from users e.g. for devices/ training and externally from the public, government and regulators e.g. growing need for digital services).

(c) the moving pace of technology.

This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.

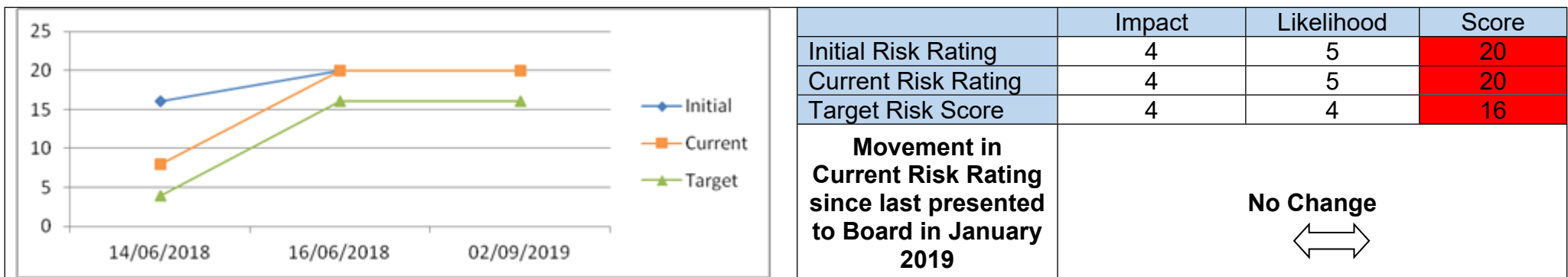


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Develop associated business cases for resource required based upon risks and opportunities e.g. Digital Health Record. 2. Review workforce plans and establish future proof informatics/digital capability and capacity. 	

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Assurances	Links to		
1. Annual Internal Audit Plan. 2. WAO reviews and reports e.g. structured assessments and data quality. 3. Scrutiny of Clinical Data Quality by CHKS. 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to IGIC (for Governance).	Strategic Goals	Principal Risks	Special Measures Theme
	2 3 4 5 6 7	PR6 PR5 PR2	Not Applicable

CRR11a	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 2 September 2019
	Risk: Unscheduled Care Access	Target Risk Date: 25 September 2020
<p>There is a risk that systematic harm may be caused to patients needing access to unscheduled care services due to failures to be able to respond to demand in accordance with expected national targets.</p> <p>This may be caused by mismatches between resources available across the unscheduled care system to demands placed on the system for prolonged periods of time or inappropriate allocation of resources available to meet the demand.</p> <p>This could lead to an impact/effect on patient experience and outcomes, organisational reputation, delivery of national targets and recognised standards of care.</p>		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Multi-agency Unscheduled Care Transformation Board chaired by the Executive Director of Nursing. 2. 1ST 90-day cycle of the unscheduled care plan launched 10.10.18. with 3 specific work streams: Demand, Flow and Discharge. 3. Associate Director of Unscheduled Care seconded to lead the 90 day plan, with named workstream leads in place responsible for performance management of the plan. 4. Daily Conference Calls with WG in place to address daily position. 5. Daily Safety Huddles in place on 3 acute sites. 6. Pan BCU calls in place to manage flow between divisions. 	<ol style="list-style-type: none"> 1. Recruitment of 3 Emergency Quarter managers. 2. Development and sign off the 90 day improvement trajectories for the 3 workstreams required. 3. Embedding of SAFER in all sites and wards. 4. Work with partners on improvement to DTOC taking into account cross border demand from COCH and RJA on Wrexham and Flintshire. 5. Close monitoring and management of actions within the 90 day plan to understand and evaluate the effectiveness of each element and impact on overall performance. <p>Additional Note:</p>

7. Daily Board rounds in place to support continuity of care and early discharge planning.
8. Weekly review meetings with LA partners to support discharge.
9. Live and daily performance information to support decision making.
10. 3 times daily escalation status reviews.
11. SAPHTE scoring for assessment of ED departmental patient safety.
12. Mental Health support located within site Police Control.
13. Frequent attenders WEDFANs group regularly review vulnerable patients who frequently access services.
14. Escalation process and structure in place to provide 24/7 escalation from site management through bronze, silver and gold.
15. Seasonal plan developed.
16. Discharge information provided to patients on admission via new discharge leaflet.

Update 02/09/2019

1. Multi-agency Unscheduled Care (USC) Transformation Board refreshed to USC improvement group, now chaired by the interim Executive Director of Nursing.
2. Continued cycles of improvement with 3 specific work streams: Demand, Flow and Discharge.
3. Program project manager appointed to oversee production and implementation of action plans.
4. Daily National Conference Calls with WG to address daily position.
5. Daily Safety Huddles in place on 3 acute sites.
6. Daily BCU system calls to support flow between divisions.
7. Daily Board rounds on acute sites to support continuity of care and early discharge planning.
8. Weekly MDT stranded patient review meetings to identify reasons for lack of progress to facilitate more complex discharges
9. Development of USC dashboard with live and daily performance information to support decision making.

1. 3 EC managers substantively recruited and engaged with building better care plans (was previously 90 day improvement plan).
2. Building better care plan consisting of 3 streams of work:
 - a. Demand - SICAT established and demonstrating reduction in transfers to ED (~30% of calls - assumption that ALL calls previously would have resulted in transfer).
 - b. Flow - Multiple substreams including:
 - ambulance handover - WMH lost improved with consistent reduction in time taken for handover.
 - proactive triage- promoting use of alternative resources and early decision-making to reduce time in ED (Overall averager time in ED is reducing).
 - early senior decision-making - recognition of senior medical staffing issues esp. at WMH- requiring workforce and roster review.
 - escalation and capacity management review - test of 'grip and control' at YGC site de-escalated from sitrep 4 to 2 without associated reduction in overall time in ED - further work on-going to review process and pilot at other sites.
 - implementation of SAFER - ongoing - small increase in numbers of earlier discharges.
 - stranded & super-stranded patient review - to launch across sites
 - review of acute assessment/ambulatory models with pilots to be launched later this month at YGC & WMH.
 - review of specialty reviews for inpatients - to enable earlier discharge.
 - review of imaging pathways to support early outpatient scans and avoid longer inpatient stay.
 - c. discharge planning - work continues to reduce delays in transfers of care and decision-making. Letter shared re. patient choice and working with staff to encourage proactive discussions with families and patients.
3. Review of site escalation and management to support site responsibility during normal working hours.

<p>10. Weekly teleconference with DU to report performance and concerns and track improvement plans</p> <p>11. Sitrep reporting 3 times a day including SAPhTE for ED risk assessment.</p> <p>12. Mental Health support located within site Police Control.</p> <p>13. Frequent attenders WEDFANs group regularly review vulnerable patients who frequently access services to support implementation of care plans.</p> <p>14. Escalation process and structure in place to provide 24/7. escalation from site management through bronze, silver and gold.</p> <p>15. Development of internal clinical standards to highlight best practice and support teams to consider ways of working to achieve standards.</p> <p>16. Escalation plan being developed to support clinical standards and staff to maintain site safety.</p> <p>17. Discharge information provided to patients on admission via new discharge leaflet.</p>	<p>4. Associate director for unascheduled care replaced with programme manager with additional interim support at area level to oversee progress against building better care plan.</p> <p>02/09/2019</p> <p>Further actions:</p> <p>5. Engagement with National ED Quality & delivery framework.</p> <p>6. Workforce review - supported by Kendall Bluck.</p>
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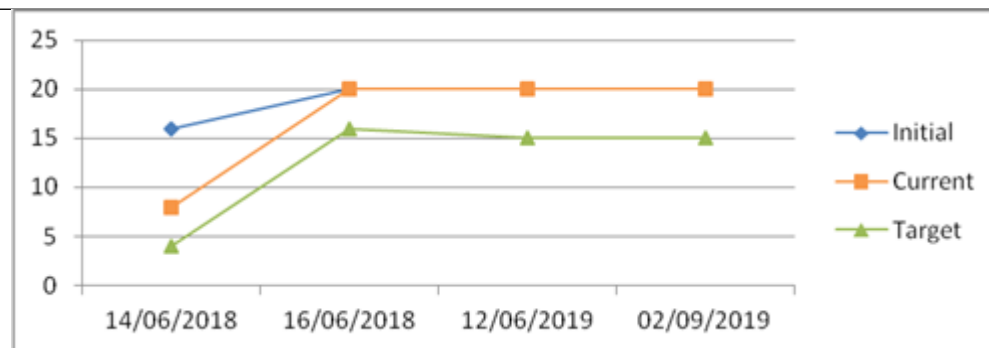
Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Seasonal Plan. 2. RTT Plan. 3. Twice Yearly JET meetings with WG. 4. Monthly meetings with Delivery Unit. 5. National Patient Flow Collaborative. 6. OOHs review (both National and Internal Audit). 7. Subject specific internal audit reviews. 8. Orthopaedic Plan development. 9. Transformation groups reporting. 10. WPAS implementation group reporting and daily tracking.	1 2 3 6 7	PR3	Leadership

CRR11b	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 2 September 2019
	Risk: Planned Care Access	Target Risk Date: 31 December 2019

There is a risk that the BCUHB is not able to provide access to planned care in accordance with the national standards. This may result in not being able to meet the timely clinical needs and expectations of patients. BCUHB will need to provide assurance to partner organisations on the management of clinical safety and treatment of the backlog.

This is caused by capacity shortfalls or mismatch between allocation of available capacity and demand including booking of patients in chronological order following clinical urgency, a lack of effective utilisation of resources, conflicting pressures (management of Unscheduled Care pressures and elective delivery), equipment failure and availability of suitable facilities, workforce issues.

This could lead to adverse outcomes for patients, prolonged waiting periods, an inability to meet national targets (RTT, diagnostics, cancer, clinically due review time, and impact on the financial stability and the reputation of the Health Board.



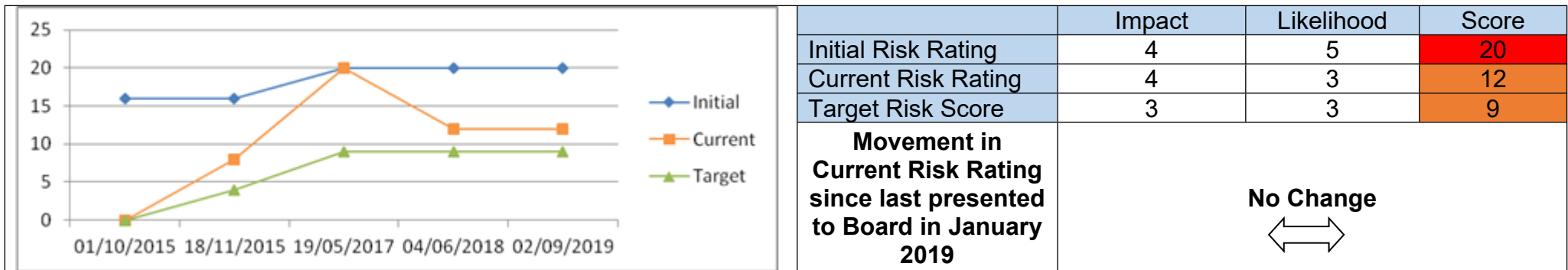
	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	3	5	15
Movement in Current Risk Rating since last presented to Board in January 2019	No Change 		

Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> Weekly PTL and Daily waiting times information in place for RTT, diagnostics and Cancer. Performance team and trackers in Cancer utilising escalation processes with operational teams. Demand and Capacity plan agreed per specialty and site confirming extent of sustainable service gap. Weekly Access meeting extended to include RTT, Diagnostics and Cancer. 	<ol style="list-style-type: none"> Resourced planned care operational plan signed off. Resource for RTT and Diagnostics 2019-20 nearly confirmed. Orthopaedics to be confirmed by the WG colleagues. Pan BCU service line management to be implemented with initial recruitment to the specialties of : Orthopaedics, Ophthalmology and Urology.

<p>5. Interim Planned Care leadership in place responsible for leadership across the HB providing oversight of RTT, Cancer, Endoscopy and Diagnostics remedial action plans. Performance management at Hospital and Area Level. Weekly PTL meeting at health economy level in place led by the Associate director of Planned Care.</p> <p>6. Weekly outsourcing meeting in place.</p> <p>7. Elective patient pathway and outpatient improvement cells in place with clear targets for efficiency improvement.</p> <p>8. Engaged with National Planned Care, National Outpatient and Cancer Implementation Groups.</p> <p>9. Single Cancer Pathway demand and capacity submission completed and shadow reporting to WG monthly. Capacity gap for diagnostics reported via monthly EMG report and to be considered as part of IMTP preparation 2019-2022.</p> <p>10. Elective and Seasonal plan assumes only daycase and urgent/cancer surgery is scheduled for winter 2019/20 to support unscheduled care capacity (except at Abergele).</p> <p>11. Eye care measure reporting commenced 30.9.18. and successful WG fund made for resource to assist with implementation.</p> <p>12. DU supporting with endoscopy capacity review for diagnostic waits as part of an all Wales programme of work Nov/Dec 2018.</p> <p>13. Additional contracts in place for non-obstetric Ultrasound aims to recover 8 week waits for this service by end of Dec 2018.</p> <p>14. Risk for follow up management increased in Central area due to WPAS serious incident, operational oversight group in place.</p> <p>15. Outpatient Programme Group established and clarity re: governance obtained.</p>	<p>4. Sustainable service plans for these 3 specialties to be further developed and implemented.</p> <p>5. Learning from Single Cancer Pathway shadow working to be shared and used to inform Cabinet Secretary decision making - this will impact on diagnostic capacity and demands on cancer tracking.</p> <p>6. Learning and application of change management in respect of the Eye Care measures to inform sustainable plan.</p> <p>7. Follow up efficiency measures for the 4 specialties from the national planned care programme to be implemented.</p> <p>8. Sustainable endoscopy capacity plan to be developed and key appointments made.</p> <p>9. Outcome awaited on Single Cancer Pathway WCN investment proposal.</p> <p>10. Matrix working and responsibilities of clinical and operational leaders to be confirmed to strengthen governance.</p> <p>11. Enhanced governance structure in place and developing.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Seasonal Plan. 2. RTT Plan. 3. Twice Yearly JET meetings with WG. 4. Monthly meetings with Delivery Unit. 5. National Patient Flow Collaborative. 6. OOHs review (both National and Internal Audit). 7. Subject specific internal audit reviews. 8. Orthopaedic Plan development. 9. Transformation groups reporting. 10. WPAS implementation group reporting and daily tracking.	1 2 3 6 7	PR3	Leadership

CRR12	Director Lead: Executive Director of Planning and Performance	Date Opened: 1 October 2015
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 2 September 2019
	Risk: Estates and Environment	Target Risk Date: 1 April 2022
There is a risk that the Health Board fails to provide a safe and compliant built environment. This may be due to insufficient financial investment and estates rationalisation. This could result in avoidable harm to patient, staff, public, reputational damage and litigation.		

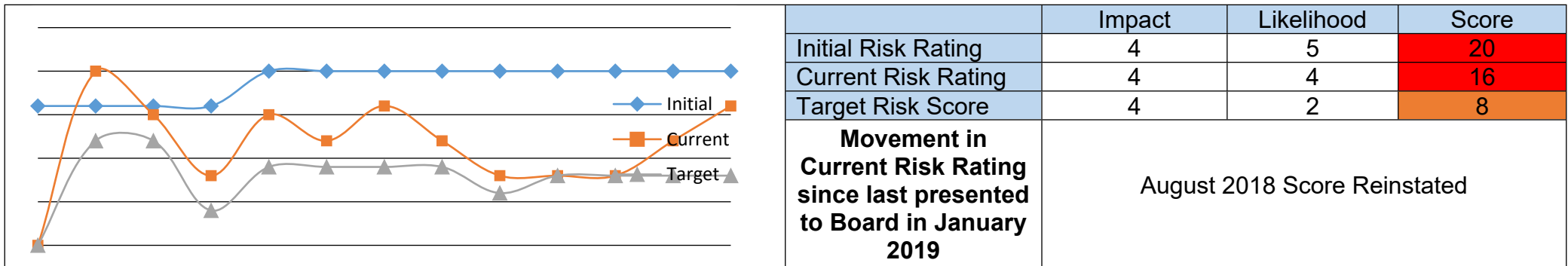


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Clear Board direction on future clinical service model through Living Healthier/Staying Well (2019/20). 2. Operational Risk Registers in place defining high risk priorities for capital and revenue investment. 3. Risk assessed schedules for implementation of agreed priorities. 4. Estates maintenance strategy in place for the delivery of capital and investment objectives. 5. Input data into All Wales Estates Facilities Performance Management System (EFPMS) Portal to assess overall estate performance. 6. Risk based estates rationalisation and disposal programme in place. 7. Redevelopment plan for Ysbyty Glan Clwyd (Asbestos Management Controls). 	<ol style="list-style-type: none"> 1. Approved Health Board Estates Strategy 2019/20 to deliver mitigation and reduce risk. 2. Ongoing programme of estates rationalisation and selective demolition (2019/20). 3. Develop Full Business Cases for Residential Accommodation and Laundry Services and submit to Board for approval Sept 2019). 4. Estates Strategy to reflect current assessment of backlog maintenance the annual data gathering for the All Wales Estates and Facilities Performance Management System has now been submitted and an All Wales Report will be published in December 2018). 5. Phased Stock Condition Survey of Acute and Community premises to inform capital investment plans (April 2019/20) - Revenue funding bids are currently being considered within the 2019/20 Health Boards budget setting process.

<p>8. Project Director appointed for development of Ysbyty Wrexham Maelor.</p> <p>9. Stock Condition Survey of Primary Care Estate premises completed.</p> <p>10. Operational Estates and Facilities Management annually agreed Discretionary capital funding.</p> <p>11. Strategic capital investment (2018/19) - (updated and reviewed annual in line with the Health Board's Discretionary Capital Programme and All Wales Capital Projects).</p> <p>12. New service models for non strategic estate developed.</p> <p>13. Options Appraisals for both Residential and Laundry Services have been developed.</p>	<p>6. Estates rationalisation and disposal programme in place for 2019/20.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Independent authorising engineer appointments. 2. Internal Audit Programme. 3. HSE Statutory Reviews and Reports. 4. EFPMS Portal Data used by WG for Annual All Wales Report. 5. Local Authority Trading Standing. 6. Food Safety Assessment. 7. Annual Reports (HSE, Fire, V&A and sustainability).	1 2 3 4 5 7	PR5	Strategic and Service Planning

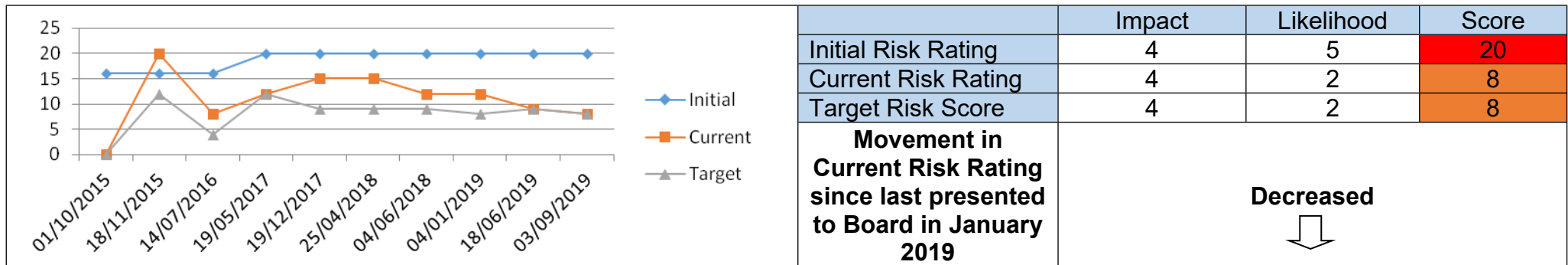
CRR13	Director Lead: Director of Mental Health and Learning Disabilities	Date Opened: 1 October 2013
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 5 November 2019
	Risk: Mental Health Services	Target Risk Date: 31 March 2020
There is a risk that patients receive inappropriate care within Mental Health Services due to failings in leadership and governance at all levels within the Division which could result in poor quality outcomes for patients.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Improvement plan in place and subject to ongoing review. 2. Enhanced monitoring in progress at Board level. 3. Renewed focus and escalation arrangements for dealing with operational issues. 4. Governance Framework developed and implemented within mental health. 5. Mental Health Strategy approved by the Board. 6. Senior Management and Clinical Leadership holding structure in place. 7. Older Person's Mental Health action plans in place. 8. Weekly PTR meeting in place. 9. Revised interim leadership, management and governance arrangements in place November 2017. 	<ol style="list-style-type: none"> 1. Ongoing implementation of performance and accountability reviews across the division. 2. Continue to improve internal divisional communication systems. 3. Contribute to HASCAS investigation and wider governance review. 4. Undertake review of demand, capacity and skill mix. 5. Ongoing review of staffing levels. 6. Consultation on permanent structure to be completed. 7. Embed revised arrangements for safeguarding, and dynamic risk assessment. 8. Standardise operational procedures for acute inpatient care.

Assurances	Links to		
1. Board and WG oversight as part of Special Measures. 2. External reviews and investigations commissioned (Ockenden and HASCAS). 3. HIW Reviews. 4. External Accreditation (AIMS). 5. Delivery Unit oversight of CTP.	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR1	Mental Health

CRR14	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 3 September 2019
	Risk: Staff Engagement	Target Risk Date: 31 March 2020
There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services. This may be caused by a disconnect between stated values and actual behaviours. This could lead to poor quality services, damage to the organisations reputation, long term sustainability and low levels of workforce satisfaction and well being.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Implemented Proud to Lead - Leadership Behaviours Framework. 2. Implemented a range of engagement processes including: <ul style="list-style-type: none"> -3D Model-Discover, Debate, Deliver; Listening Leads; Staff Engagement Ambassadors; "Proud Of" Groups established in each DGH and some Community Hospitals. -Implemented Staff Reward and Recognition Schemes such as Seren Betsi Star, Staff Achievement Awards and Long Service Awards. 3. Implemented range of public engagement opportunities. 4. Trade Union partnership arrangements: Local Partnership Forum/Local Negotiating Committee in place. 5. Defined purpose and values. 6. Implemented "Hello my name is" / "Helo fy enw I ydy". 	<ol style="list-style-type: none"> 1. Monitoring progress of the 2018 Staff Survey Organisational Improvement Plan and Divisional Improvement Plans to be through the Workforce Improvement group. 2. Development of an organisational Retention Improvement Plan Q1 2019/20. 3. Development of an Attraction Improvement Plan Q2 2019/20. 4. Development of a Succession Planning Framework at Tiers 1-3 Q3 2019/20.

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| <p>7. Raising Concerns Procedure and Safe Haven Scheme in place with task and finish group oversight.</p> <p>8. Workforce, clinical and operational policies and procedures in place including Dignity at Work.</p> <p>9. BCU and Professional Codes of conduct in place.</p> <p>10. Leadership Development Programmes in place including the newly refreshed Ward Manager Development Programme (previously known as Generation 2015 programme).</p> <p>11. Implemented Speak out safely campaign.</p> <p>12. Staff Engagement Strategy and delivery plans have been superseded by the Workforce Strategy 2019-22 and associated Annual Objectives.</p> <p>13. Simplified PADR documentation currently under consultation.</p> <p>14. 3D Listening Methodology in place and "You Said - We Did" are collated for each project area. Model has been amended following staff feedback, the 3D Lite has been launched. Teams are using this method widely now to gather staff feedback and ideas to improve patient care, staff working environment and practices and generally raise ideas to improved morale.</p> <p>15. Leading for Transformation Senior Leadership development programme focussing on leadership behaviours for Bands 8a and above and Medical & Dental staff launched in Q1 2019/20.</p> <p>16. 2018 Staff Survey Improvement Plans in place for the Organisation, Divisions and Corporate Divisions.</p> <p>17. BCUHB Best, Facebook and Twitter in place.</p> <p>18. BCUHB are part of the All Wales Public Services Coaching Network. In-house coaching programmes have been established and are currently available.</p> <p>19. Partnerships established with Local Further Education Providers to deliver a programme of Essential Skills for Staff.</p> <p>20. Senior Leadership Master Classes have been established for 2019/20.</p> <p>21. Staff Engagement resource tool kit developed and available on the Intranet.</p> <p>22. Workforce Metrics dashboard implemented.</p> | |
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23. First staff engagement organisational survey ByddwchYnFalch/BeProud is currently live and will close at the end of June 2019. This provides a process for continuous engagement and feedback from staff. A survey will be launched on a quarterly basis.

24. The first ByddwchYnFalch/BeProud Pioneer Teams, 10 in total have commenced their engagement journey. The next cohort of 10 teams commence their journey on 19th June 2019, with Cohort 3 commencing in September 2019. This is a 26 week programme to support teams to build staff engagement at team/local level.

25. PADR Improvement plan in place, PADR compliance gradually improving.

26. Seren Betsi Aur/Gold Award developed - to recognise achievement, selected from all Seren Betsi winners annually, through nomination process and awarded at staff achievement awards - implemented Q3 18/19.

27. Proud of initiative - developed further in Q4 18/19 to amalgamate a range of engagement tools/methods to support staff engagement across the organisation.

28. An advanced Coaching Skills training programme for Medical Staff and Senior Leaders has been developed and delivered with good engagement and outcomes.

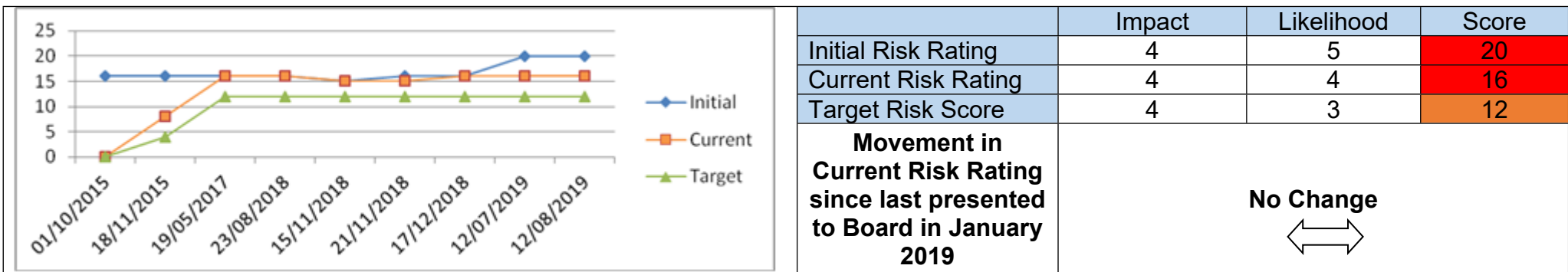
29. Proud of Groups - Tested new approach in Area East with positive feedback from staff and senior managers. Outcomes include:

- Local groups being established within Community Hospitals to build on and improve staff engagement.
- Improved accessibility to Area Director through regular and rotating meetings with staff.
- Various engagement methods such as recognition tools and 3D used to celebrate successes and exploring further engagement methods within teams.

Assurances	Links to		
1. Board and WG monitoring as part special measures. 2. Staff survey benchmarked across Wales. 3. Corporate Health Award. 4. Implementation of I	Strategic Goals	Principal Risks	Special Measures Theme

Want Great Care.	1 2 3 4 5 6 7	PR9	Engagement
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CRR15	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 12 August 2019
	Risk: Recruitment and Retention	Target Risk Date: 31 January 2020
There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well being and attendance of staff.		



Controls in place	Further action to achieve target risk score
<p>1. Promotion of the employment brand and introduced digital marketing through social media channels job of the week and using the good news stories from communications team to add a link to relevant jobs in that area. e Train Work live North Wales continues to attract with increased numbers of visitors to the site.</p> <p>2. A 12 month events calendar is now in place which includes two national job fairs Manchester and Birmingham and local engagement events such a national Eisteddfod, Denbighshire shows and food festivals. Recruitment team have co-ordinated staff from BCU HB to attend. Recruitment days for YGC, YG and WMH are planned.</p> <p>3. The pipeline report is also used to provide the top 10 hotspots of vacancies and then intense focus is placed on these although this creates further challenges as</p>	<p>1. Further targeted recruitment across the UK.</p> <p>2. Identification of recruitment co-ordinators in each secondary care high vacancy areas. Continue with student recruitment and promotion of nurse vacancies to Manchester, Chester and Staffordshire Universities.</p> <p>3. Contribution to Medical Training Initiatives (MTI) Bapio Scheme.</p> <p>4. Exit interviews not fully embraced by service further work around this with OD teams, divisions and services.</p> <p>5. BCU HB needs recruitment marketing funding to support further digital marketing. Celebrate local</p>

there is no marketing budget agreed. Executives need to support and provide the necessary funding.

4. Recruitment lead for BCU HB working with corporate Nursing on a number of recruitment pipelines such as fast track of HCA band 4 to adult nurse course at bangor university (2 year course will provide 12 nurses in 2020). A return to practice campaign will be further promoted later in 2019 - although challenges raised in November 2018 to bangor university on lack of places for BCU RTP nurses. Corporate nursing taking forward. Positive changes to bursary system on degree nursing courses at Welsh Universities will commit graduates to 2 years working in the Welsh NHS. A focus on retention with Appraisal compliance and mandatory training monitored. National KPI's Time to Hire focus on recruitment timescales monitoring both within BCUHB and NWSSP. TRAC system in place which ensures standardised processes.

5. HR are supporting with the promotion of flexible working: part time working, job share, compressed hours, annualised hours, flexi, career breaks etc.

6. Staff benefits such as cycle to work schemes and other non-pay benefits in place.

7. HR and recruitment team continue to promote best practice through times of organisational change, redeployment and secondments and through flexible working arrangements.

8. An Agency cap for medical and dental staff in place, with tight controls in place to reduce agency expenditure. National reporting is conducted monthly, which will be reviewed regularly.

9. BCU HB contributes to the All-Wales Recruitment campaigns - 'train, work, live' brand. BCU recruitment team now has the SPOC which is promoted Nationally and locally. Student nurse recruitment is the most successful pipeline and BCU have worked with WG/SSP to introduce a more robust method of recruiting our nurse graduates resulting in 130 nurses joining in September 2019 and a further 75 planned to join in March 2020.

achievements through 'Proud of Campaign' building on existing staff awards and celebration of success.

6. Further work on recruitment pipelines such as trainees, graduates return to practice, cadet scheme and overseas candidates.

7. A Focus on retention during 2019 working with corporate nurses to ensure a buddy system in place for newly qualified and preceptorship is rolled out.

Assurances

1. Staff surveys. 2. WG reporting (e.g. sickness absence and long term disciplinary cases). 3. NMC Royal College and Deanery Reviews and Reports.

Links to

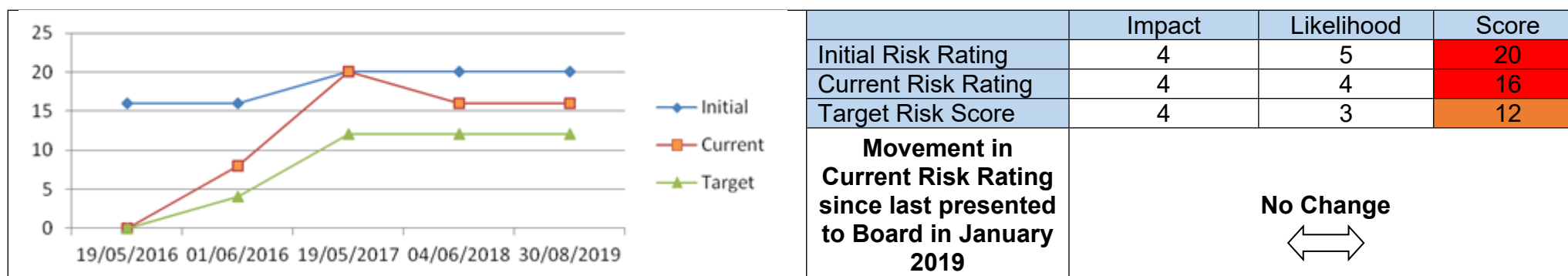
Strategic Goals

Principal Risks

Special Measures Theme

4. Review of NWSSP recruitment timescales	1 2 3 4 5 6 7	PR4	Leadership
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CRR16	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 19 May 2016
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 30 August 2019
	Risk: A major safeguarding failure occurs	Target Risk Date: 31 October 2019
There is a risk that the Health Board does not discharge its statutory and moral duties in respect of Safeguarding. This may be caused by a failure to develop and implement suitable and sufficient safeguarding arrangements, develop an engaged and educated workforce and provide sufficient resources to manage the undertaking. This could impact on those persons at risk of harm to whom the BCUHB has a duty of care.		

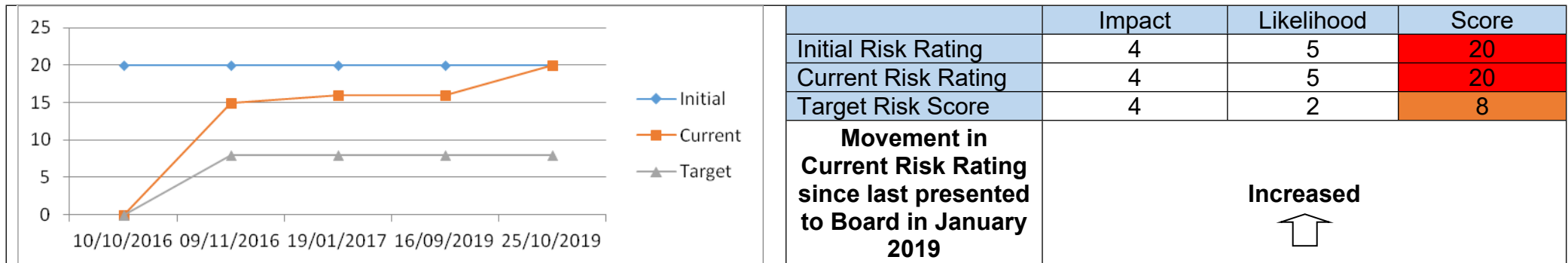


Controls in place	Further action to achieve target risk score
<p>1. A cycle of Business Planning meetings have been implemented within the Nursing and Midwifery Directorate which scrutinises and reviews Level 1 and 2 Risks and is attended by the Associate Director of Safeguarding.</p> <p>2. A refreshed Safeguarding Reporting Framework has been implemented within safeguarding which sets out clear lines of accountability and is underpinned by a Business Cycle.</p>	<p>1. A further service reconfiguration is ongoing. The second phase of safeguarding JDs are in the process of being reviewed.</p> <p>2. Further structural activity is planned to ensure business continuity and stability within the Corporate Safeguarding Team. This includes the provision of a 7 day on call, flexible working service. This will be implemented once financial approval is gained and consultation complete.</p> <p>3. A Safeguarding Communications Strategy is a priority activity for 2019-20.</p>

<p>3. A standardised data report on key areas including Adult at Risk, Child at Risk and DoLS is submitted to Area Forums in order that data is scrutinised and risks identified.</p> <p>3. Risk Management has been embedded into the processes of the Reporting Framework by being included as a standing item on the Safeguarding Governance and Performance and Area Forum Agendas. Issues of Significance reports require risks to be identified and reported on in terms of mitigating action.</p> <p>5. A new Senior Manager tier has been appointed to within the Safeguarding Structure. This will strengthen strategic oversight in key areas.</p>	<p>4. The programme of works relating to the governance and accountability of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act is under review and implementation of key tasks including signatory training has been implemented. See Risk 2548.</p> <p>5. A review of the DoLS structure and service provision is a priority activity for 2019-20 and a key requirement from HASCAS. An options paper which sets out options for the DoLS Team will be presented to QSG in Nov 2019. See Risk 2548.</p> <p>6. The appointment of a Named Doctor, Safeguarding Adults is still outstanding however positive discussions have taken place with the Office of the Executive Medical Director to move this forward. The post holder when appointed will hold a position on the NWSAB.</p> <p>7. A Training Needs Analysis is underway and a 2019-2020 Training Strategy has been developed to ensure that staff are competent to support and embed the Safeguarding agenda across BCUHB.</p>
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Assurances	Links to		
1. Strengthened Governance and Reporting arrangements. 2. Enhanced engagement with partner agencies. 3. Safe and effective data collection and triangulation of organisational data to identify risk. 4. Improved compliance against recognised omissions relating to the review and development of Safeguarding policies and Training materials. 5. Regional Safeguarding Boards.	Strategic Goals	Principal Risks	Special Measures Theme
	3 7	PR9	Governance

CRR17	Director Lead: Executive Director of Planning and Performance	Date Opened: 10 October 2016
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 25 October 2019
	Risk: Development of IMTP (Integrated Medium Term Plan)	Target Risk Date: 31 March 2020
There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next 3 years. This could lead to an inability to address and improve health and healthcare services.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. The timetable to develop the 2019/22 IMTP was discussed and agreed by SPPH Committee on 9th August 2018. 2. The Health Board approved approach for developing the 2019/22 IMTP on 6th September 2018. 3. Unscheduled Care - 90 day plan launched and measures and trajectories agreed for inclusion in the AOP for 2018/19. 4. Transformation fund proposals developed with RPB partners Proposals for Community Services, children, mental health and learning disabilities submitted to Welsh Government. 5. Workplan established to develop 2019/22 IMTP with 3 CEO sponsored workshops held on 4th October, 8th November and 13th December 2018. 	<ol style="list-style-type: none"> 1. 2019/22 plan refresh paper to Board in November 2019. 2. Draft health economy plans for 2020/23 due by 5th November for initial review by Improvement Groups 3. SPPH Committee to review draft 2020/23 plan in December 4. Draft 2020/23 plan to Board in January 2020 and for submission to WG.

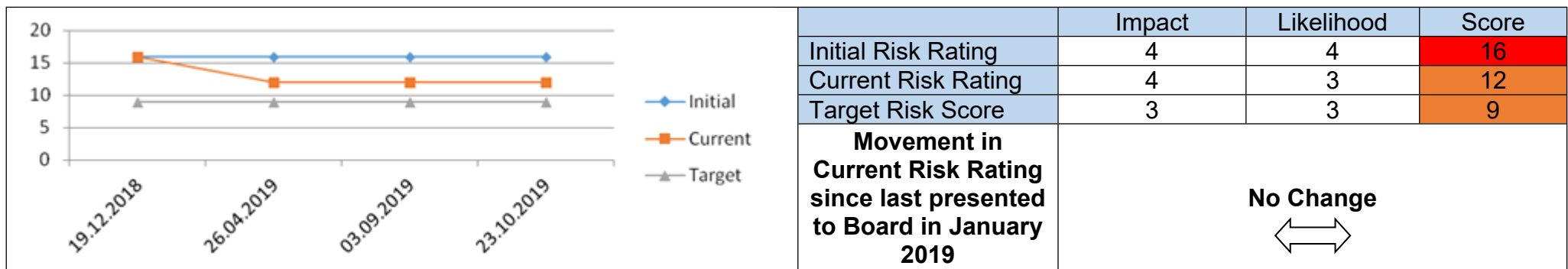
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| <p>6. Care closer to home service transformation plan and approach reviewed and re-profiled under the leadership of the Director of Primary and Community Services.</p> <p>7. Board resolved to develop a 3 year plan for 2019/22 and WG notified.</p> <p>8. Board received draft 2019/22 3 year plan in January 2019.</p> <p>9. Planned care delivery group established in January 2019. Work programme under development including; RTT, diagnostics, cancer and outpatient plans, infrastructure/support, Strategic/tactical change - Acute hospital care programme schemes, Policy/national programmes - National delivery plans, Enablers - PMO turnaround schemes with a focus short term productivity and efficiency improvements and processes i.e. transactional rather than transformational.</p> <p>10. Feedback from WG received around ensuring a clear work programme for 2019/20 to deliver improvements in RTT and Unscheduled care.</p> <p>11. Three Year outlook and 2019/20 Annual plan presented to Board in March 2019. Plan approved with further work identified and agreed around elective care in the specialties set out on page 40 of the paper.</p> <p>12. The Board received an updated plan in July and recommended that further work be undertaken led by F&P committee to scrutinise underpinning planning profiles, specifically RTT, (including diagnostics), unscheduled care alongside the financial plan for 2019/20.</p> <p>13. Completed profiles at BCU level completed and submitted to F&P committee on 22nd August.</p> <p>14. Site and speciality core activity profiles developed</p> <p>15. Draft 2020/23 Cluster plans developed to feed into health economy plans.</p> <p>16. Key deliverables for 2020/23 developed in September 2019.</p> | |
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17. Health economy planning arrangements established to support development of 2020/23 plan with linked support from corporate planning team.

18. 2020/23 Planning principles and timetable prepared and presented to EMG, F&P and SPPH Committees. Identified plan development actions to be implemented September - December to ensure plan developed for submission to WG by end January 2020.

Assurances	Links to		
1. Board and WG oversight as part of Special Measures. 2. Oversight of plan development through the SPPH Committee. 3. All Wales peer review system in place. 4. Joint Services Planning Committee of Community Health Council.5. Regular links to advisory for a - LPF, SRG, HPF.	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7 8	PR5	Strategic and Service Planning

CRR18	Director Lead: Executive Director of Planning and Performance	Date Opened: 19 December 2018
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 23 October 2019
	Risk: EU Exit - Transition Arrangements	Target Risk Date: 31 December 2019
There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service. This may be caused by a lack of clarity and understanding at UK level in respect of the impact of withdrawal from the European Union (EU), and a subsequent failure by the HB to develop robust withdrawal contingency plans. This could lead to a disruption of service delivery and thereby adversely impact on outcomes for patients in terms of safety and access to services.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. BCUHB Task & Finish Group established. 2. Initial scoping of potential risks and issues. 3. Involvement with regional co-ordinating groups established under the Local Resilience Forum. 4. Involvement with national forums addressing potential risks from EU withdrawal. 5. Support from WG, Welsh NHS Confederation, NWSSP. 6. Engagement with nationally commissioned work streams providing advice and support in respect of supplies and procurement. 	<ol style="list-style-type: none"> 1. Planning and preparation for potential "no deal" exit continues at present. 2. Daily NHS Wales calls will commence from 28/10/19, alongside continued daily SitReps. 3. Helpdesk arrangements and second silver on call will commence 01/11/19. 4. Review risk when UK position and likely exit date are updated.

<p>7. Engagement with LRF Strategic Co-ordinating Group (meeting monthly).</p> <p>8. Engagement with Executive Team to ensure cascade of actions (briefing 09/01/19).</p> <p>9. Update briefing to staff via Bulletin, and webpage established (February).</p> <p>10. Internal and external communication plans in line with national guidance by end February, linking with LRF Warning & Informing Group.</p> <p>11. Exercise undertaken 15/02/19 on business continuity.</p> <p>12. Local tactical response and management arrangements post-exit agreed by Executive Team, briefed to EMG March.</p> <p>13. Situation reporting and response arrangements paused in light of the extension to article 50.</p> <p>14. BCUHB Task & Finish Group re-commenced in August 2019.</p> <p>15. LRF SCG and national NHS Wales SROs' Group re-commenced September 2019 (meeting weekly from October).</p> <p>16. Risk and impact assessments reviewed in light of updated evidence and revised anticipated date of exit.</p> <p>17. Lower level risks entered onto Datix and linked to CRR18.</p> <p>18. Staff briefings circulated by Comms team.</p> <p>19. National medicines information for patients circulated via pharmacies.</p> <p>20. Daily SitReps commenced 21/10/19.</p>	
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR1	Not Applicable

Health Board 7.11.19	 <div data-bbox="965 212 1204 302"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p>
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Report Title:	“Protect & Prosper” – Annual Report of the Executive Director of Public Health 2019
Report Author:	Professor Robert Atenstaedt and the BCUHB Local Public Health Team
Responsible Director:	Miss Teresa Owen, Executive Director of Public Health
Public or In Committee	Public
Purpose of Report:	<p>Director of Public Health Annual Reports are a historical tradition dating back to 1856, when Medical Officers of Health (established under the 1848 Public Health Act) first started to publish yearly reports ‘On the State of the Public Health’, in an attempt to generate interest and action towards improving the health of the population, in particular of those with the worst health.</p> <p>The Annual Report of the Executive Director of Public Health presents a brief overview of health protection issues in North Wales and makes suggestions on how the Health Board and its partners can support the health protection function. The report is addressed primarily to Officers and Elected / Appointed members of NHS and other public sector bodies across North Wales, and to other community leaders, to guide and steer organisations and agencies, towards improving the health protection of the Region’s population, and supports the ‘Healthier Wales’ approach being taken across the region.</p> <p>This year’s Report is not being printed in hard copy but is available as a downloadable pdf (see attached reports) and utilises an online platform which provides the reader with an interactive experience. This is accessible via the following web links:</p> <p>https://issuu.com/wales74/docs/diogelu_a_ffynnu_2019 (Welsh report)</p> <p>https://issuu.com/wales74/docs/protect_prosper_2019 (English report)</p> <p>A printed flyer will also be made available to all partners to raise awareness of the Report.</p>
Approval / Scrutiny Route Prior to Presentation:	No prior approval or scrutiny

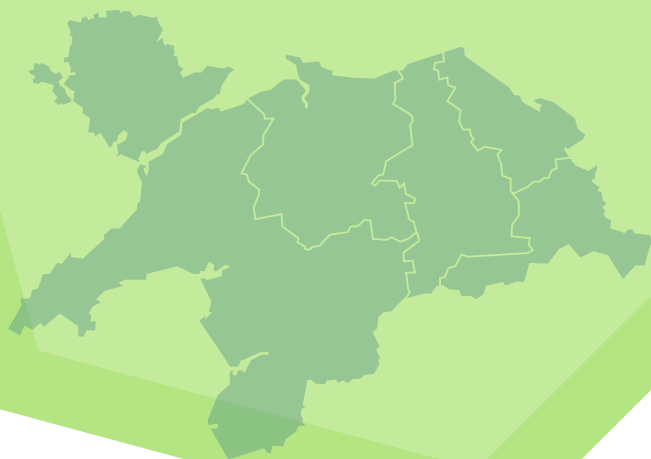
Governance issues / risks:	The report focuses on opportunities to improve the health protection function in North Wales, and as such, adopted by the Health Board and its partners will support the mitigation of population health risks already identified. The application of the suggestions within the Report to improve the health protection function will have particular positive impact on the health and wellbeing of those individuals and groups which do not currently experience the benefits shared by many.
Financial Implications:	The Report does not generate any explicit financial implications.
Recommendation:	The Board is asked to discuss the Annual Report and note the Content

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Leadership and governance Strategic and service planning			
Equality Impact Assessment			
The DPH Report does not contain specific proposals which could be assessed for impact, but makes general recommendations on ways of working which will increase the health protection function within North Wales.			



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Protect & Prosper

Betsi Cadwaladr University Health Board Executive Director of Public Health

Annual Report 2019



As Executive Director of Public Health (DPH) for Betsi Cadwaladr University Health Board (BCUHB), I am pleased to introduce my Public Health Annual Report for 2019.



WELSH PROVERB



A fo ben, bid bont
If you want to be a leader, be a bridge

This year I have chosen to focus on health protection. This complements the report from last year where I highlighted the benefits of a flourishing North Wales from a health and well-being perspective. Health protection is also an area of work that ultimately aims to help us lead longer and healthier lives through preventing or reducing harm from infectious diseases and environmental hazards, such as chemicals or extreme weather events.

The nature of the public health threats we face has evolved over the last two centuries, in part due to the introduction of clean, safe drinking water supplies, sanitation and improved housing conditions, and scientific advances such as mass immunisation and antibiotics. We now face new threats, for example, due to anti-microbial resistance we are becoming increasingly vulnerable to infections, which were previously easily treatable with antibiotics. In practice, every day across North Wales, people are working together in partnership to help our communities to stay safe. The list of individuals involved is long, and I am grateful to everyone for their efforts. The list includes our Environmental Health Officers, the Health Protection team (HPT), our domestics, carers, refuse collectors, pharmacists, police, ambulance and fire colleagues, GPs, nurses, Councillors, planners and volunteers - to name but a few!

Protecting the health of the citizens of North Wales cannot be achieved by one organisation. To be successful in our health protection efforts relies on strong partnerships and relationships

and work at local, regional and national levels. Of course alongside this, we need empowered individuals and communities. Here in North Wales, the Health Board is responsible for providing health services, while Public Health Wales, supported by the BCUHB Public Health team, provides specialist health protection information and advice. Local Authorities and our Emergency Services are key players in this arena, while Natural Resources Wales supports the work on a range of environmental incidents and risks.

I have written this introduction whilst reflecting on the successful National Eisteddfod in Llanrwst this year. I attended Ysgol Dyffryn Conwy, Llanrwst many years ago (!), and the old school motto was "A fo ben, bid bont" (If you want to be a leader, be a bridge). When it comes to health protection, my role as the leader of the Public Health system in North Wales is to help build bridges rather than walls and help spot the gaps, working with partners to reduce these, so we all stay safe and healthy.

Subject matter experts have written each chapter of this report from a number of the partner organisations across North Wales which are active on this agenda. At the start of each of the chapters, we have



Pont Fawr, Llanrwst

provided some information about the importance of public health and some key facts and examples in terms of North Wales and beyond. As I have started with my school motto in this introduction, each of the subsequent chapters has a Welsh proverb or saying!

Chapter 1 discusses the challenges of infectious diseases for us in North Wales today: from care-associated infections, food safety and gastro-intestinal infections, the resurgence of tuberculosis, particularly in vulnerable groups with complex social needs, through to antimicrobial resistance – considered one of the greatest public health challenges of our times.

Chapter 2 discusses how far we have come with vaccination, the challenges locally and what we are doing about them.

Chapter 3 discusses environmental impacts, including air quality and pollution, and climate change and extreme events.

Chapter 4 discusses screening, with a focus on some recent success stories for BCUHB around the antenatal screening programme.

Chapter 5 discusses how we plan and prepare for potential incidents and emergencies, whether the next influenza pandemic, flooding, or a large-scale industrial incident involving chemicals and gives examples of incidents we have responded to.

Chapter 6 includes some concluding thoughts and also describes some specific areas where we need the help of partners.

Of course, such reports don't come about without a lot of effort from colleagues. There are a number of people to thank for supporting the development of the report this year. Special thanks to Professor Rob Atenstaedt, Consultant in Public Health Medicine with the BCUHB Public Health Team. Rob has been the editor and mastermind behind this year's report and kindly worked with a range of colleagues to ensure it's an informative read.

Many thanks also to a range of other colleagues from across the public health system including from my local team, other Health Board Staff, Public Health Wales, Local Authorities and Natural Resources Wales:

Siobhan Adams, Consultant in Public Health

Emma Binns, Head Of Emergency Preparedness & Resilience

Dr Graham Brown, Consultant in Communicable Disease Control

Huw Brunt, Lead Consultant in Environmental Health Protection

Jayne Fortune, Senior Public Health Practitioner

Lisa Goodier, Senior Project Manager/Flood & Coastal Erosion Risk Manager

Dr Sharon Hillier, Director of Screening Division

Denise Hughes, PA to Executive Director Public Health

Aled Hughes, Senior Public Health Practitioner

Cerys Humphreys, Principal Public Health Practitioner

Keith Ivens, Operations Manager – Flood Risk & Water Resource Management

Kristian James, Principal Environmental Public Health Specialist

Claire Jones, Public Health Intelligence Specialist

Delyth Jones, Principal Public Health Practitioner

Leslie Jones, Locum Consultant

Silas Jones, Carbon Project Manager

Hannah Lloyd, PA/Senior Admin & Resource Officer

Charlotte Makanga, Consultant Antimicrobial Pharmacist

Rebecca Masters, Consultant in Public Health

Amanda Miskell, Assistant Director of Nursing – Infection Prevention

Gwyneth Page, Programme Manager – Improving Health & Health Inequalities

Andrew Rogers, Head of Communications

Alwen Salisbury, Senior Public Health Practitioner

Heather Thomas, Project Manager

Karen Vickers, Regional Business Manager

Teresa Owen

Executive Director of Public Health



Chapter 1

Authors: Charlotte Makanga, Rebecca Masters, Amanda Miskell, Graham Brown, Claire Jones, Rob Atenstaedt and Leslie Jones

The challenge of infectious diseases

Why is this important?

Response to diseases in the community, early detection and investigation are core functions in protecting population health. New threats such as resurgence of TB in vulnerable groups and anti-microbial resistance present new challenges to health protection work. Healthcare associated infections are another major threat that can be spread by the simple action of not washing your hands and need to be guarded against.

What is happening in North Wales?

Healthcare Associated Infections (HCAIs)

HCAIs occur as a direct result of medical or surgical treatment or contact in a healthcare setting. They can develop in hospitals, health or social care settings in the community and can affect both patients and healthcare workers.

We know that on any one day in hospitals in Wales, approximately 1 in 25 patients will have a HCAI. This is similar to other hospitals across the UK and Europe.

Common HCAIs include methicillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C diff); both bloodstream infections and C diff can sometimes lead to life threatening disease and even death.

BCUHB has implemented a number of measures to prevent HCAIs, which are monitored and scrutinised on a monthly basis by the Health Board. All health board staff are trained in infection prevention and advanced procedures where necessary to prevent or minimise any infection risk.

Hand hygiene is essential to combat infections of any kind; hands must be washed with soap and water to remove the microbes as they are not killed by alcohol hand rub. High standards of cleaning are also essential; areas where patients may be particularly at risk,

or where an individual has the infection, are cleaned with chlorine-containing products that destroy the germs. Other measures include careful management of catheters and other medical devices and preventing the unnecessary use of antibiotics.

In January 2018, BCUHB launched the "Safe Clean Care Campaign." This is focused on setting out essential infection prevention and control actions that are required from all staff, patients and visitors. This is in order to significantly improve the safety and care of patients who visit and stay at BCUHB hospitals, alongside ensuring that our hospital environments are clean and free of clutter.

Gastro-intestinal infections and food safety

Food safety and gastro-intestinal (GI) infection is an important ongoing health protection issue where there is close working between the Health Protection Team and Environmental Health Departments of Local Authorities. There are numerous cases of GI infection, including from food poisoning, reported every year – often relating with overseas travel - another way in which the world, including public health challenges, has changed even over the last sixty years.

WELSH PROVERB



**Gall pechod mawr ddyfod
trwy ddrws bychan**
One thing leads to another



The most common cause of food poisoning in North Wales is *Campylobacter*, with hundreds of notifications each year. Other types of infections include salmonella, listeria and shigella.

Tuberculosis in vulnerable groups

Tuberculosis (TB) is a serious infection which ravaged families and communities even up to the 1960s, before being controlled through the introduction of both vaccination and effective treatment. In recent decades, however, TB has made an unwelcome come-back, including in more unpleasant and dangerous forms such as multi-drug resistant or extremely-drug-resistant TB (MDR/XDR TB). TB more often affects people with complex health and social needs, who may find it harder to access appropriate services. This can make it very challenging to successfully find and treat people with TB.

The HPT has been working closely with the respiratory team in the Wrexham area to investigate a number of cases of TB. Many of the recent cases have complex social needs, including homelessness and substance misuse. Many of the needs of these individuals have required intense support and coordination that has put additional pressures on a range of partners. Identifying social networks in order to trace contacts of cases has also proved to be a challenge.

Due to the lengthy incubation period of TB and the social context of the cases to date, it is likely that further cases will come to light as the investigations continue.

Antimicrobial Resistance

Resistance to antibiotics is a growing threat to the effective treatment of infections.

BCUHB has a clear plan to ensure all our patients receive antibiotics when needed and that as a Health Board no harm is caused. These plans have seen a great impact on prescribing rates across BCUHB with a significant reduction of 12.6% in the prescription of antibiotics.

This has been achieved through several initiatives including:

- Use of point of care testing for CRP (an inflammatory marker) in some GP practices.
- Long term antibiotic use clinics have also been started to review patients on long term prophylaxis and to follow the latest guidance on this.
- Education and training for care home staff has been carried out across North Wales around UTI diagnosis and antibiotics to raise awareness about not using dipsticks in the over 65s as this is against best clinical guidance. The care home work has been multi-disciplinary with the practice development nurses providing training in key areas such as hydration.
- In secondary care, Welsh Government targets were set around total prescribing reductions and increasing narrow spectrum agents (as per WHO access category of antibiotics), which is best practice. Ysbyty Glan Clwyd achieved the 5% total antibiotic reduction target and all sites increased their narrow spectrum use. Wrexham Maelor achieved the goal of 55% of all antibiotics being used being in the narrow spectrum access category. This has reduced the use of broad spectrum antibiotics and therefore reduced antibiotic associated harm, HCAs e.g. *Clostridium difficile* and further contributions to antibiotic resistance.

CADWCH
WRTHFIOTIGAU'N
YMLADD

KEEP
ANTIBIOTICS
FIGHTING

Defnyddiwch nhw pan fyddwch wir eu hangen!
Only use them when you really need them!



CASE STUDY

The quality of prescribing in North Wales has improved with the participation in the multisite clinical trial, the "Antibiotic Review Kit" hospital study, run by Oxford University. This has supported stewardship and increased the numbers of patients having their antibiotics reviewed in hospital to above 70% from a baseline of 22%. This, along with patient information, has enabled prescribers to ensure good quality prescribing and conversations with their patients about their treatment.

Chapter 2

Vaccination

Authors: Alwen Salisbury, Leslie Jones,
Rob Atenstaedt and Claire Jones

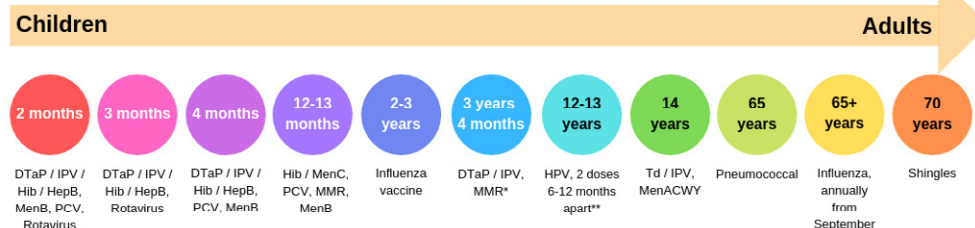
Why is this important?

Vaccination has been the great public health success story of the 20th Century, leading to the worldwide eradication of once-deadly smallpox. Unfortunately we seem to be “playing with fire” by having incomplete vaccination uptake in our communities, leading to diseases such as measles returning to North Wales. Before vaccines were developed, measles was a very common childhood disease which brought suffering to many families and sadly, in some cases, resulted in long-term disability or even death. This reminds us that, to be most effective, immunisation relies on all of us where possible taking up the offer of vaccination. By achieving ‘herd immunity’ through our collective action, this makes it very difficult for an infection to spread if it is introduced into the community. As well as protecting ourselves and our families, we can help ensure that others more vulnerable – including infants too young to be vaccinated – are also protected.

What is happening in North Wales?

A range of routine vaccinations programmes are being delivered across North Wales by BCUHB and primary care contractors. Further selective, medical, occupational and travel immunisations are also provided, including influenza vaccinations for pregnant women and people with chronic conditions; Tuberculosis, Hepatitis B and influenza vaccinations for staff involved with direct patient care; and travel vaccines for people travelling to certain countries.

Routine Vaccinations



Childhood Immunisation

BCUHB has historically performed better than the national average for uptake of most childhood immunisations, although there is variation based on geographical area and uptake rates decline from infancy through to later childhood.

In 2018/19, 89.7% of resident children in North Wales were up-to-date with scheduled vaccines on reaching their fourth birthday. This is higher than the other health board areas and Wales. However, uptake in the least disadvantaged areas in BCUHB is generally much higher than in the most disadvantaged areas and so there is an inequity.

MMR (Measles, Mumps & Rubella)

Uptake of the first dose MMR vaccine in children aged two years in BCUHB was just above the 95% target in 2018/19. However, at local authority level, Conwy and Denbighshire did not reach the target. The highest uptake was in Isle of Anglesey.

MMR uptake at age five years in BCUHB was just below the 95% target in 2018/19. However, Isle of Anglesey, Flintshire and Wrexham all reached the target.

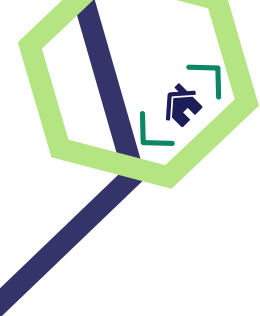
Human Papilloma Virus (HPV)

This helps to protect against cancers caused by HPV, including cervical cancer, and genital warts. The 2019/20 academic year will see boys aged 12 to 13 years, as well as girls, being offered the HPV vaccine in school.

WELSH PROVERB



**Chwarae troi'n chwerw,
wrth chwarae gyda tân**
Playing with fire will
eventually turn bitter



The trend data for the complete course of HPV vaccine (two doses for girls reaching their 16th birthday) has regrettably declined by 1.4 percentage points since 2016/17 to 85.9% in 2018/19.

Seasonal Flu

Of all the infectious diseases, influenza ('flu') arguably causes the most health issues presently. It has the potential for the elderly and very young to develop dangerous complications such as pneumonia. In response, Wales has implemented the national seasonal flu vaccination programme for a number of years.

Young children are sometimes called 'super-spreaders'; on average a child who catches flu will go on to infect a further 11 people. This is why it is so important for parents to ensure their 2/3 year old and primary school-aged children are vaccinated. For similar reasons, it is vital for frontline health and social care staff who regularly come into contact with vulnerable patients to take up their vaccinations.

BCUHB has consistently been performing well compared to other health boards in Wales in terms of immunisation for flu. However, there remains variation in flu vaccine uptake for all eligible groups across geographical areas. Our aim is to get vaccination rates high in all areas.

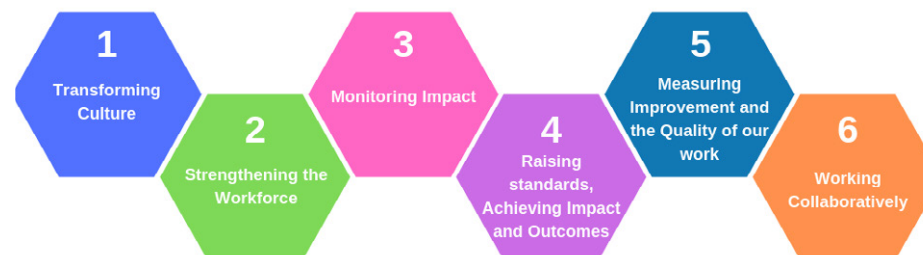


BCUHB uptake in people aged 65 years and over has increased since 2015/16 to 71% in 2018/19 which is above Wales average (69%). 48% of under 65 year olds in 'at risk' categories in BCUHB received the flu vaccination; this is again higher than across Wales (44%) but needs to be improved.

CASE STUDY

Betsi Cadwaladr University Health Board, through the development of its three year Strategic Immunisation Plan (2019-22), has committed to protecting and improving the health of the population through maximising uptake of vaccines for eligible groups across the life course. This will be achieved by focussing on reducing variation in uptake, sharing learning and further embedding a culture of quality improvement, strengthening governance arrangements, improving how we communicate and engage key stakeholders and taking every opportunity to immunise our public, patients and staff. The Health Board's improvement priorities are shown below.

Improvement Priorities





Chapter 3

Environmental impacts

Authors: Aled Hughes, Lisa Goodier, Huw Brunt, Kristian James, Silas Jones, Claire Jones, Leslie Jones and Rob Atenstaedt

Why is this important?

The Health Protection Team (HPT) works with partners to identify, assess and manage risks linked to environmental hazards issues such as air quality, noise pollution and climate change. The actions of high profile individuals such as Greta Thunberg and groups such as *Extinction Rebellion* have propelled worldwide climate change and its current and projected impacts on to our front pages, and Wales has recently declared a climate emergency.

What is happening in North Wales?

The HPT continues to serve as the point of contact for public health advice relating to environmental incidents in North Wales, working in conjunction with the Environmental Health Protection Team where required. This national team is actively involved in the Climate Change Risk Assessment process led by Welsh Government and are working with Natural Resources Wales to promote risk awareness at multi-agency Public Service Boards (PSBs). There are four PSBs in North Wales, whose role is to improve the economic, social, environmental and cultural well-being of their area. They were formed as part of the implementation of the world-leading Wellbeing of Future Generations (WFG) Act in 2015.

Air Quality

The links between air pollution exposure and adverse health outcomes are widely acknowledged. Long term exposure to air pollutants has been found to increase risks from heart and chest diseases, as well as cancer.

Air quality across Wales has thankfully improved over the years, mainly due to tighter industrial emissions standards and regulations, and advances in cleaner vehicles and fuels. However, problems persist in some places, especially urban areas, where increasing numbers of vehicles cause congestion and raised air

pollution concentrations (nitrogen dioxide) from road transport sources. In North Wales, Flintshire and Wrexham have the highest concentrations of nitrogen dioxide pollution, but air quality is generally good and better than the average for Wales.

WELSH PROVERB



Eang yw'r byd i bawb
The world is wide
to everyone

Reducing Road Traffic Air Pollution in Wales



Outdoor air pollution is the biggest environmental threat to health

Parts of Wales regularly experience poor air quality



Two thirds
of urban air pollution is due to
road traffic emissions

Road traffic emissions contain pollutants including
particulate matter (PM)
and **nitrogen dioxide (NO₂)**¹

Climate Change

The impacts of significant climate change, including more extreme hot and cold weather and flooding events, can have adverse impacts on public health and well-being. These impacts are particularly felt by the youngest and oldest members of the population and those with pre-existing medical conditions.

The impact of global climate change is being felt locally, with rising sea levels threatening the future of coastal communities, and the need for major works to improve coastal defences.

The village of Fairbourne in Gwynedd was established more than 100 years ago on land reclaimed from the sea and is only just above sea level. Due to the complex nature of risks from flooding in the future and current sea level rise predictions, it is likely that the community will be decommissioned from 2045 onwards. However, if the sea levels do not rise as currently predicted, this could mean that this may happen later than currently expected. Conversely, if the sea defences are damaged by a very significant storm sooner, this could result in the community being decommissioned earlier than 2045. It is important to note that any decision on the future of Fairbourne will need to be taken in partnership with the community and those affected.



CASE STUDY

Natural Resources Wales' (NRW) Carbon Positive Project demonstrates how the public sector can reduce its greenhouse gas emissions to tackle climate change. NRW are identifying opportunities to reduce their emissions and to enhance and protect carbon stored on the land they manage. They are then sharing their experiences with other organisations as a tool for learning.

There are five key steps to the project:

- Calculating NRW's net carbon status, including greenhouse emissions from use of their buildings and transport, renewable energy generation and procurement of goods and services.
- Evaluating options for mitigation, including ways to reduce emissions and protect carbon stocks.
- Demonstration projects showcasing opportunities to reduce emissions, increase carbon storage and protect carbon stocks.
- Communications and working with others to learn and share learning.
- Recording experience, sharing experiences and planning for future implementation.

Source: Natural Resources Wales Carbon Positive Project

Chapter 4

Screening

Authors: Sharon Hillier, Claire Jones,
Rob Atenstaedt and Leslie Jones



Why is this important?

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. In that way they can improve their knowledge of their health status. They can then be offered further tests and appropriate treatment to reduce their risk of, and/or complications arising from, the disease or condition.

What is happening in North Wales?

Wales Abdominal Aortic Aneurysm (AAA) Screening

Men aged 65 are invited to be screened if they live in Wales and are registered with a GP practice.

Uptake of AAA screening in BCUHB (80.7%) meets the target of 80% and is just above the average for Wales (79.2%). However, there has been a slight decline in uptake since 2016-17. Across the region, the Isle of Anglesey and Wrexham are just below the 80% target.

AAA screeners have undertaken a range of screening engagement events, including ones in Wrexham and Rhyl, to target areas of low uptake for screening. BCUHB has also accommodated screening clinics in a number of venues to help reduce travel time for men.

Breast Test Wales

Women aged 50 to 70 years are invited for a mammogram every three years.

Uptake of breast screening across BCUHB is similar to Wales and just above the minimum standard of 70%. Denbighshire just meets the minimum standard (70.9%), Flintshire has the highest uptake (75.1%).



Cervical Screening Wales

Cervical screening uptake has declined by 1% since 2016-17. The target of 80% has not been reached by BCUHB (76.4%) or Wales (76.1%). At a local level, uptake ranges from 75.2% in Gwynedd to 77% on the Isle of Anglesey.

Full roll-out of Human Papilloma Virus (HPV) testing, as a more effective primary test in cervical screening, was successfully achieved in October 2018. Wales is the first in the UK to fully implement this improved test.

Bowel Screening Wales

Men and women aged 60 to 74 years are invited to take part in bowel screening every two years.

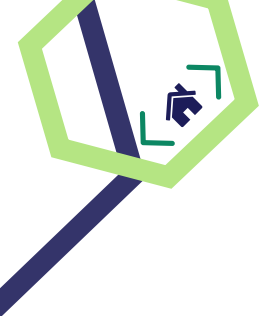
Bowel screening in BCUHB has seen a 2.1% increase since 2016-17, although it is still below the uptake target of 60%. Across the region, uptake levels for Isle of Anglesey, Gwynedd and Flintshire are above the BCUHB and Wales averages.

Successful work with Health Boards and Cancer Research UK focussing on bowel screening with the 'Be Clear on Cancer' media campaign has been undertaken. An increase in bowel screening was noted in the months after the campaign was aired, with most success among participants invited for the first time.

WELSH PROVERB



**Gorau adnabod,
d'adnabod dy hun**
The best knowledge is
to know yourself



Diabetic Eye Screening

All people aged 12 and over with a diagnosis of diabetes and who are registered with a GP in Wales are invited for regular screening. The aim of diabetic eye screening is to reduce the incidence of sight loss due to diabetic retinopathy.

Regrettably, uptake across BCUHB (63.3%) is lower than Wales (66.5%) and considerably short of the minimum standard of 80%.

Across Wales the service is under pressure from the significant and sustained increase in people diagnosed with diabetes being referred to the service. An ambitious modernisation programme is underway within Diabetic Eye Screening Wales to improve quality, productivity and participant experience.

Newborn Screening Programmes

There are several programmes in this category. The aim of the Newborn Hearing Screening Wales is to identify babies with significant hearing impairment of sufficient severity to cause, or potentially cause, a disability. Newborn Bloodspot Screening aims to offer all eligible babies a quality assured screening test for serious diseases that would benefit from early intervention and reduce mortality and/or morbidity from the disease.

Uptake of newborn hearing screening and newborn bloodspot testing is very high across BCUHB and Wales with little or no variation across the counties of North Wales.

Antenatal screening is undertaken to detect certain serious conditions present in either the mother or baby that are likely to have a harmful effect on the health of either and to provide effective intervention where available. From April 2018, Antenatal Screening Wales (ASW) implemented non-invasive prenatal testing (NIPT) for women who have taken up offer for screening to evaluate whether a pregnancy has a high chance of certain chromosomal conditions.

This new pathway is expected to reduce the number of invasive procedures being carried out.

CASE STUDY

The Screening Engagement Team is working collaboratively with a range of partners across a number of settings to raise awareness of screening in North Wales, particularly in areas where screening uptake is low. These are generally the more disadvantaged communities. The Team have carried out focus groups to support screening projects and develop public information. In primary care, they have provided training to champions in three GP practices in North Denbighshire and four in South Wrexham. They have also attended Primary Care Cluster meetings in Central Wrexham and North West Flintshire to raise awareness of screening and how practices can promote screening.

Sources:

Public Health Wales 2019. Screening Division of Public Health Wales Annual Report for Director of Public Health, March 2019. Betsi Cadwaladr University Health Board.



Chapter 5

Incident planning and response

Authors: Graham Brown, Emma Binns,
Claire Jones, Rob Atenstaedt and Leslie Jones

Why is this important?

The Public Sector needs to plan for, and respond to, a wide range of incidents and emergencies that could affect the health of the North Wales population. These could be anything from an outbreak of an infectious disease to a transport accident leading to a release of chemicals. The Civil Contingencies Act (2004) requires the health sector, along with a range of other organisations, to evidence that they can deal with such incidents while maintaining their services.

What is happening in North Wales?

Emergency Preparedness

The HPT is responsible for providing public health emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations. The 'blue light services': Police, Fire and Ambulance, also play a key role, particularly in planning and responding to any emergencies involving threat to public health.

BCUHB has arrangements in place to ensure compliance with its legislative duties, and a mature suite of plans to manage major incidents or business continuity issues. In April 2019, the Health Board appointed a full time Head of Emergency Preparedness & Resilience to form a BCU Resilience Unit. This unit provides resilience expertise that supports the Health Board in the delivery of training, business continuity and co-operation with external partners in matters relating to the wider civil resilience agenda.

The North Wales Local Resilience Forum (LRF) is a multi-agency partnership within which the HPT works together with the emergency services, local authorities, health, environment, and utility organisations to plan and prepare for local incidents and emergencies.

Outbreaks and Incidents

E coli O157

In June 2018, an outbreak of E coli O157 was declared in the Conwy area. In response to the cases, a local nursery and childminder closed in order to identify further cases and prevent any transmission within these settings. Around 80 individuals were screened as a result, with officers from the local authority coordinating the response and working with the laboratory at Ysbyty Glan Clwyd to ensure positive cases were identified early and excluded as appropriate. A total of 8 confirmed cases were associated with the outbreak.

This outbreak demonstrated the importance of close working relationships between the HPT, the Health Board, and the local authority. Early notification of the index case by the medical and infection prevention team at Ysbyty Glan Clwyd facilitated a swift public health response that enabled ongoing risk to be managed in a timely way.

WELSH PROVERB



**Deuparth gwaith yw
ei ddechrau**
Starting the work is
two thirds of it



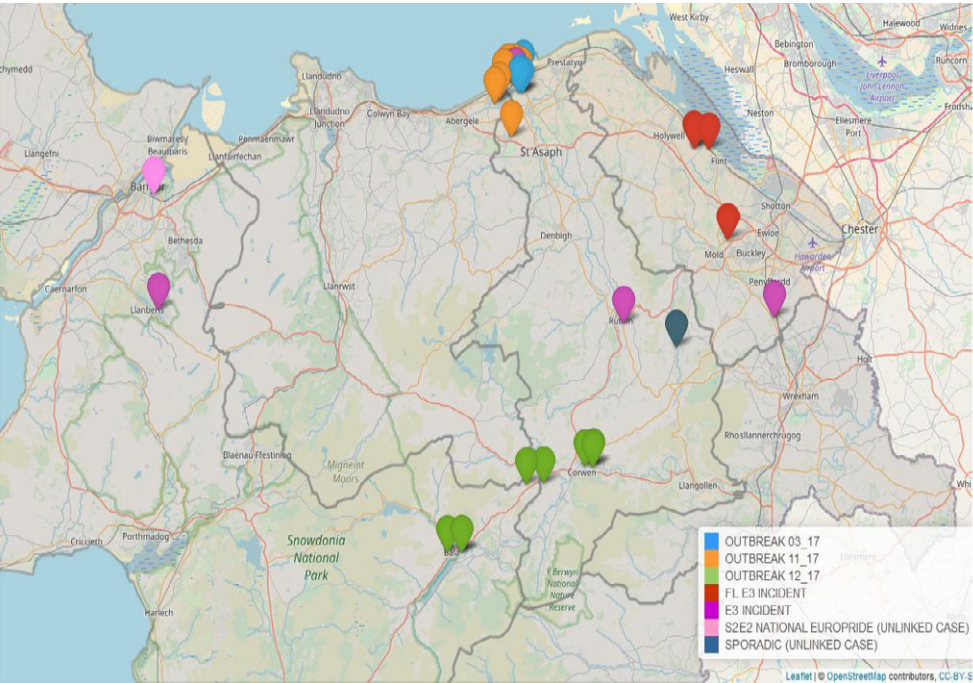


Hepatitis A

In 2017-18 a number of cases of hepatitis A were identified across North Wales. Initially many of these cases were thought to be linked, however microbiological data identified a number of different strains indicating that rather than a single outbreak, there were multiple smaller outbreaks of linked cases. In each outbreak there was evidence of sustained person-to-person transmission, most often within the household setting. Identifying cases proved challenging as the infection is often mild in children.

As a result of a number of cases in school-aged children, vaccination was offered to pupils and staff of schools where cases were identified. Over the course of the outbreaks in excess of 1200 individuals were vaccinated through these sessions, which were coordinated and delivered by BCUHB staff with support from the HPT.

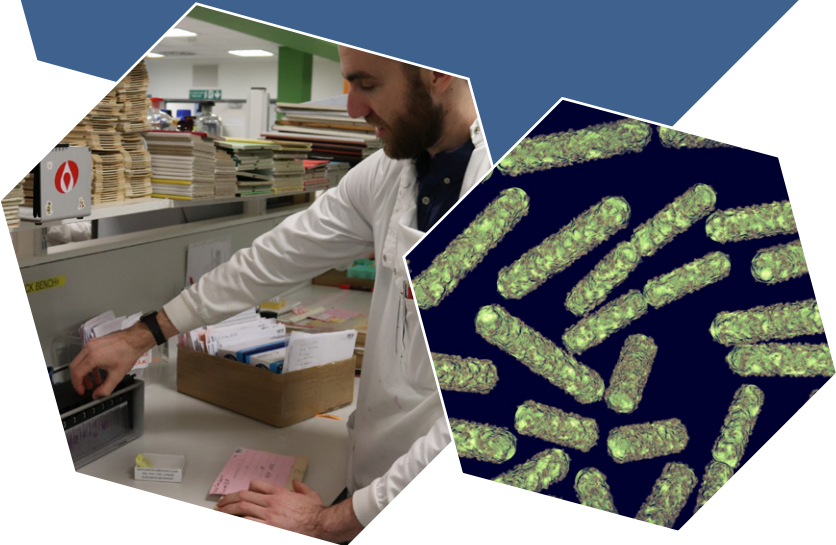
Hepatitis A Strains, 2017-18



CASE STUDY

We are always aware of the potential for a new 'pandemic' flu strain to develop, to which virtually no-one is immune - as happened most recently in 2009/10. Whilst 2009/10 brought fortunately a far milder pandemic strain that in the past, timing and severity is always highly unpredictable, and pandemic flu tops the list for emergency planning.

The Health Board pandemic flu group was re-established in July 2018, chaired by the Executive Director of Public Health. Social care partners were formally invited to join this group to strengthen the planning and ultimately, response arrangements. The tactical flu plan was approved by the Civil Contingencies Group at the July 2018 meeting. This was subsequently tested at the North Wales Resilience Forum Multi-Agency Tactical Exercise in September. This exercise provided responding agencies with the opportunity to test their flu pandemic/business continuity plans. Feedback from the exercise was positive.





chapter 6

**Health
protection:
a shared
responsibility**

I hope by reading this report you have been able to get a flavour of the health protection challenges that we face in North Wales and the work underway by a range of partners to keep our home region safe.

It is important to note that health protection activities are often overlooked, in that if we all do our job well then no one ever really knows about it. However, its importance as a function of the NHS and its partners should not be underestimated and we must work hard to ensure that the work is not compromised by other priorities.

I make no excuses for again referring to immunisation within this year's report. Protecting the health of the population through the provision of vaccination programmes represents the most cost-effective public health intervention, second only to providing clean drinking water. Whilst we are doing relatively well in North Wales in comparison to the rest of Wales, we need to continue to work together as a whole system, including NHS, Local Authorities, third and independent sector providers, to improve vaccination uptake and reduce variation where it exists. Inequities in immunisation uptake within population groups and across geographies are a real risk to the health and wellbeing of the whole population, and we must remain committed and focused in tackling them together.

I am pleased that we have managed to highlight screening programmes in the report this year. This is another vital area of work. The aim is to offer local screening to those who are invited, to ensure access and reduce barriers to taking up the invitation. Our Health Board screening programme lead officers work closely with partners to find suitable local venues for Diabetic Eye Screening clinics and Abdominal Aortic Aneurysm screening clinics to be delivered from.

It can be a practical challenge to find venues that are available in some of our areas, and we are grateful to partners for supporting these requests.

As for emergency preparedness, this is very much a shared responsibility. Whilst the emergency services, the health sector and other agencies have a statutory duty to plan and respond, it is also important that communities, local businesses, and individuals do what they can to ensure they are prepared. For example, we should urge people living in areas at risk of flooding to sign up for warnings from Natural Resources Wales.

Lastly, I would encourage everyone to get involved in the Health Board's 'Safe Clean Care' campaign which aims to reduce health care associated infections (HCAIs). Simple actions can make a real difference so if you are visiting a hospital, please follow the infection guidance made available and don't visit patients in healthcare premises if you have diarrhoea, vomiting or flu like illness.

As the title of this report suggests – let's continue to make health protection work, so we as individuals and North Wales communities can prosper!

Thank you

Teresa Owen
Executive Director of Public Health

WELSH PROVERB



**Teg yw edrych
tuag adref**
It is good to look
homewards

Glossary

Abdominal Aortic Aneurysm (AAA)	An AAA is a swelling of the aorta.
Anti-microbial resistance	Over use of antibiotics has led to the emergence of 'superbugs' which are strains of bacteria resistant to many antibiotics.
Diabetic retinopathy	A complication of the eye that can affect anyone who has diabetes, which causes damage to the blood vessels supplying the retina.
Herd immunity	If enough people are vaccinated, those who are not vaccinated are less likely to catch the disease.
Human Papilloma Virus (HPV)	A virus which is passed on by sexual contact. Most cervical cancers are caused by the human papilloma virus, which can cause cell changes on the cervix that can develop into cancer.
Mammogram	A breast x-ray which looks for signs of cancer.
Point of care testing	Point-of-care testing is defined as medical diagnostic testing at or near the point of care—that is, at the time and place of patient care.
Prophylaxis	Treatment provided to prevent a disease.
Wellbeing of Future Generations Act, 2015	Requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other and to prevent persistent problems such as poverty, health inequalities and climate change.



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Betsi Cadwaladr
University Health Board



We hope that this report prompts further discussions and very much welcome feedback.

Please get in touch if you have any comments: BCLPHT.Admin@wales.nhs.uk 



Health Board		GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19	<i>To improve health and provide excellent care</i>		

Report Title:	Three Year Outlook and 2019/20 Annual plan Update
Report Author:	Mr John Darlington, Assistant Director - Corporate Planning
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	<p>The purpose of this report is to secure support from the Board to the updates made to our Three Year Outlook and 2019/20 Annual Plan following presentation of the plan to Board in July 2019 and to provide further information on areas where the plan remains under development.</p>
Approval / Scrutiny Route Prior to Presentation:	<p>The Three Year Outlook and 2019/20 Annual Plan was presented and approved by Board as an interim plan in March 2019.</p> <p>Further work was agreed to conclude the implementation plan as a result of the financial review including the results of ongoing discussions with colleagues in Welsh Government and areas where our plan has developed over time.</p> <p>The Board received but did not approve the updated plan which was presented to the Board in July. It was resolved that further work was required by Finance and Performance Committee to scrutinise the underpinning planning profiles, specifically around Referral to Treatment (RTT) (including diagnostics) and unscheduled care alongside the financial plan for 2019/20. This report builds upon papers presented to Finance and Performance Committee in August and September 2019.</p>
Governance issues / risks:	<p>The plan responds to the Welsh Government publication 'A Healthier Wales: Our Plan for Health and Social Care'. In addition is aligned to the Board's strategic direction Living Healthier, Staying Well.</p> <p>The Plan also recognises the particular challenges which face the Health Board as a result of its Special Measures escalation status. This requires focussed action to drive further improvement in 2019/20.</p> <p>The financial implications of the plan are fully aligned to the financial budget presented to the Health Board.</p> <p>The development of a full Integrated Medium Term Plan (IMTP) is a critical organisational requirement and a specific requirement under the Special Measures Framework. The risk of failure to develop an</p>

	approvable plan is identified within the Corporate Risk Register, and mitigated by the production of this plan.
Financial Implications:	The paper includes a summary of the updated 2019/20 financial plan
Recommendation:	It is recommended that the Board: <ol style="list-style-type: none"> 1. Receives this report and approves the proposed changes to the plan as set out within this paper. 2. Note the risks associated with RTT / diagnostics, and the work on-going to secure our plan working closely with the support of Welsh Government

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Strategic and Service Planning Financial Strategy			
Equality Impact Assessment An equality impact assessment has been completed to support the development of our plan and is available on request.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board
Board/Committee Coversheet v10.0

Three Year Outlook and 2019/20 Annual Plan Update

1. Introduction

The purpose of this report is to secure Board approval to the updates made to our Three Year Outlook and 2019/20 Annual Plan following presentation of the plan to Board in July 2019, and to provide further information where the plan remains under development.

This paper focuses on our principal areas of performance concern i.e. timely access to planned and unscheduled care and our financial position. A paper proposing other changes to our plan will be presented to the November Finance and Performance Committee.

2. Background

The Three Year Outlook and 2019/20 Annual Plan was presented to Board in March and July. In July it was resolved that further work was required by Finance and Performance Committee to scrutinise the underpinning planning profiles, specifically around RTT (including diagnostics) and unscheduled care alongside the financial plan for 2019/20. This report builds upon papers presented to Finance and Performance Committee in August and September 2019.

3. Key Changes to the Plan since July 2019

The following sections within our plan have been refreshed with an explanatory narrative set out below:

3.1. Clinical Strategy

The Plan clarified the Board's committed to producing a Clinical Services Strategy by 31st December 2019, following a period of 'discovery' and review of our current service strategies: maternity, primary care, out of hours, care closer to home, population health, and some acute specialties.

This first phase of review and debate was completed by the end of September and covered:-

- Alignment of our service specific strategies
- Interdependencies
- Fit with 'A Healthier Wales'

Clinical engagement leading to local ownership of the strategy and commitment to its implementation is essential and further work is underway to ensure that this is developing as part of the work on the strategy.

Following review of the existing strategies and through further discussion with Strategy, Partnerships, and Public Health Committee and Board members, the need to modify the emphasis to ensure development of a digitally enabled health and social care strategy was identified. This is the essential base upon which to build clinical and social care services in future.

We need to adopt a 'Digital first' approach (making things digital) and ensure that all existing service plans require rethinking to leverage 'digital' processes to improve outcomes (digitalisation.)

The digital approach offers a new opportunity to engage with partners and stakeholders, and to involve citizens in co-designing the future strategy.

Following a presentation at the Board workshop in October 2019, the timeline is as follows:

- **November 2019** – Initial outline of the 'digitally informed clinical strategy' to digital Improvement group.
- **December 2019** - Strategy drafted with clarity on year one of the plan (2020/21) and focus on the pathways that need urgent work, together with the digital resources that are a priority (linked to the new WG digital transformation programme)
- **January to March 2020** - Stakeholder meetings held to build years 2, 3 and beyond.
- **March 2020** – Completion of second iteration of the clinical strategy.
- **Focus for 2020/21** - Clinical summits will be held to develop and test future integrated clinical pathways (ICPs). An ICP is a multidisciplinary outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes and promoting prudent (value based) healthcare.

3.2. Working with our Partners

- The plan has reinforced our commitment to working with our partners in supporting children with complex needs and importantly underlining our commitment to supporting carers.
- These areas represent some of the key priorities of the North Wales Regional Partnership Board with joined up action plans established with our partners to deliver improvements in care and support.

3.3. Performance Profiles

Refreshed local and national planning profiles with (for the first time in 2019/20) monthly trajectories for key indicators are set out in **Appendix 1**.

3.3.1. Unscheduled Care

For the last four months headline performance - 4 hour combined Emergency Department (ED) and Minor Injury Units (MIU) - has improved year on year. Ambulance hours lost due to handover delays have fallen by 30% (January to September 2019 compared to the same period in 2018, and we are working closely with Welsh Government's Delivery Unit to ensure our plans are robust.

Unscheduled care profiles have nevertheless been reviewed downwards since July with further actions secured to deliver improved performance across North Wales. It should be noted that there is wide variance in performance across the sites with Wrexham Maelor remaining the most challenged. The revised profiles have been set at site level first acknowledging our current position and seeking to provide a strong impetus for improvement.

Actions being undertaken in quarter 3 are aimed at operational, workforce and policy improvements which are expected to produce positive outcomes for performance. These include improved management of patient flows in ED to prevent patient delays in first doctor assessment, understanding and addressing reasons why patients leave without being seen and reducing reliance on agency staff in line with the Medical Agency Reduction Spend Project Initiation Document.

We set a stretch target and profile for reducing the number of 12-hour breaches and delivery remains a challenge. Flow through the emergency department remains the biggest barrier, patients in ED for 12 hours will have been assessed as requiring ongoing care and/ or a transfer and bed capacity within our acute and community sites remains a pressure.

Planned actions for quarter 3 include; enforcement of an 8-hour escalation trigger for both physical and mental health patients, streamlining GP referred patient process and establishing up to 38 short stay beds within the ward reconfiguration at Wrexham Maelor.

A comprehensive briefing on unscheduled care was provided to the October Finance and Performance Committee and can be accessed [here](#) (FP19.242).

3.3.2. Planned Care (Referral to Treatment (RTT) and Diagnostics)

Our performance reporting for internal accountability purposes uses the profiles that were presented to the July Board.

In the year to date, the organisation has undertaken £6.5m amount of extra activity. In addition, the Board has committed to spend c. £4.1m on treating 750 of the longest waiting orthopaedic patients before March 2020 and this is fully on track for delivery.

The current position at the end of October is 10,943 patients waiting over 36 weeks, leaving a significant amount of further activity / improvement required.

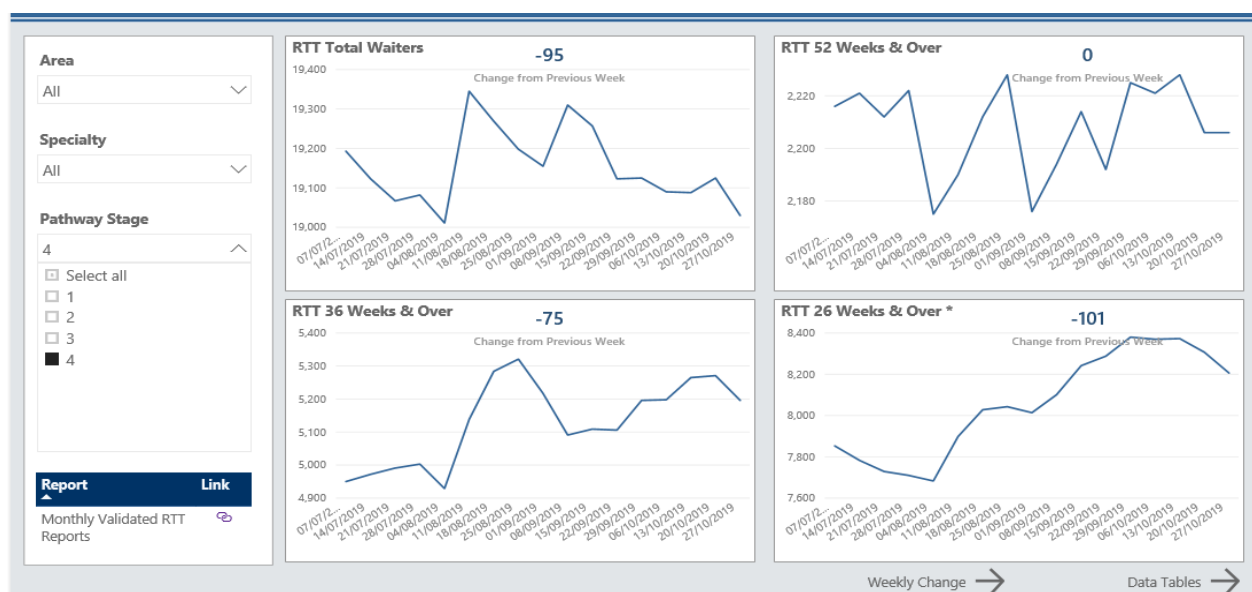
• Further Improvements Introduced

New business processes have been established in late October and early November, introducing more resilience, challenge, and robustness to the planned care business process. These include:

- Re-aligning our business process in planned care to be more proactive rather than reactive, this includes the establishment in October of robust local Access meeting that feed into the fortnightly access meeting
- Undertaking a significant piece of work to validate waiting lists across all three sites, Areas and then follow-ups. This work has commenced in mid-October and will continue through in a concentrated way until early December
- With this new approach, be able to re forecast, with the help of Welsh Government (WG) delivery unit, to year-end to an agreed number, which will give both sides a degree of confidence.
- To evaluate the current out sourcing to help reduce the number of long waiters by March 2020. Which will be understood at specialty level following the validation and re-forecasting piece of work
- Strengthening the business processes to the extra capacity required to provide assurance that it is focused on the long waiters

In terms of our business process, we are completing a large-scale validation of over 36 week waiters at sub speciality level. This cleansed data allows us to review our previous plan and re-forecast going forward to the March end position.

Following this validation work, we are undertaking a change in our business process and introducing more robust weekly review meetings that will allow each site to review operationally its activity against forecast and plan. This will include validation of Patient Tracking Lists (PTLs), long waiter capacity, management and harm reviews. The first area of work is focusing on stage 4, as this is recognised as the most complex area to improve upon, due to the complexity of arranging procedures and co-ordination of capacity. The graph below shows the week commencing 27/10/2019, which demonstrates some **very early signs** of improvement in this category, however at this point it is difficult to understand the long-term impact of this work.



In November, the validation moves towards stage 1, with a particular focus on services managed by Area Teams and Women's services. The Team are currently collecting the baseline data for stage 1 at sub specialty level to understand the deteriorating shifts and to provide the focus for the out patient department (OPD) improvement work.

- **Governance**

The changes to increase accountability within planned care and reduce variation by standardising the approach, leads to an improved governance and assurance process. The weekly access meeting is now established to provide consistency and widen the scope to include women's and the Area teams. This will include a refreshed terms of reference and clear accountability lines.

Weekly flash reports and a new dashboard will help to support the assurance framework reporting into the improvement group and Executive team.

- **Service Improvement Methodology**

BCUHB is working closely with the Welsh Government Delivery Unit (DU) to strengthen our plans for delivery and ensure our data is accurate. BCUHB acknowledge that significant improvement and grip is required within this area. In line with the approach the organisation has taken elsewhere, we have recently developed a 90-day Improvement Programme approach that has reviewed, refreshed and consolidated previous action plans. This is overseen by the Planned Care Improvement Group, which is chaired by the Deputy Chief Executive and meets fortnightly. A number of areas for early improvement are identified within the planned care programme.

Within the first 30 days, we are beginning to improve the following areas:

- The internal business process within planned Care including reduction in Waiting list size and long waiters, this has included establishing grip and control with theatre and OPD booking processes, treat in turn and the development of operational dashboards.
- Introducing a new booking process for both OPD and theatres, which has included the implementation of a revised access policy and 6-4-2 booking Standard Operating Procedure (SOP).
- Strengthen the accountability framework, including reporting lines and accountability lines
- Improve Endoscopy utilisation and capacity - the introduction of further in-sessions and the introduction of the Vanguard unit; this also corresponds to the outsourcing of the orthopaedic activity, which has occurred since September this year.
- Validation of key specialties as rapid improvement events
- Operational re-forecasting in early November.

The 30-60-90 day plans articulate further detail regarding the work to improve the long waiting and RTT position.

This rapid and extensive piece of work will allow the organisation to review and build upon its RTT profiles and give an improved insight into the further actions required to achieve a realistic month end position. These revised RTT profiles are still under development and are therefore not included here for approval. These will be available by mid-November and will include scrutiny from the Delivery Unit, in line with the work we have undertaken with them.

3.4. Financial Plan update

The Board originally set a plan of £35m deficit, based on the calculated forecast for 2018/19 as at December 2018. This was based on an underlying deficit of £56m and required £25m of cash releasing savings and £9.5m of cost avoidance schemes.

The financial plan for 2019/20 was revised to take into account the recommendations from the financial review, including the detailed feedback received from the Finance Delivery Unit. The revised plan reflects the detailed findings from the Price Waterhouse Cooper (PWC) financial review, which reduced the underlying deficit to £55m, but still delivered a £35m deficit, based on £35m cash releasing savings, but sets out our ambition to achieve a significant financial improvement, driving towards the £25m deficit control total, whilst recognising the significant challenge this represents.

As at Month 6, the Financial Recovery Programme has identified c £45.6m of savings schemes, of which £27m are green rated, £1.7m are amber rated and £16.9m are red rated and the dual focus of the programme remains achieving a significant reduction in the expenditure run rate and the conversion of red and amber schemes to green, to support a financial outturn which improves upon the current forecast of a £35m deficit.

The Health Board has developed a Financial Recovery Action Plan (FRAP) which incorporates all the actions being progressed to improve financial discipline and management and this comprehensive plan is scrutinised at the fortnightly Financial Recovery Group, reporting into the Finance & Performance Committee.

4. Recommendations

It is recommended that the Board:

1. Receives this report and approves the proposed changes to the plan as set out within this paper and the monthly KPI performance targets and profiles set out in Appendix 1.
2. Note the risks associated with RTT and the work on-going to secure our plan working closely with the support of Welsh Government.

Appendix 1: NHS Wales Planning Framework Refreshed Planning Profiles October 2019 to 31st March 2020

Assessment of Planning Framework Key Performance Indicators 2019/20

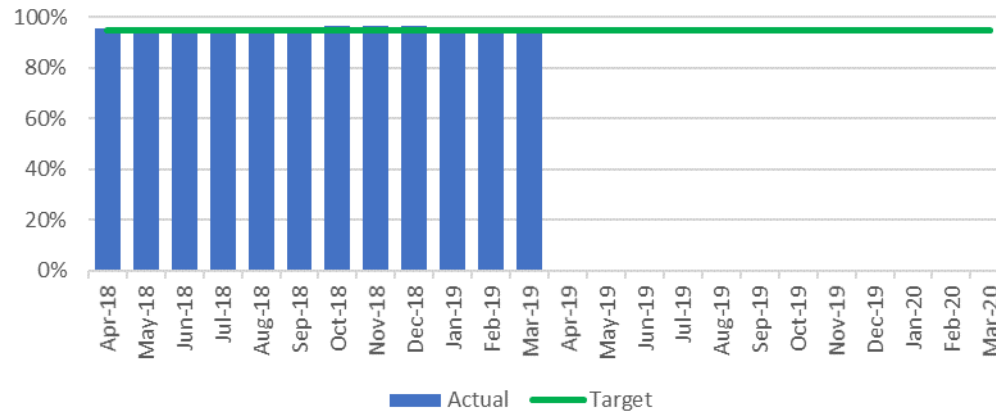
The NHS Delivery Framework sets targets against all of the National Key Performance Indicators. For those indicators where we have assessed that we will be unable to achieve the target at the outset of 2019/20 we have set a realistic but ambitious improvement profile. The charts below will reflect the activity to date from April 2018 along with the National target and / or BCU improvement profile.

(A RAG assessment is included in respect to the risk to delivery by 31st March 2020 of the national target or local profile where these have been set)

Key:

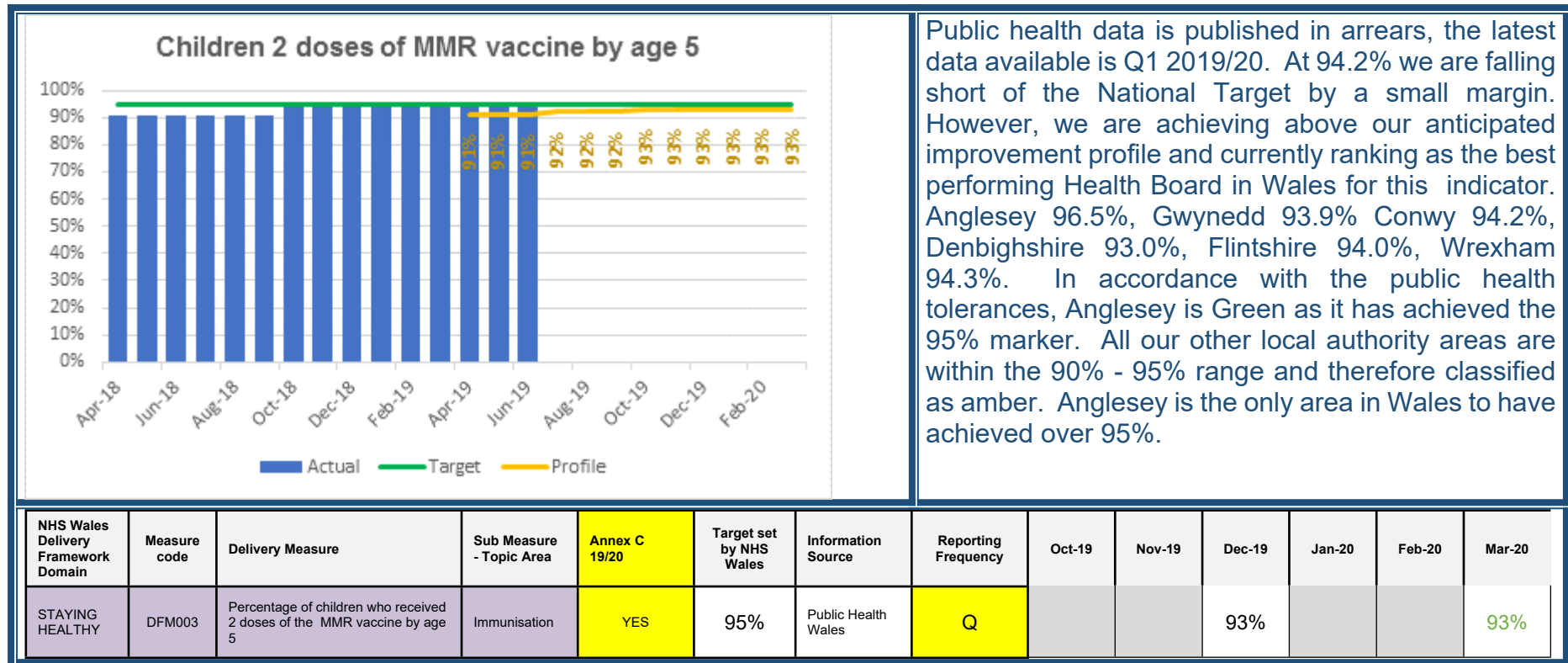


Children 3 doses of 6 in 1 vaccine by age 1



Public health data is published in arrears, the latest data available is Q1 2019/20. We are demonstrating achievement of the National target. It is important to note that not only are we as an organisation achieving this target but each of the 6 Local Authority areas that make up our organisational total are also achieving. We have been able to deliver this consistently and at present, the data suggests we are on track to continue this level of performance.

NHS Wales Delivery Framework Domain	Measure code	Delivery Measure	Sub Measure - Topic Area	Annex C 19/20	Target set by NHS Wales	Information Source	Reporting Frequency	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
STAYING HEALTHY	DFM002	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Immunisation	YES	95%	Public Health Wales	Q			95%			95%



UMRs undertaken within 28 days of death

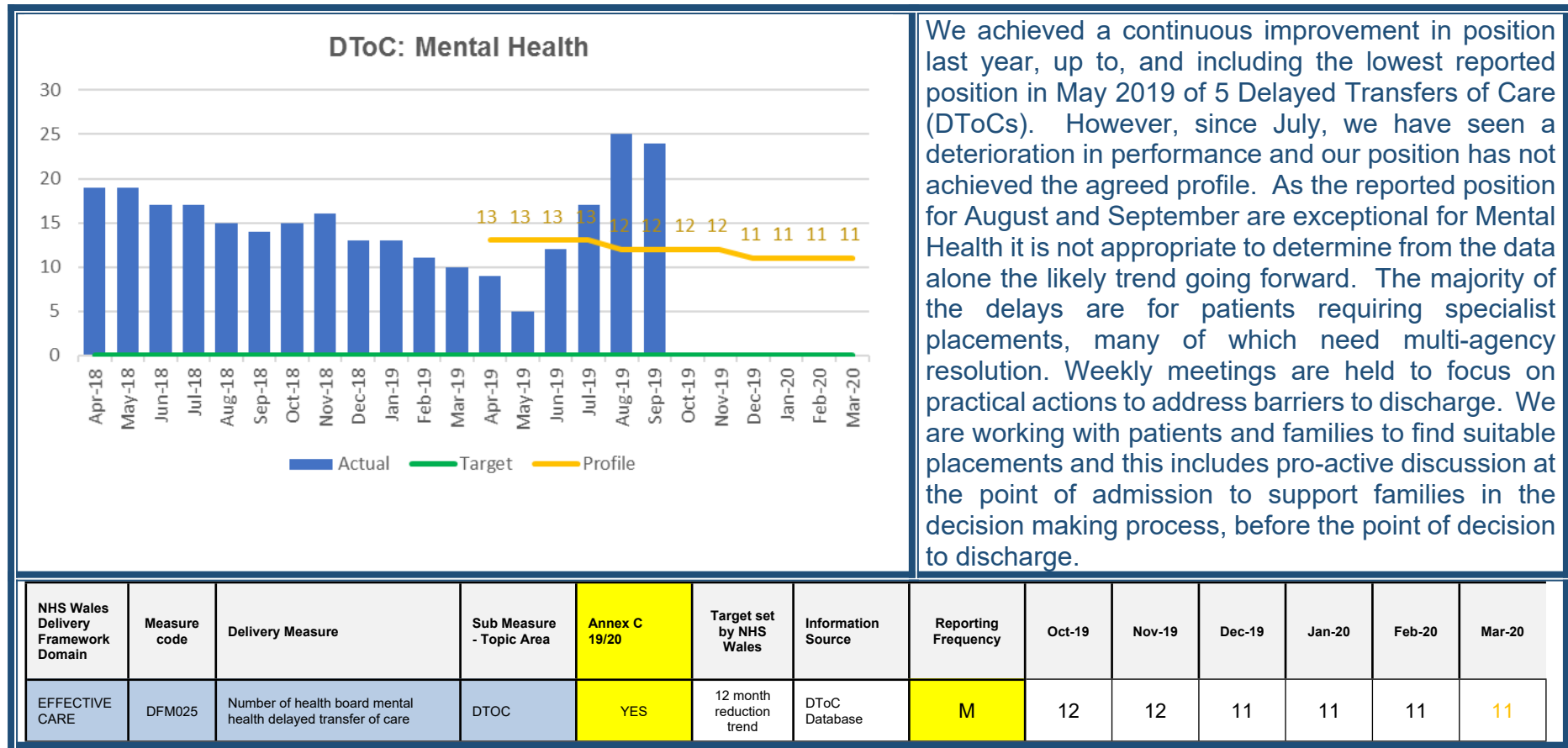


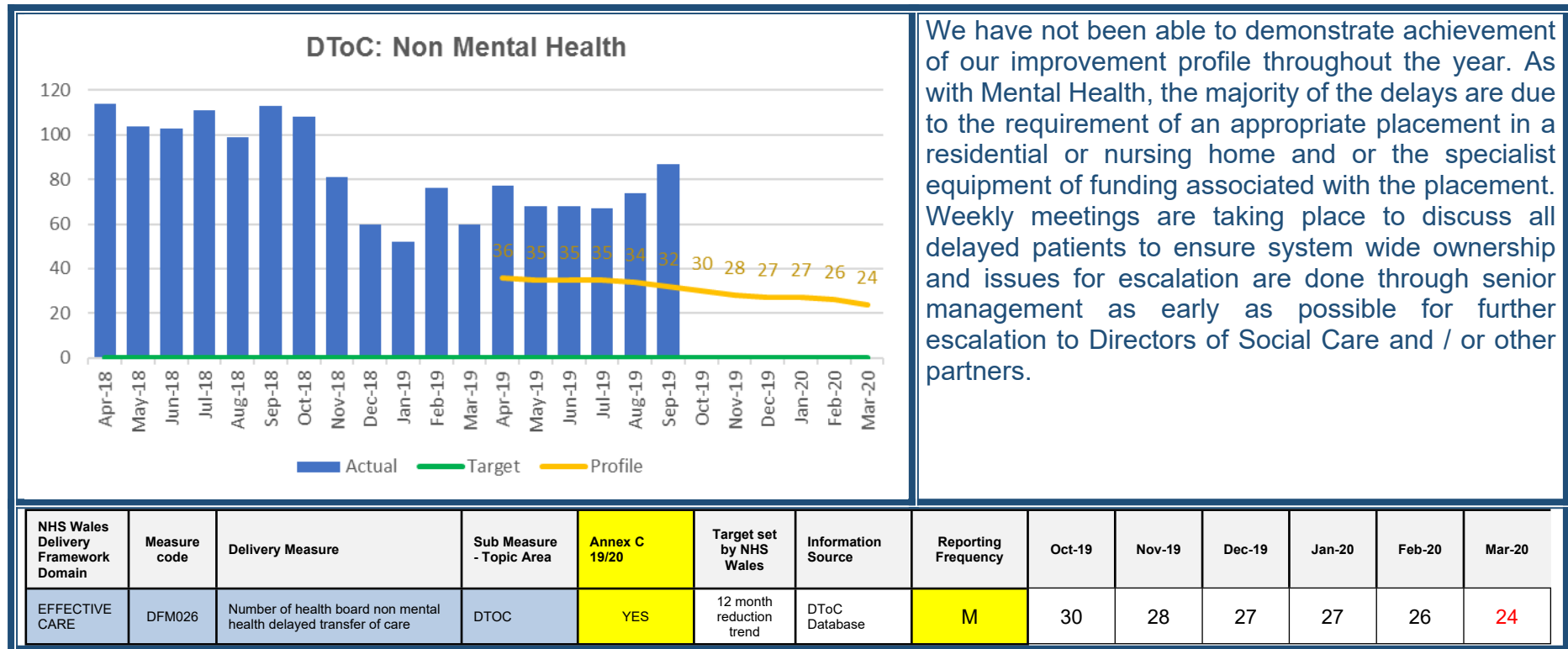
Mortality reviews are undertaken for all deaths (stage 1) to support learning and see whether good care was delivered, or whether there are some triggers present that mean a more detailed, (stage 2) review is needed.

Our compliance with UMRs undertaken within 28 days has seen a reduction with performance in August 2019 at 85.8%. Our average reported figure from April 2018 to date is 92.13%, with a high point of 99.10% in July 2018 and a low point of 82.7% in January 2019. Our performance is typically on or around the target figure, however it is anticipated that planned actions in Quarter 3 will see us achieve the target and support the maintenance of this position.

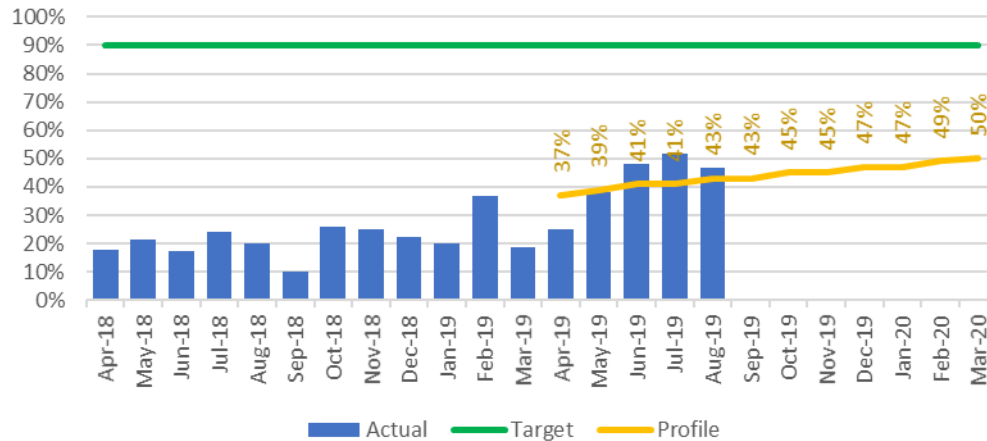
Implementation of the Datix mortality Module in Ysbyty Glan Clwyd (YGC) in October and Wrexham Maelor Hospital (WMH) in December will improve the completion of stage1 for all deaths and improve the timeliness of stage 1 and 2 process. Targeted work to review stage 1 issues in Wrexham is coming to its conclusion and recommendations will be made post analysis.

NHS Wales Delivery Framework Domain	Measure code	Delivery Measure	Sub Measure - Topic Area	Annex C 19/20	Target set by NHS Wales	Information Source	Reporting Frequency	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
EFFECTIVE CARE	DFM027	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Mortality	YES	95%	Mortality Case Note Review Data Collection (Welsh Government)	M	95%	95%	95%	95%	95%	95%





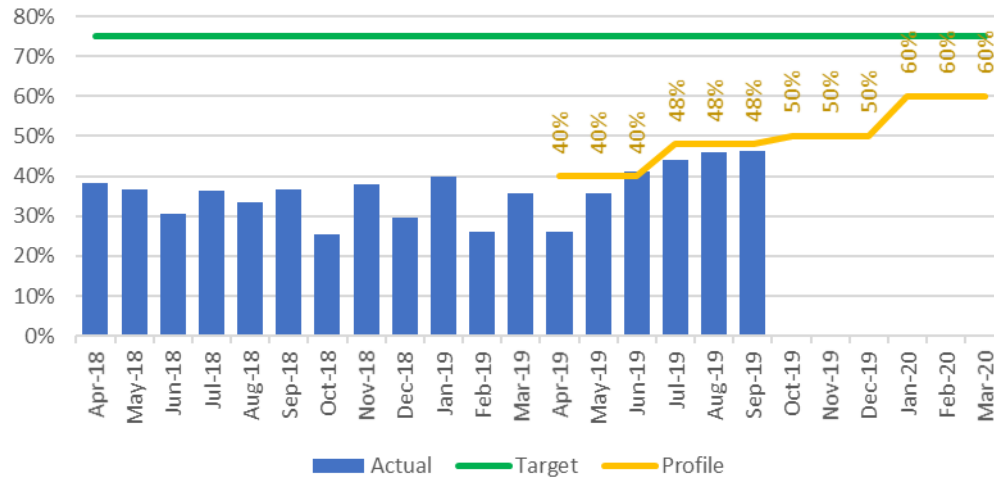
Serious Incidents: Assured within the agreed timescales



Improvement has been demonstrated in performance for the number of Serious Incidents assured within the agreed timescales. Whilst we are still falling short of the 90% target, we have from June onwards demonstrated achievement of our improvement profile. Contributory factors such as a weekly management and review of divisional level trajectories are enabling this improvement. Our improved position now puts us as the 3rd best performing Health Board in Wales, with the highest performing Health Board reporting 66.7%.

NHS Wales Delivery Framework Domain	Measure code	Delivery Measure	Sub Measure - Topic Area	Annex C 19/20	Target set by NHS Wales	Information Source	Reporting Frequency	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
SAFE CARE	DFM023	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Q&S	YES	90%	Serious Incident Reporting Data Collection (Welsh Government)	M	45%	45%	47%	47%	49%	50%

Complaints received a reply within 30 working days



The September 2019 position falls just short of our 48% profile but we have seen monthly improvement since June 2019. As with Serious Incidents, we are still not achieving the National Target but actions to improve the position are having an impact.

For both the Serious incident and concerns key performance indicators, there are further planned actions to review the model for corporate and governance teams to support wider incident management. These are scheduled for completion in quarter 3.

NHS Wales Delivery Framework Domain	Measure code	Delivery Measure	Sub Measure - Topic Area	Annex C 19/20	Target set by NHS Wales	Information Source	Reporting Frequency	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DIGNIFIED CARE	DFM040	The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation	Patient Satisfaction	YES	75%	Concerns and Complaints Data Collection (Welsh Government)	Q			50%			60%

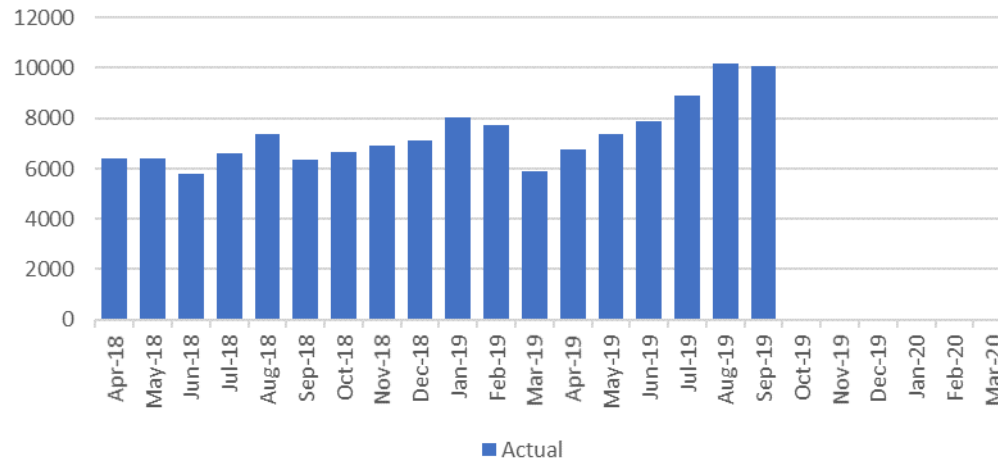
RTT Under 26 Weeks Percentage



Our position for August 2019 is reported as 80.24% for Percentage waiting less than 26 weeks which is below both the National target and falling short of our profile by a narrow margin. The number of patients over 36 weeks is also exceeding the profile level agreed with a total of 10167 reported against a profile of 8021.

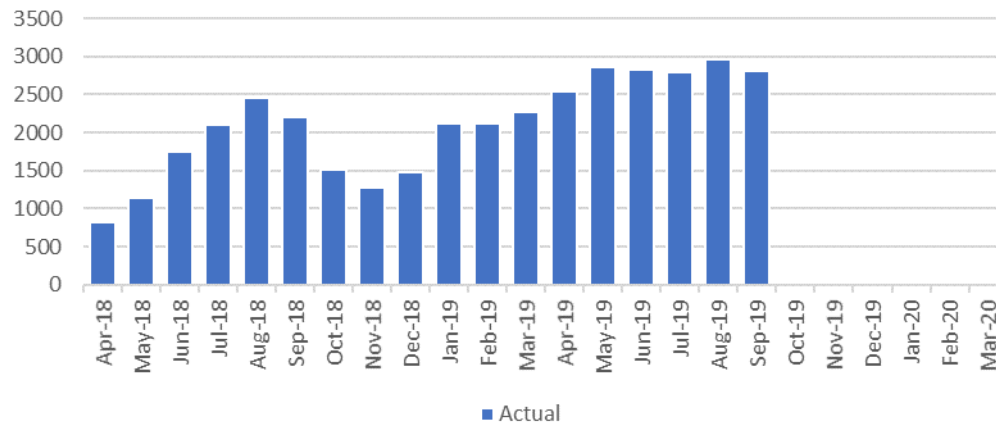
A range of site and specialty level actions are agreed across our planned care sites for implementation in Qtr. 3 and 4. This includes specialty level demand and capacity work to reduce waiting list backlog. Improving the chronological scheduling of appointments and interventions taking into consideration clinical need and length of wait. Targeted outsourcing of 750 additional orthopaedic patients focusing on long waiters and implementation of a clinical harm review process for patients waiting 52 weeks or more.

RTT: Over 36 weeks waiters



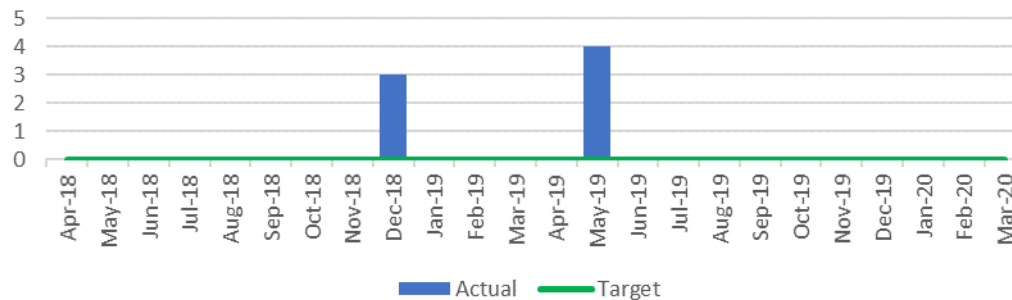
Regular site and specialty level meeting are taking place to review patient waiting lists and discuss any issues that may present a risk to delivery and to look at possible solutions or any additional work capacity potential. This remains a priority throughout the management levels and issues from service level to patient level are escalated to senior staff as appropriate.

Diagnostic Breaches Number



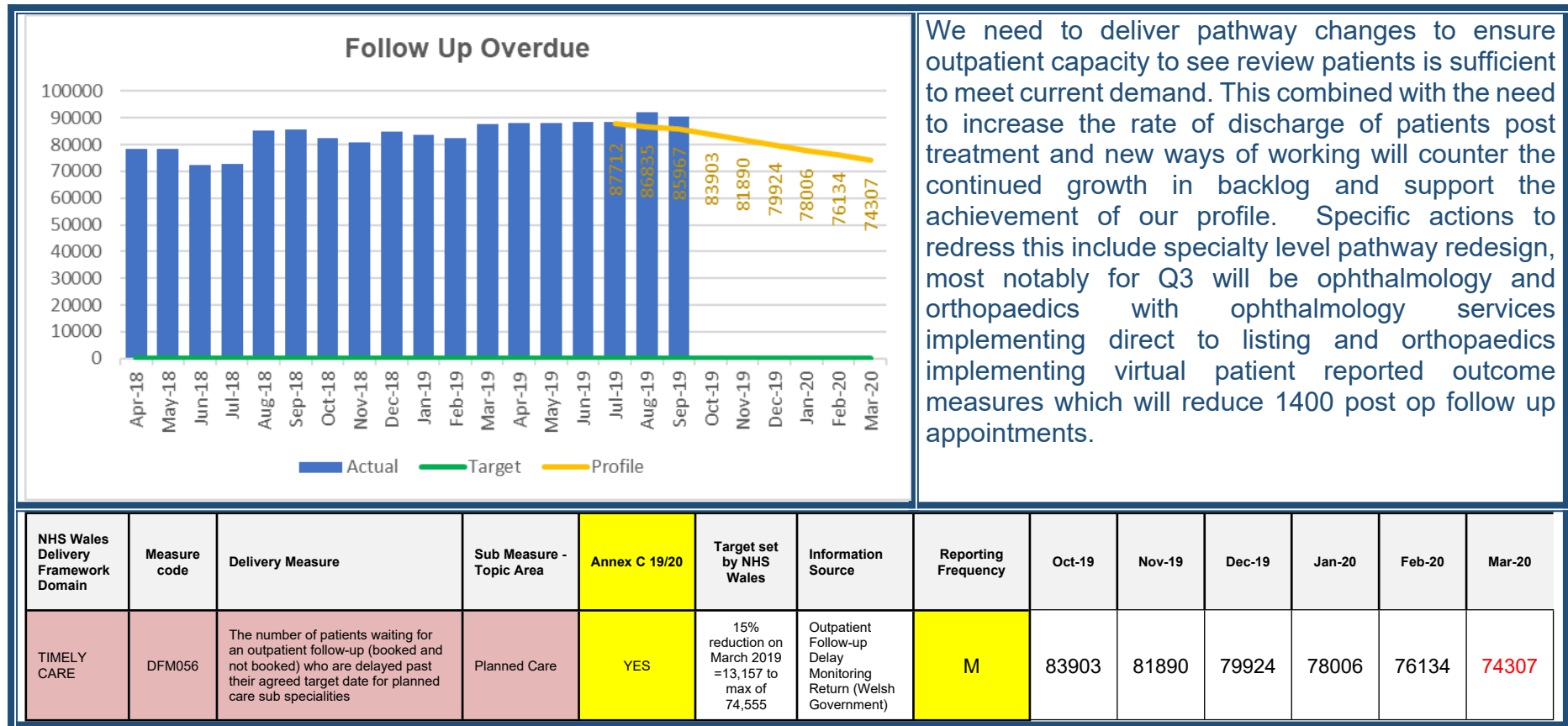
83% of breaches relate to the backlog of patients waiting for endoscopic procedures. Breaches in neurophysiology are being addressed by development of capital scheme to create additional clinic capacity for the two consultants to see more patients. In addition, there is development of a weekly Endoscopy Patient Targeted list for surveillance and elective patients that will improve tracking and management of the waiting list and support the reduction of the surveillance backlog. Additional capacity is being created through the insourcing of 234 weekend sessions and 260 weekday sessions. These actions have supported the revised profile from October 2019 to March 2020 and subject to additional funding.

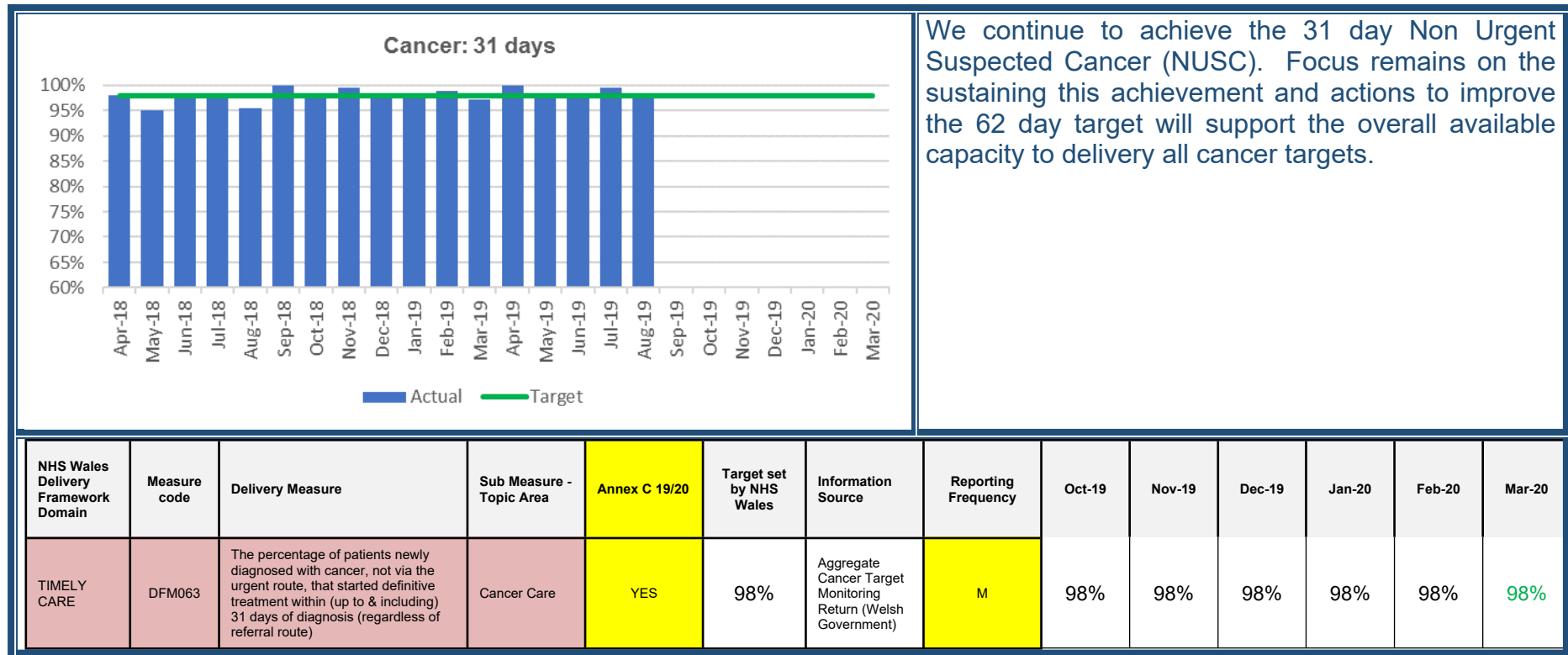
Therapies: Waiters over 14 weeks

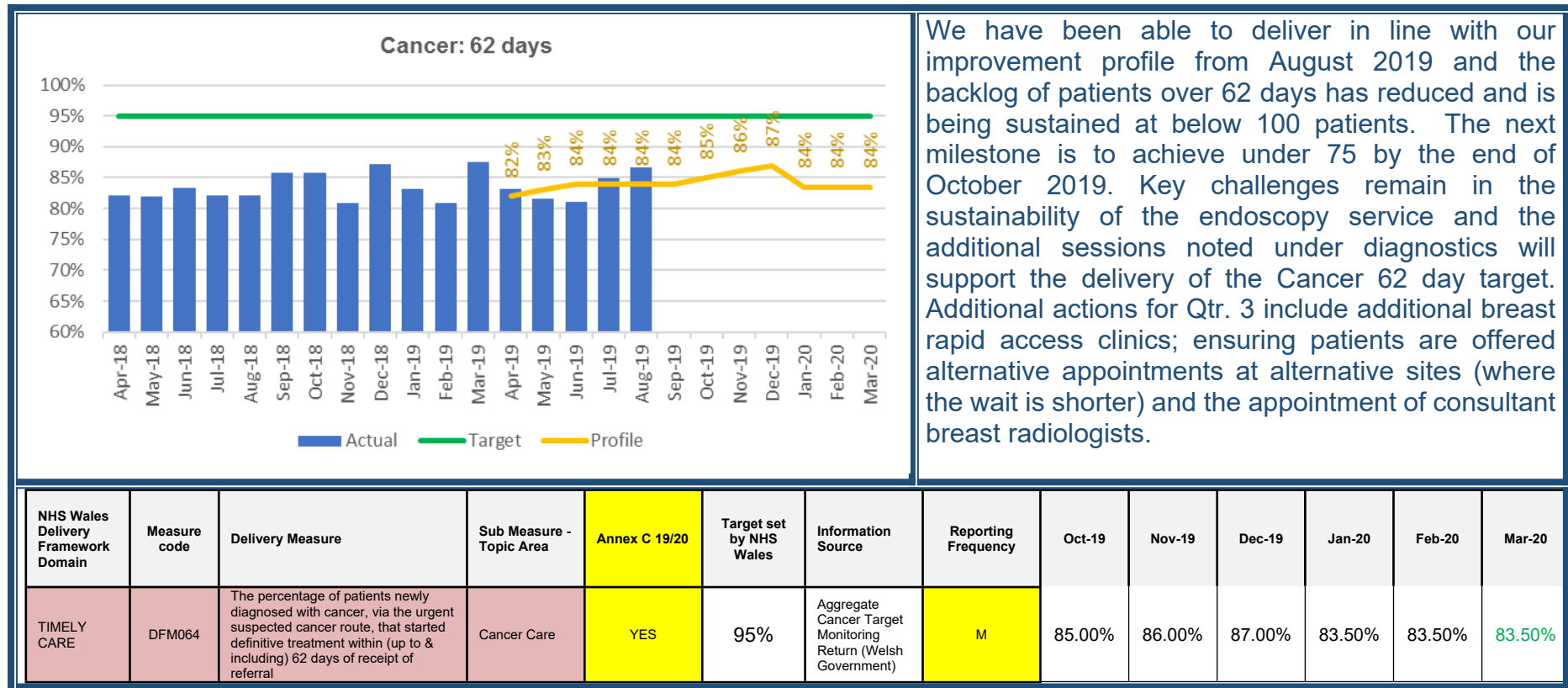


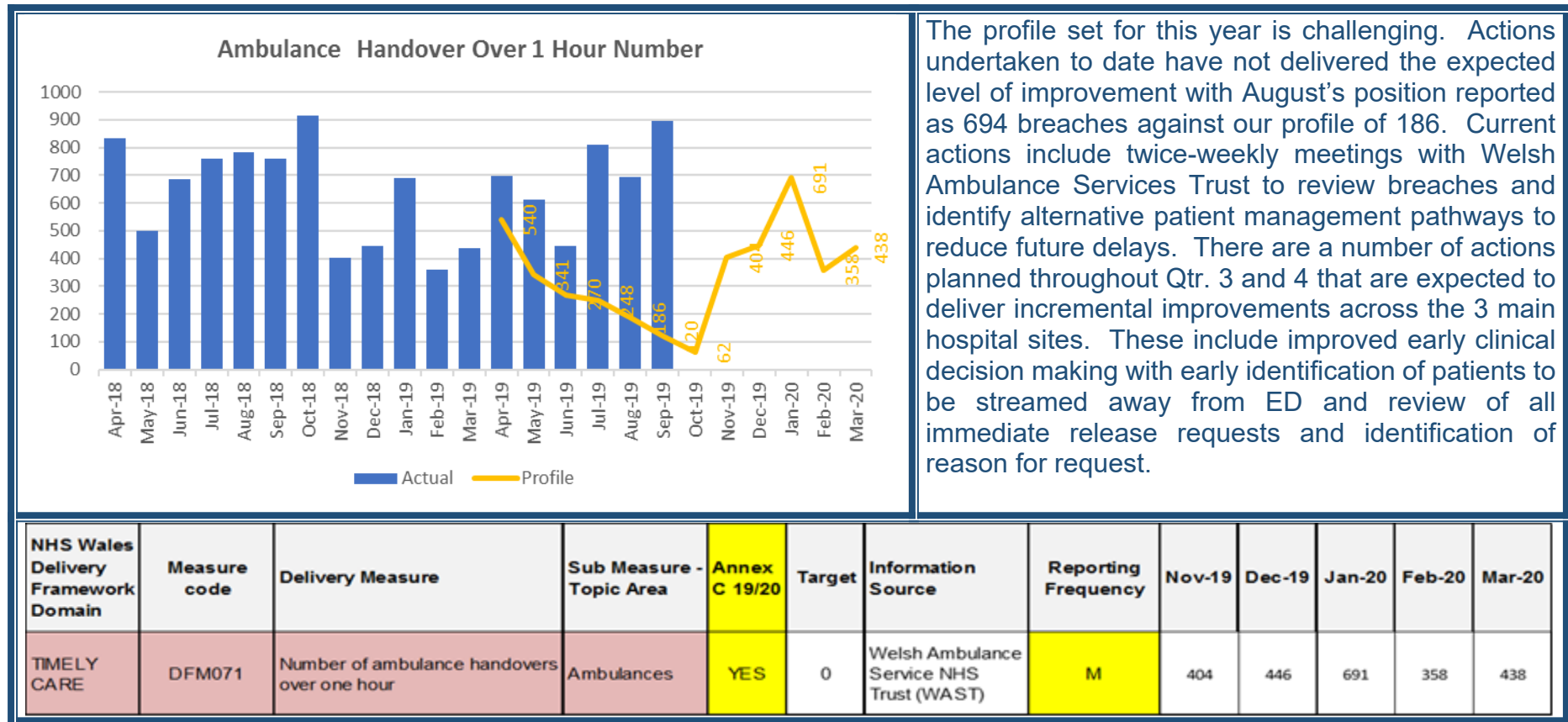
With the exception May 2019, we have been able to deliver the National Target for Patients waiting for Therapies. Sustaining the delivery is paramount for the service leads. Plans and regular reporting with review of the waiting lists is undertaken and options discussed for any patients where there may be a risk of breaching the target.

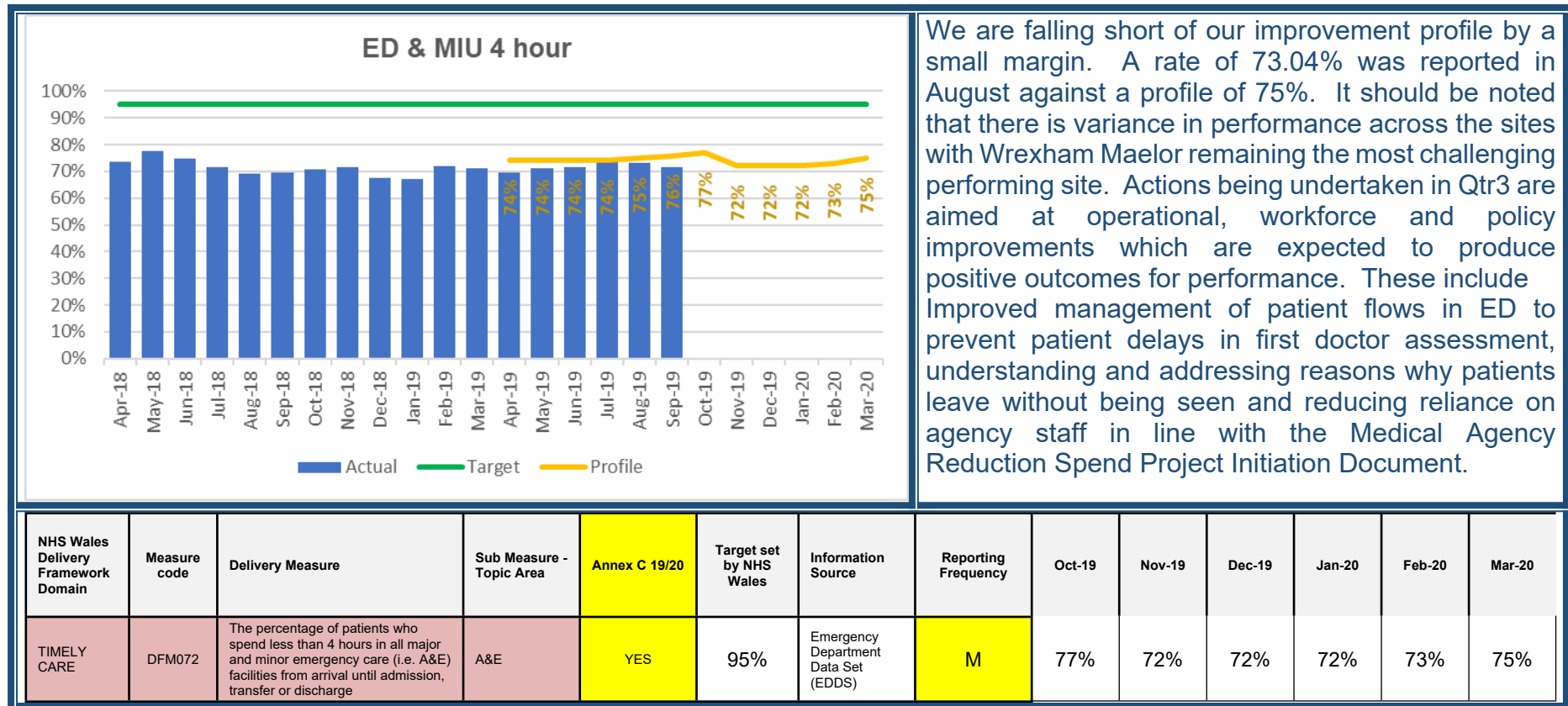
NHS Wales Delivery Framework Domain	Measure code	Delivery Measure	Sub Measure - Topic Area	Annex C 19/20	Target set by NHS Wales	Information Source	Reporting Frequency	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
TIMELY CARE	DFM055	The number of patients waiting more than 14 weeks for a specified therapy	Therapeutic Care	YES	0	Diagnostic and Therapies Waiting Times Dataset	M	0	0	0	0	0	0

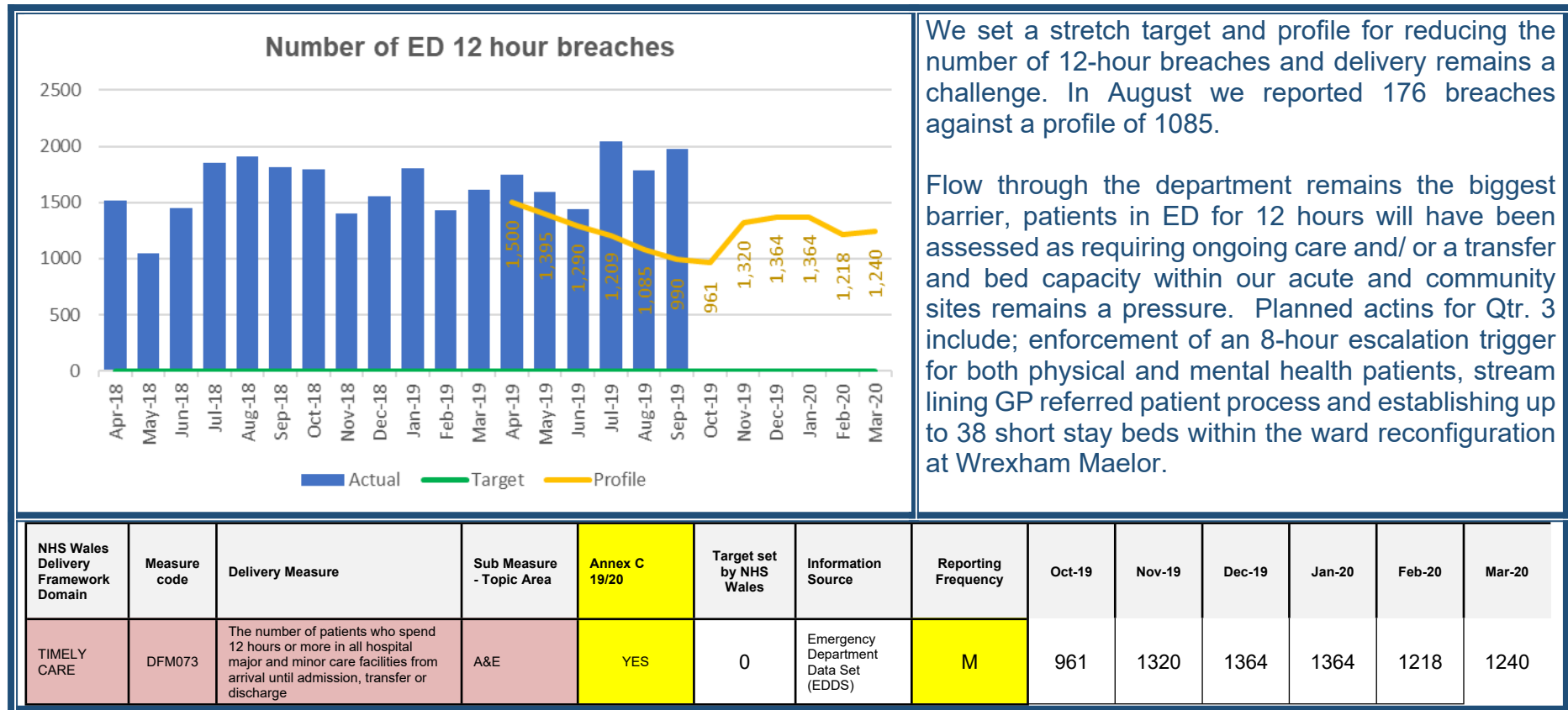


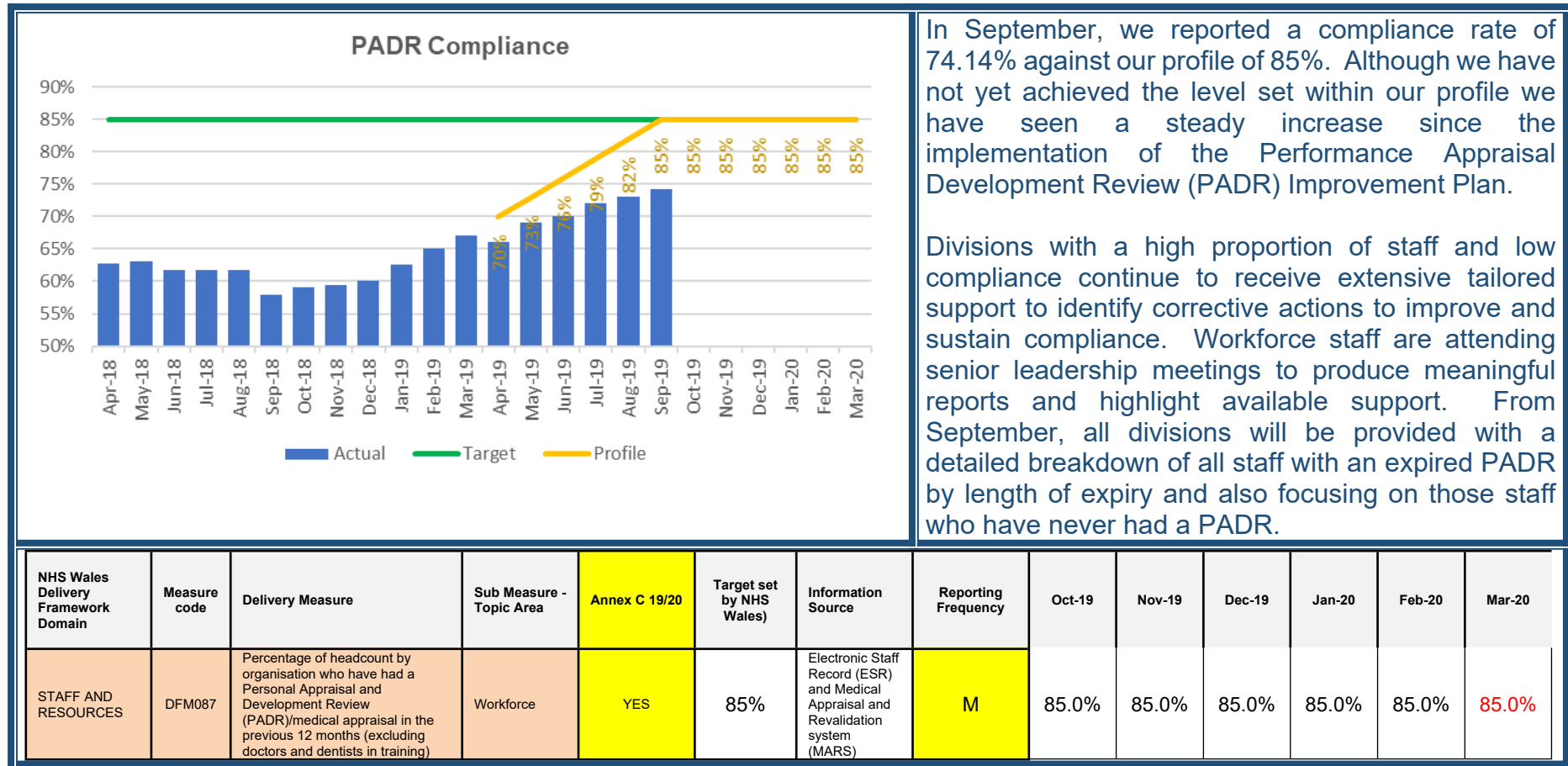


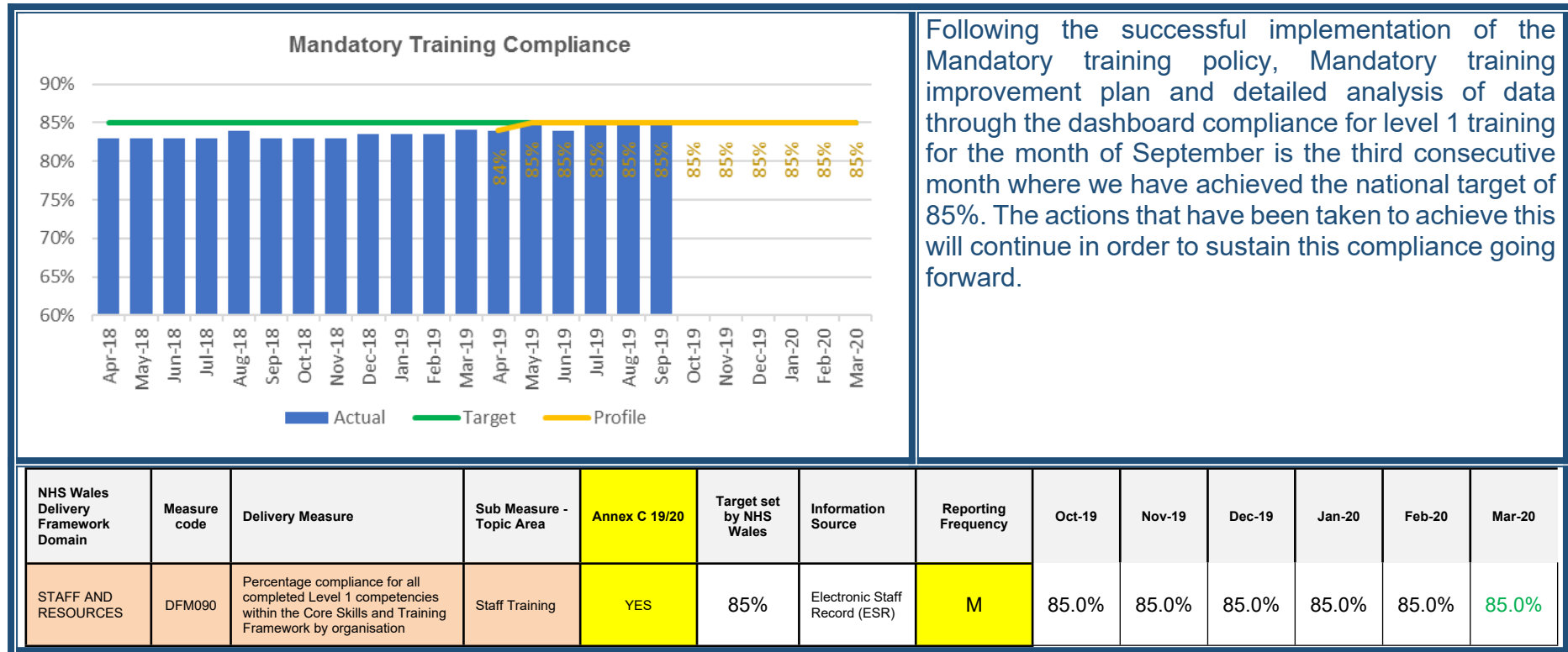












Health Board		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19	To improve health and provide excellent care	

Report Title:	A Strategy for Research and Innovation 2020 - 2025
Report Author:	Juliette Kumar, Associate Director, Innovation Agency Lynne Grundy, Associate Director Research and Innovation
Responsible Director:	Dr David Fearnley, Executive Medical Director Mr Adrian Thomas, Executive Director Therapies & Health Sciences
Public or In Committee	Public
Purpose of Report:	For approval
Approval / Scrutiny Route Prior to Presentation:	Engagement with internal and external stakeholders led by the Innovation Agency Presented at Strategy Partnerships and Population Health Committee – 1 st October 2019 Presented at Board Workshop – 9 th October 2019
Governance issues / risks:	None
Financial Implications:	Research & Development funding is allocated centrally by Welsh Government. Delivery of the strategy will require review of current resources and business cases will be submitted as required following this.
Recommendation:	The Board is asked to: 1. Approve this Research and Innovation Strategy 2. Approve working with the Regional Partnership Board and the newly formed Research, Innovation and & Improvement Hub to develop a Regional Research & Innovation Strategy for the future.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
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1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and service planning			
Leadership and governance			
Equality Impact Assessment			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



A Strategy for Research and Innovation 2020 – 2025

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Research and Innovation Strategy

Betsi Cadwaladr University Health Board

2020-2025

1. Background

1.1 The BCUHB Clinical Research and Development (R&D) three year Strategy ends in December 2019 and the Health Board is developing a Research and Innovation (R&I) Strategy for the next five years. The achievements of the R&D Strategy are summarised in a closure report and include the development of the North Wales Clinical Research Centre, an increase in the number of patients given the opportunity to be involved in research, and an increase in the number of Chief Investigators, Principal Investigators and other research active staff.

1.2 There are now more collaborations than ever before and we have raised awareness of research activities across the Health Board. Notably, we have outperformed the rest of Wales and UK in a number of portfolio studies and co-developed a Community of Scholars for new and novice researchers.

1.3 However, there is much more to do. We are aware that we must learn lessons from the previous strategy and build on this moving forward. We know that the future strategy is also an enabler for recruitment and retention of high calibre staff and has the potential to become a sustainable income generator to support delivery of high quality health and care services for the region.

1.4 To really gain collective benefit, we must ensure the future R&I Strategy integrates research, improvement and innovation and becomes meaningful and engaging to staff and public.

2. Local and national context

2.1 R&I is integral to the delivery of the Health Board purpose, vision and strategic goals including in particular:

Goal 1

'Improve health and well bring for all and reduce inequalities'

and

Goal 7

'Use resources wisely, transforming services through innovation and research'.

The R&I Strategy will support achievement of local population priorities and it will be jointly shared with our key stakeholders and partners.

2.2 There is recognition that R&I is key to unlocking the development of solutions to many of the challenges faced across the Health Board, bringing new knowledge, evidence based technology and income. Further, the positive impact of R&I for the workforce is being increasingly recognised¹ and a research active system means that the workforce have better access to education and learning, career pathways and leadership development.

2.3 The majority of research activities in BCUHB are funded centrally from Welsh Government allocation. This is further supplemented by opportunistic additional income generation through such activities as commercial research. Additionally, North Wales Clinical Research Centre staff are funded by BCUHB. However, developing innovation activities will require future infrastructure and funding to fully achieve the benefits it can bring.

2.4 Recent Welsh Government publications including *A Healthier Wales*², and *Prosperity for All*³ and the Health Board strategies *Living Healthier, Staying Well*⁴, *Together for Mental Health*⁵ and Quality Improvement and Workforce strategies have informed this integrated strategy to ensure that it is fit for purpose and future proofed (Fig. 1).

¹ Hanney et al (2013) Engagement in Research: an innovative three stage review of the benefits of health care-performance *Health Service & Delivery Research publication* <http://bit.ly/2nisLOg>

² A Healthier Wales: our plan for health and social care (2018) <http://bit.ly/2pGBhY8>

³ Prosperity for All: The national strategy; taking Wales forward (2017) <http://bit.ly/2oR0KgR>

⁴ Living Healthier, Staying Well: Our strategy for the future, improving health, wellbeing and health care in North Wales <http://bit.ly/2oOHQHs>

⁵ Together for Mental Health: A strategy for Mental Health wellbeing in Wales (Updated 2018) <http://bit.ly/2M69hok>

Fig.1 Alignment with national and local policy drivers

Strategy	Alignment with objectives
A Healthier Wales (2018)	<ul style="list-style-type: none"> • Bring together research, innovation and improvement activity within each region • Focus on supporting innovation and partnerships which drive toward new models of care.
Prosperity for All: The national strategy; taking Wales forward (2017)	<ul style="list-style-type: none"> • Prosperous and secure • Delivery of quality health services
Living Healthier, Staying Well: Improving health, well being and health care in North Wales (2018 – 2021)	<ul style="list-style-type: none"> • Use what we have wisely, explore new ideas and learn from research • Use good quality research and best practice to improve services.
Together for Mental Health Plan (2016-19)	<ul style="list-style-type: none"> • Mental health as a key research area across Wales • Embed research and share best practice
BCUHB Quality Improvement Strategy (2017-2020)	<ul style="list-style-type: none"> • Implementing best practice and innovation in Quality and Safety • Encourage and promote innovation
BCUHB Workforce Strategy (2019-2022)	<ul style="list-style-type: none"> • Explore shared learning and innovation Find innovative ways to deliver services in a changing environment

3. Enablers

3.1 R&I will act as enablers to support the delivery of other strategies, both internal and external. They can do this, for example, by either directly contributing to the evidence base of delivering care or indirectly by making the work environment more interesting and attractive, supporting recruitment and retention.

4. Co-production and engagement

4.1 The R&I Strategy was developed following a region wide engagement process where we listened to views on challenges and opportunities for Research and Innovation in order to ensure:

- that the strategy has been co-produced by stakeholders
- that there is ownership for the strategy across the system
- that we understand the opportunities this strategy can bring

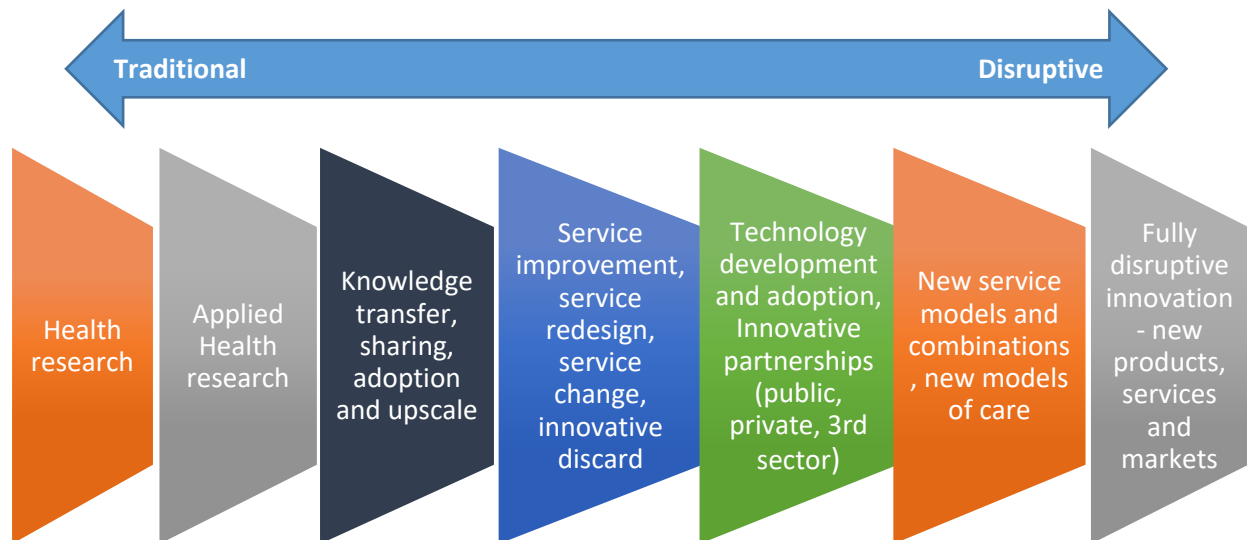
A separate report of the process of engagement and list of stakeholders involved is available and a summary can be found at Table 1.

5. A continuum of methods of inquiry for the purpose of improved healthcare

5.1 There are a continuum of methods of inquiry and discovery, from empirical research methods to disruptive innovation. Each approach stands on its own merit and each moves us further forward to finding solutions to a range of problems

identified. This continuum demands a proportionate and agile governance structure that enables translation of research into practice at pace (Fig.2).

Fig 2. Continuum of methods of inquiry



1.2 In order to achieve agile governance, the R&I Strategy recognises that partnership working is necessary to fully integrate its component parts.

6. Our partners

6.1 Our partners include Universities, Local Authorities, Health and Care providers, Welsh Government, 3rd Sector, Industry and Citizens of North Wales. We will support collaborative working and be guided by the Strategic Partnership Group to ensure the pathway, from research idea to implementation, works well. All partners will work to ensure that hand-offs between the disparate parts of the system are understood and act to remove any barriers that prevent synergies between what we discover and it being implemented at scale. In the future, this partnership may benefit from a more formal organisational form as it matures.

6.2 The success of this strategy requires the 'system', to work well so that problems can be defined, priorities set for research, funding identified, people recruited to research studies, innovations developed, adopted and implemented at scale, and commercialised where appropriate.

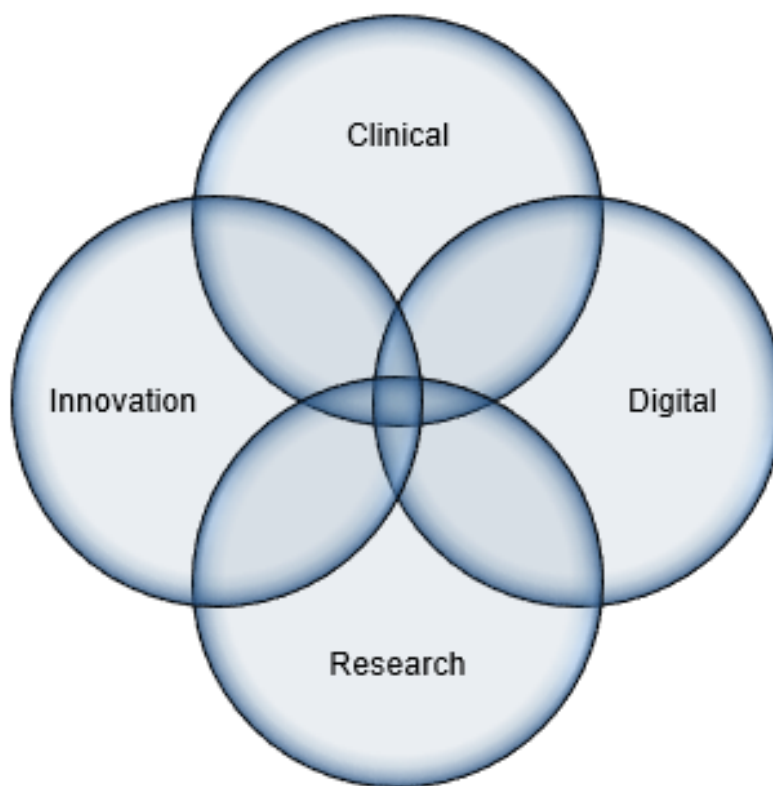
6.3 To reflect the vision set out in Healthier Wales, this Health Board R&I Strategy must be considered within the wider health and care system. Over the first year of the strategy, it is envisaged that further work will be undertaken, facilitated and led by the newly formed Research, Improvement and Innovation Regional Hub, to refresh this

strategy into a Regional Partnership Research, Improvement and Innovation Strategy supported by the delivery plans of partners.

7. Interfaces

7.1 The R&I Strategy is the Health Board's strategy and is an enabler to operational and clinical excellence. It will be closely aligned to the clinical and digital strategies, and dependent on communications, estates, workforce and organisational development for success.

Fig 3. Interfaces



7.2 As the strategy matures, we would expect to see visible support for delivery of the strategy embedded in all the operational divisions of the Health Board. These will be measured by Key Performance Indicators, including the number of primary investigators, research studies, recruitment to research studies, adoption and spread of innovations, training and development and attracting talent, with targets set for each of the clinical and operational departments.

7.3 During year one of this Health Board R&I strategy we will review the strategy with a view to ensuring that we are fully benefitting from a wider partnership approach. We intend to use the Regional Research, Improvement and Innovation Hub to facilitate this work, and would expect any future regional strategy to be endorsed and approved

by the Regional Partnership Board, supported by an operational delivery plan for each organisation.

7.4 The BCUHB R&I Strategy will be reviewed during the period 2020 – 2025 and the new iteration will be informed by the regional direction being planned.

8. Listening to the views of stakeholders

8.1 A comprehensive stakeholder engagement activity was carried out from April to September 2019. The engagement process provided invaluable information from a wide range of stakeholders across North Wales and beyond which has informed this strategy.

9. SWOT Analysis

9.1 Findings from stakeholder engagement have been summarised into a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (Fig.4)

Fig. 4 SWOT Analysis

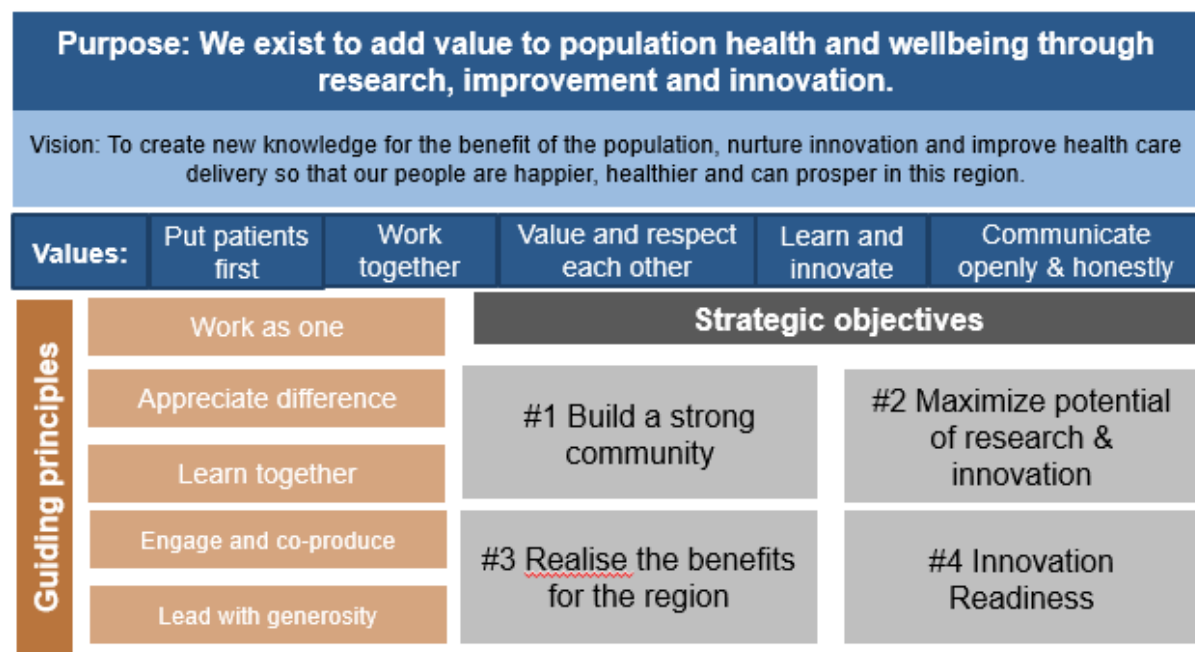
Strengths	Weaknesses
Bevan commission, exemplars and advocates Two Universities Culture for R&I Workforce skills and expertise An intrinsic motivation to do well for citizens	Competing for time and resources whilst delivering frontline services Lack of shared understanding of goals of the system No integration with clinical objectives Lack of visibility of the whole community Risk averse system Need explicit permissions
Opportunities	Threats
Partnership and joint working Understand the R&I continuum Community identity Use digital in a more profound way Define and communicate	Governance structures Tribes and competition Lack of investment Time poor Bid writing capacity

9.2 The SWOT analysis identified a mature response from a system with an appetite for partnership and improvement and that recognises a need for system change.

10. Research and Innovation Strategy Overview

10.1 The strategy sets out a purpose and vision to create new knowledge and support innovation for the benefit of the population health. It is driven by the shared values of BCUHB and shaped by five principles that will drive the R&I community to achieve four strategic objectives (Fig 5.)

Fig. 5 Strategy overview



11. Purpose, Vision, Values and Principles

11.1 Our Purpose

We exist to add value⁶ to the health and wellbeing of the population of North Wales through excellence in research, improvement and innovation.

11.2 Our Vision

To create new knowledge for the benefit of the population, nurture innovation, improve health care delivery so that our people are happier, healthier, and can prosper in this region.

11.3 Our Values

- Put patients first
- Work together
- Value and respect each other
- Learn and Innovate
- Communicate openly and honestly

11.4 The Principles that will shape the R&I community across North Wales

⁶ Value defined as = improved population health + better experience of care + efficient use of resources (Institute of Healthcare Improvement) <http://bit.ly/2AHrnYm>

Work together as one system	Develop strong connections and understand the whole R&I system.
Appreciate differences	In approaches to research, improvement and innovation
Learn together	Be inquisitive, experimental, entrepreneurial and learn from failure
Engage and co-produce	With Academia, Health and Care providers, Local Authority, business and citizens
Lead with generosity	Appreciate insights gained from the wider system, network across boundaries, create alliances.

12. Strategic objectives

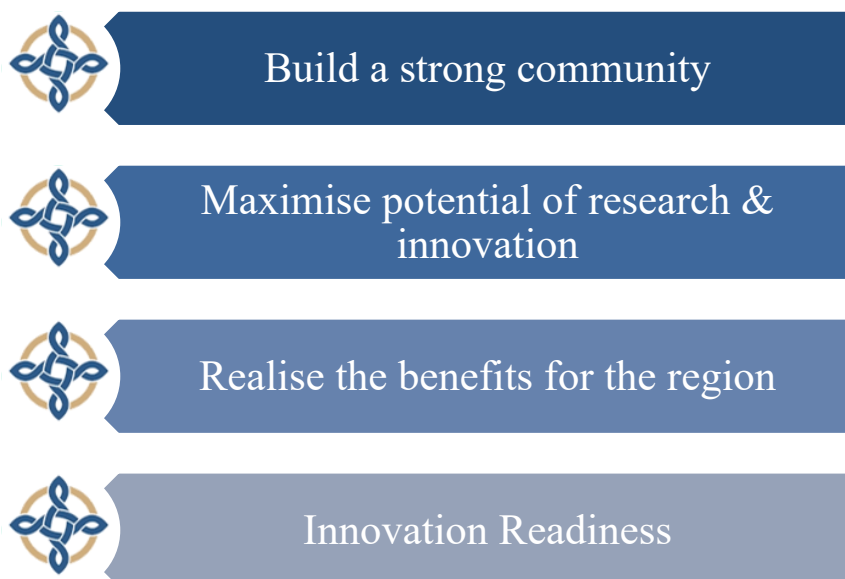
12.1 The strategy emphasises the importance of connecting the disparate parts of the whole to maximise the benefits of a research and innovation active health and care system.

12.2 It sets out how we will build on existing culture for research and innovation and optimise the assets available so that we can increase research activity, identify and access alternative funding streams and generate income.

12.3 In addition, the strategy focusses on the benefits of research and innovation for the region, enhancing opportunities for using new technologies, improving health and care services, and developing our people.

12.4 Finally, this strategy shines a light on the opportunities that innovation can bring, supporting innovators, entrepreneurs as well as local SMEs with programmes and communities of practice. Thus, together we can navigate NHS systems to collaborate with us to create solutions to health and care problems.

Fig. 6 Strategic Objectives



Strategic Aim 1. Build a strong community

We will work as one, harnessing collective potential through partnerships whilst valuing individual contributions. We will appreciate differences whilst connecting the whole for greater impact.

Strategic Aim 2. Maximise the impact of Research and Innovation

We will increase research and innovation activities and generate income. We will support research and innovation into practice.

Strategic Aim 3. Realise the benefits for the region

We will optimise collective assets available, translate research into practice, implement digital first, gather data to improve what we do and develop our people.

Strategic Aim 4. Innovation Readiness

We will develop a culture for innovation, supporting innovators and clinical entrepreneurs, defining the system innovation pathway from idea to commercialisation, bringing jobs to the region.

13. Risks to delivering the strategy

13.1 The risks can be categorised into culture, resource availability and system support. This strategy is dependent on cross partnership working, with Universities, Local Authorities, Welsh Government, Clinicians, 3rd Sector, Citizen Groups and Industry. This is a cultural challenge which will take time to achieve as we move from organisational behaviours to system behaviours.

13.2 It will also take time to develop the system incentives and rewards required. There is also a risk of being drawn into short term financial pressures, rather than prioritising R&I developments, nurturing new partnerships and entering new opportunities that can bring growth.

13.3 On a practical level, key risks include:

- Ensuring sufficient workforce capacity to support R&I activities
- Engendering ownership of KPIs to meet ambitious R&I activity targets in each clinical and operational division.
- Financial pressures of the Health Board, meeting immediate priorities

13.4 Risks will be reviewed and mitigations put in place to optimise successful delivery of this strategy.

Research and Innovation Strategy 2 year delivery plan

Research and Innovation Strategy – Delivery Plan 2020 - 2021			
Year 1 DEFINE	Task	How to get there	Measures

Maximise impact of research and innovation	Produce new knowledge	<ul style="list-style-type: none"> • Work with internal and external stakeholders to explore funding opportunities. • Develop research prioritisation process with the Strategic Partnership Group. • Prioritise research that aligns with population health needs, policy drivers and clinical strategy • Integrate and align with clinical strategy • Review activity in the North Wales Clinical Research Centre, identify opportunities for increased activity. • Support increased use of the research, innovation and improvement hubs, develop and spread the strategy 	No. of research trials and activity Income generated Annual prioritisation process An integrated strategy Increased activity NWCRC An integrated Clinical and R&I strategy A spread strategy for upscaling innovation and improvements KPIs agreed for R&I activity in divisions and targets set.
	Share research findings	<ul style="list-style-type: none"> • Share research findings with each other and wider sectors • Work closely with the Research, Innovation and Improvement Hub 	Communications strategy No. of publications, conferences, blogs and webinars
	Develop the workforce	<ul style="list-style-type: none"> • Develop research capacity and training both opportunistic (within existing training packages) and bespoke. • Create an R&I pathway, demonstrate how to step on and off the pathway and how to get involved. 	No. of training opportunities No. of staff A R&I pathway published
Realise the benefits for the region	Shared access to system assets and facilities	<ul style="list-style-type: none"> • Increase collaboration between partners, buildings and human resources, including providing opportunities for staff and students where there are shared aims. • Work closely with Research, Innovation and Improvement Hub – work towards regional R&I strategy 	No. of joint funding applications
	Reduce variation and digitise our information systems	<ul style="list-style-type: none"> • Streamline reporting systems, develop plan for digitising the system. 	A digitised system

		<ul style="list-style-type: none"> Integrate with digital strategy, drive optimisation of data from digital technology. 	
	Implement evidence based care	<ul style="list-style-type: none"> Identify translational research projects Improve translation of research into practice, develop change management capabilities, capture learning from success and failure. 	<p>No. of translational research projects</p> <p>No. of successful efforts to implement evidence based care.</p>
Innovation Readiness	Improvement and innovation hubs	<ul style="list-style-type: none"> Support evidenced approaches from Bevan Exemplars and improvement activity. Define the innovation pathway, from idea to commercialisation. Develop competencies in innovation approaches, e.g. human centred design Create a platform and network of people to bring solutions to areas of need in health and care services Create categories of innovation against needs identified to make it simpler to discover innovations and improvements 	<p>No. of innovation and improvement spread and by how much</p> <p>An innovation pathway defined</p> <p>A competency framework for Innovation skills</p> <p>A platform for Innovation Exchange</p> <p>An innovation exchange network</p> <p>A suite of categories with innovations grouped</p>
	Create living lab	<ul style="list-style-type: none"> To experiment, model and explore innovative approaches and technologies 	A living lab
	Communities of practice	<ul style="list-style-type: none"> Support our Community of Scholars for researchers Develop Innovation Scouts community, to support identification and support uptake of innovation. Provide a programme of support for clinical entrepreneurs and local SMEs. 	<p>No. of active participants in communities of practice.</p> <p>Programmed activities for SMEs and Clinical Entrepreneurs</p>
	Support growth	<ul style="list-style-type: none"> In the region, engage with SMEs and industry, clarify procurement pathways, work to commercialise innovative ideas and technology for the benefit of health and care services. 	<p>No. of SMEs engaged</p> <p>Clarification of procurement pathway</p>

Research and Innovation Strategy – Delivery Plan 2021 - 2022			
Year 2 Develop	Task	How to get there	Measures
Build a strong community	Develop joint governance and planning	<ul style="list-style-type: none"> Define roles in partnership and offers Create governance for partnership working Develop options appraisal for organisational form for partnership working 	A governance structure Options appraisal paper
	Pooled assets and resources	<ul style="list-style-type: none"> Identify opportunities for pooling assets and resources Options for strengthening links with Improvement and Innovation hubs 	No. of opportunities for pooled assets and resources Strategy for integrating Research, Improvement and Innovation hubs developed.
Maximise impact of R&I	Research priorities aligned	<ul style="list-style-type: none"> Priorities identified and shared Applications made for joint and individual funding Research activity targets implemented in each clinical division Collaborations and partnerships across boundaries Cross sector research and alliances created 	No. research trials and activity increased Income generated Activity data increased in each division No. collaborations increased
	Integrate with clinical and digital strategies	<ul style="list-style-type: none"> Identify areas of synergy with strategies 	No. of clinical research activity
Realise benefits for the region	Digitise our systems	<ul style="list-style-type: none"> Implement digital first approach to research activity, use paperless systems. Consider use of technology to gather data; i.e. wearables, sensor tech, AI 	No. of digital research activity
	Develop our people as change agents	<ul style="list-style-type: none"> Increase capabilities in the R&I community for implementing change Develop leadership for change programmes 	No. opportunities for development
Innovation Readiness	Evaluate innovation pathway	<ul style="list-style-type: none"> Define the innovation pathway, where do people get ideas, where do they go with good ideas? Develop push and pull mechanism for innovation across the Health Board, how do we find 	A repository for ideas A pathway of support for innovation No. innovations spread

		innovation and improvements that work and how to we share innovations that we know work. <ul style="list-style-type: none"> • Spread a number of Innovations across North Wales • Support SMEs in the region to develop 	Case studies of innovation projects.
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During Year 1 the Regional Partnership Board will be asked to endorse the development of a Regional Research, Innovation and Improvement Strategy (facilitated by the Regional Research, Innovation and Improvement Hub).

The Health Board delivery plan will be reviewed at the end of Year 2 and a further plan will be produced to take us through to Year 5

Appendix 1 - Methodology



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



INNOVATION AGENCY
Academic Health Science Network
for the North West Coast

A Strategy for Research and Innovation Methodology

Authors: Juliette Kumar, Jane O'Neill, Carole Spencer, Innovation Agency (Academic Health Science Network for the North West Coast)

Background

Research and innovation (R&I) is integral to the delivery of the Health Board purpose, vision and strategic goals. Achieving the vision and goals requires the resourcing and co-ordination of a whole system of R&I activities across a geographically challenging area. The following report provides a summary of the wide engagement work which has informed the R&I Strategy for BCUHB. The work was led by the Innovation Agency, as an independent body, who worked with the Associate Director of Research and Innovation to inform the process of engagement and content development for the strategy. The agreed deliverables for this work were:

- A strategy led and developed by a credible and independent body - avoiding any accusations of bias should it arise.
- A strategy that has been co-designed by all stakeholders (customers) – engendering ownership that will support delivery of objectives.
- A strategy that aligns with priorities and needs as identified by the health board.
- A strategy that is comprehensive and provides clarity on the strategic relationship and interfaces between identified need, research and innovation.
- Clear measures of success for each part of the strategy.

Method

The process started in November 2018 with a facilitated workshop with the Research and Innovation Strategic Partnership Group to establish vision, mission and objectives for R&I activity across North Wales. The outcomes / objectives they stated they wanted from the R&I Strategy were:

- Better outcomes in population health.
- Contribute to services, social and economic sustainability.
- Deliver workforce benefits.
- Enhance the reputation and profile of North Wales.
- Achieve economic growth by making this region attractive to investors, SME's, digital and technological companies.
- Develop clinical entrepreneurs and improve outcomes through innovation.
- Adopt best practice at scale and engender continuous improvement in our systems.
- Increase involvement of citizens in research.

An interview schedule was co-developed to ensure information gathered was relevant based on 6 key themes;

1. Use of R&I in Operational Practice
2. Benefits for the region
3. Setting priorities
4. Translating research into practice
5. Adoption & Spread
6. Support from the system

The questionnaire was designed to identify key themes that were deemed important, these included the use of R&I in operational practice, the benefits for the region, priority setting, research into practice, adoption and spread and support from the system. Questionnaires were administered using a mixed method approach of qualitative interviews both face to face and by telephone, online questionnaire and focus groups.

A full list of stakeholders approached can be found in Table 1. In addition to the interviews, desktop research of other organisations strategy documents, nationally and internationally were carried out to offer a benchmark in relation to content of the strategy, as well as to set ambition along with an understanding of the local and strategic context.

Analysis

Thematic analysis of the interview and questionnaire data gathered was presented in a SWOT analysis, and McKinsey's 7s Framework was designed to support successful strategy development. The findings from the engagement work were used to populate the framework and to organise the information meaningfully.

Results

Assimilation of the engagement activities took place and this was presented as summary findings and recommendations in the form of a Theory of Change model. Purpose, vision, guiding principles and key strategic goals have been recommended, along with an initial 2 year delivery plan. The delivery plan will be reviewed at the end of year 2 and a further plan will be produced to take us to year 5 in 2022.

Table 1 **Stakeholders invited to contribute**

Face to Face	Local researchers	Research and Innovation Regional Group (West)	10
	R&D Delivery Team	R&D Team	25
	Local researchers	Research and Innovation Regional Group (Central)	8
	Professor Mandy Robbins	Associate Dean for Research, Glyndwr University	1
	Kathryn Chester	Researcher, BCUHB	1
	Wyn Jones	Design Reality	1
	Stephen Hughes	Research and Innovation Regional Group (East)	1
	Deborah Carter	Executive Director of Nursing and Midwifery (Acting)	1
	Arpan Guha	Deputy Medical Director	1
Skype/ Telephone Call	Nicky Williams	Director HCRW	1
	Carys Thomas	Interim Head of R&D Welsh Government	1
	Nicky Callow, Dean Health Sciences	Dean Health Sciences, Bangor University	1
	Paul Brocklehurst Director NWORDH	Director NWORDH, Bangor University	1
	Gill Harris	Deputy Chief Executive	1
	David Fearnley	Medical Director	1
	Adrian Thomas	Executive Director Therapies	1
Survey		Principal and Chief Investigators	73
		Bevan Exemplars	21
	Zoe McLaren, Rheumatologist	Researchers	1
	Lally DeSoysa, Haematologist		1
	Waleed Sayeed, COTE/stroke		1
	Iqbal Shergill, Urologist		1
	Pasq Innominato, Oncologist		1
	Dan Menzies, Respiratory physician		1
	Pharmacy, Research pharmacist		1
	Chris Stockport, Exec Director Primary Care		1
	Michaela Swales, Psychologist		1
	Mahdi Jibani, Physician		1
	Cath Bale, Oncologist		1
	Jim Seale, Haematologist		1
	Anna Mullard, Oncologist		1
	Gary Doherty	Chief Executive	1
	Pat Evans	Chair Cancer Patient Forum	1

QI Hub Members		
Lynne Grundy	Associate Director Research & Innovation	1
Melanie Maxwell	Senior Associate Medical Director	1
Ifan Evans	Director Technology, Digital & Transformation, Welsh Government	1
Tom James	Innovation Lead, Welsh Government	1
Marlise Poolman	Researcher/clinician, PRIME Centre	1
Robyn Davies	Head of Innovation, Cardiff and Vale	1
Richard Walker	Head of Information	1
Kate Clarke	Secondary Care Medical Director	1
Andy Roach/ Sean Page / Steve Forsyth	MH&LD	1
Sue Green	Executive Director WOD	1
Geoff Lang	Transformation Director	1
Mark Wilkinson	Executive Director of Planning and Performance	1
Chris Stockport	Executive Director Primary care	1
Debbie Laubach	Mediwailes	1

Health Board		GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7.11.19	To improve health and provide excellent care		

Report Title:	Summary of In Committee Board business to be reported in public
Report Author:	Mrs Kate Dunn, Head of Corporate Affairs
Responsible Director:	Mrs Dawn Sharp, Acting Board Secretary
Public or In Committee	Public
Purpose of Report:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session.
Approval / Scrutiny Route Prior to Presentation:	In Committee Health Board 5.9.19 considered: <ul style="list-style-type: none"> • Approval of minutes • Recommissioning of dental services
Governance issues / risks:	It is good governance, and in line with Standing Orders, to report on in-committee business at the next available meeting held in public.
Financial Implications:	None pertaining to this paper.
Recommendation:	The Board is asked to note this paper.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Leadership and Governance

Equality Impact Assessment

No equality impact assessment is considered necessary for this paper.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 13 May 2019

Author: Mark Dickinson**Version:** 1 (Approved)**Members
present**

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Cardiff & Vale UHB (MB)
 Tracey Cooper, Chief Executive, Public Health Wales (TC)
 Andrew Davies, Chair, Swansea Bay UHB (AD)
 Vivienne Harpwood, Chair, Powys tHB (VH)
 Alex Howells, Chief Executive, Health Education &
 Improvement Wales (AH)
 Chris Jones, Chair, Health Education and Improvement
 Wales (CJ)
 Brendan Lloyd, Medical Director, Welsh Ambulance
 Service NHS Trust (BL) (for Jason Killens)
 Marcus Longley, Chair, Cwm Taf UHB (ML)
 Donna Mead, Chair, Velindre NHS Trust (DM)
 Tracy Myhill, Chief Executive, Swansea Bay UHB (TM)
 Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
 Mark Polin, Chair, Betsi Cadwaladr UHB (MP)
 Judith Hardisty, Vice Chair, Hywel Dda UHB (JH) (for
 Bernadine Rees)
 Carol Shillabeer, Chief Executive, Powys tHB (CS)

**In
attendance**

Mark Dickinson, NHS Wales Health Collaborative (MD)
 Rosemary Fletcher, Director, NHS Wales Health
 Collaborative (RF)

Apologies

Gary Doherty, Chief Executive, Betsi Cadwaladr UHB
 Steve Ham, Chief Executive, Velindre NSH Trust
 Jason Killens, Chief Executive, Welsh Ambulance Service
 NHS Trust
 Steve Moore, Chief Executive, Hywel Dda UHB

Bernadine Rees, Chair, Hywel Dda UHB Len Richards, Chief Executive, Cardiff & Vale UHB Allison Williams, Chief Executive, Cwm Taf Morgannwg UHB Jan Williams, Chair, Public Health Wales Martin Woodford, Chair, Welsh Ambulance Service NHS Trust	
Welcome and introduction	Action
AL welcomed colleagues to the meeting and noted apologies for absence.	
Minutes of previous meeting	Action
The minutes of the meeting held on 6 December 2018 were approved as a correct record. The minutes will be forwarded to board secretaries for noting at health board and trust board meetings.	MD
Action log and matters arising	Action
<p>The action log was reviewed. It was noted that the majority of actions had been closed as completed.</p> <p>Those actions that remain open all relate to the development of an NHS Wales National Executive function. It was noted that RF and MD are meeting Jo Jordan and Samia Saeed-Edmunds in Welsh Government on 14 May to discuss this. It is anticipated that this will be primarily focused on WG gathering information about the Collaborative. It was noted that detail was awaited in respect of progress with plans for the NHS Executive.</p> <p><i>(DM joined the meeting at this point)</i></p>	
Year End Report against 2018/19 Collaborative Work Plan	Action
<p>RF introduced the report against last year's work plan, noting that it had already been received by the Collaborative Executive Group. Some outstanding actions have been carried forward into the plan for 2019/20.</p> <p>Concerns were noted around delays to the critical care clinical information system and MD provided an update, reporting that it was hoped that procurement documentation would be signed off during May.</p>	

<p>The heightened emphasis on maternity services was noted in the context of the need to establish the new Wales Maternity and Neonatal Network.</p> <p>It was noted that the planned appointment of a National Mental Health Director had been delayed pending progress with the NHS Executive. CS reported that it was approximately a year since the previous director had retired, but was optimistic that progress could soon be made.</p> <p><i>(AD joined the meeting at this point)</i></p> <p>AL queried why the Eating Disorders dashboard was being delayed until 2022. CS responded that this was due to the timing of the implementation of the WCCIS system, but that some aspects of the dashboard would be operational before full WCCIS roll out.</p> <p>AL thanked RF for the report and noted that, given the context, the Collaborative team has done very well to get through so much work and to complete many important actions.</p>	
Collaborative Annual Report 2018/19	Action
<p>RF introduced the Annual Report, noting that this is the first time a narrative annual report has been produced by the Collaborative team. The report is intended to respond to the need for more information for key stakeholders and also the desire of team members to promote the work done. The target audience is primarily stakeholders in NHS Wales, Welsh Government and CHCs and the content has been shaped to reflect this. The report covers both core business for NHS Wales and additional work in support of WG. Content had been provided by staff in individual teams and programmes.</p> <p>RF drew attention to the new areas of work covered in the report, including support to the Women's Health Implementation Group and to the nationally directed programme for endoscopy. RF also noted Collaborative-wide activities, including peer review.</p> <p>RF referred to the fact that the Collaborative team has grown in size and emphasised the efforts being made to engage with staff and to act on their feedback, including via a newly established staff forum.</p>	

(TC joined the meeting at this point)

AL noted that the report was very clear and helpful.

JP referred to the section on the lymphoedema network, suggesting that, as staff are involved in direct care delivery, there was a need to review the governance and respective roles and responsibilities of the Collaborative and health boards. **RF undertook to review the governance arrangements for the lymphoedema network.**

RF

AD suggested that lessons need to be learned about how work is led and about lines of accountability, particularly for work undertaken for WG.

DM referred to the reference in the report to Save a Life Cymru, noting that WG had not agreed for CPR training to go into schools, although this was the case in other parts of the UK. BL added that it had been suggested that CPR could have been added to the content of the Welsh Baccalaureate qualification. AD noted the potential role of further education.

ML noted that approximately half of resource of the Collaborative is invested in the Wales Cancer Network and queried the rationale for this. RF responded that this is purely a legacy issue reflecting the history of investment decisions over many years. RF added that the Collaborative is increasingly taking opportunities to work across networks and programmes, citing work to develop a Collaborative-wide analytical function as an example. AL stated that there is a need to move towards a more balanced deployment of resources.

TC noted the context for the year ahead, anticipating plans for the NHS Executive. There is a need to ensure that resources are aligned behind strategic priorities, including those specified in whatever national delivery plans exist post 2020.

RF undertook to consider the issues raised in the further development of the report.

RF

AL thanked RF and the Collaborative team for producing a helpful and informative report.

	Paper Ref: LF-1909-01
NHS Wales Health Collaborative Leadership Forum	Minutes 13/05/19

Collaborative Work Plan 2019/20	Action
<p>RF introduced the high level work plan, noting that the individual sections will be the subject of 'deep dives' at forthcoming meetings of the Collaborative Executive Group, with the first one being on the work of the Wales Cardiac Network in May.</p> <p>AL asked about the work of the new Maternity and Neonatal Network and how its work will interface with the recently announced action by a number of agencies. RF responded that discussions are ongoing to clarify this.</p> <p>AL queried whether the key deliverables are clearly enough articulated and are both measurable and achievable. TC suggested that the 'big ticket' items should be more clearly identified in the introduction.</p> <p>CJ suggested the need for greater clarity as to where is assurance held and the mechanisms for assurance. MP raised a specific issue of accountability in relation to the LINC programme, which had recently been subject to formal reporting to boards. RF responded to these issues, noting that the Collaborative team had produced a paper last year to clarify the governance and accountability of each of networks back through network boards to the Collaborative Executive Group and the Collaborative Leadership Forum (and, in some contexts to WG). RF added that this was the first she had heard about the concerns in relation to LINC and noted that update reports on LINC had been brought to the last three meetings of the Forum. JP added that the last update had included specific consideration of the process for taking the LINC business case to boards.</p> <p>CJ reported that he still has outstanding concerns about the governance arrangements for work commissioned directly from the Collaborative team by WG. AL responded that these concerns have previously been raised with WG, including directly with Andrew Goodall and it is known that these problems are recognised.</p> <p>AD stressed the need for the work of the Perinatal Mental Health Network (and other parts of the Collaborative) to align with the wider work on health improvement and the early years being led by Public Health Wales.</p> <p>DM referred to the work of the Wales Cancer Network on the single cancer pathway and also the wider work on</p>	

<p>diagnostics, stressing the importance of analytical work to gain a greater understanding of the growth in demand for cancer diagnosis and treatment services. TC noted that, in their respective lead roles for cancer, pathology and imaging, she, Steve Moore and Len Richards are working increasingly closely on these issues. It is planned to submit a three year plan for cancer diagnostics to WG for investment.</p> <p>AH noted that the wider context is shifting with the development of a national NHS Wales clinical plan. AL responded that chairs are not currently sighted on this work.</p> <p>CJ noted the references in the plan to peer review, stressing the need for a more holistic approach. MD reported that peer review was being introduced across the Collaborative's networks, in line with the NHS Wales Peer Review Framework (previously agreed by the Forum) and that learning and experience was being shared across networks.</p> <p>It was agreed that an updated three year peer review programme will be brought to the next meeting in September.</p> <p>RF undertook to consider the issues raised in the implementation of the work plan.</p>	<p>MD/RF</p> <p>RF</p>
Collaborative update	Action
<p>RF introduced a written update report, containing briefings on a number of areas of work and other issues.</p> <p><i>Major trauma network</i></p> <p>RF referred to the report and provided additional information. A very productive workshop had been held, which had benefited from patient input. The aspiration remains for the network to be operational from April 2020, but this remains challenging. Engagement is taking place in Hywel Dda in relation to interim trauma unit designation, which may raise issues for other health boards.</p> <p>It was noted that consideration of workforce requirements for thoracics will be taken forward through the WHSSC Joint Committee.</p> <p>TM emphasised both the importance and benefits of having patients 'in the room' participating in the planning and development of services. The precedent set through the workshop needs to be maintained through the ongoing work of the network board. TM also noted the new appointment in</p>	

Cardiff and Vale UHB to the role of Programme Director for the Major Trauma Centre.

CJ emphasised the need for clarity about the OD requirements for the new network, and networks more generally, because they traverse normal boundaries. Participants need support to transition into the required new ways of working.

Single cancer pathway (SCP)

RF introduced the report, referring to £3m WG investment and the fact that the Wales Cancer Network was running a process that had sought, and would be evaluating, applications from health boards and trusts. RF noted the increasing alignment across the SCP work, diagnostics networks and the new endoscopy programme, each of which has associated funding streams.

The processes for allocating the various funding streams were discussed. It was noted that £1m would be deployed under the auspices of the Endoscopy Programme Board, but there was not yet clarity over how the £1.4m for diagnostics and healthcare sciences would be allocated. It was noted that multi-organisation bids had been encouraged in the SCP process and that these should be treated positively, without detriment to Betsi Cadwaladr as, effectively, a 'region' in its own right.

JH expressed concern that there were too many individual funding streams, being allocated separately. This was noted as a recurring theme.

Major conditions implementation groups

The transfer to the Collaborative of responsibility for supporting major conditions implementation groups, together with the TUPE transfer of relevant staff was noted.

AL noted that funding directed via such groups was time limited, but had, in many cases been allocated to ongoing services. Evaluation of the effectiveness of such investment is variable. AL had written to the Deputy Chief Medical Officer on this issue in January and had received a holding response.

RF reported that the Collaborative has worked on mapping the spend of the £1m allocations and will be working with

<p>implementation groups to develop appropriate exit strategies for when the funding ends or is altered.</p> <p><i>Wales Maternity and Neonatal Network</i> The content of the report was noted, as was the need to be clear about purpose of network. The need for close working between the new network and the Perinatal Mental Health Network was stressed.</p> <p><i>National endoscopy programme</i> The content of the report was noted, as was the challenging timescale.</p> <p><i>LINC</i> It was noted that, notwithstanding the issues referred to above, the outline business case has now been approved by health boards and trusts and that the WG scrutiny process had recommended approval. A gateway review has also been undertaken. A substantive paper is to be reported to the May meeting of the Collaborative Executive Group.</p> <p><i>Accommodation</i> The content of the report was noted.</p> <p><i>Hosting agreement</i> The recently agreed extension to the hosting agreement, under which Public Health Wales hosts the Collaborative team on behalf of NHS Wales was noted.</p>	RF/MD
Other Business	Action
<p>It was noted that it was AD's last meeting of the Collaborative Leadership Forum. AL thanked AD for his contribution, noting specifically his wisdom. CJ, as the previous chair of the Forum, added his thanks and noted that he expected that AD would continue to find ways of collaborating. CJ added that AD demonstrated the value of public service friendship and support and wished him well for the future.</p>	
Date of next meeting	
<p>Post meeting note: the next meeting will be held at 9am on 17 September 2019 at the NHS Wales Confederation, Phoenix House, Cathedral Road, Cardiff.</p>	

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – SEPTEMBER 2019

The Welsh Health Specialised Services Committee held its latest public meeting on 16 September 2019. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2019-20-whssc-joint-committee>

Action log & matters arising

Members noted the action log.

Managing Director's Report

The Joint Committee noted the content of the Managing Director's report and, in particular, updates on:

- ***Soft Tissue Sarcoma in South Wales***: There had been positive progress in addressing the previously reported issues.
- ***Perinatal Mental Health – Mother and Baby Unit***: Management Group (MG) had reviewed the business case for the south Wales MBU and significant progress had been made in addressing the remaining issues.
- ***CAR-T***: The business case had been signed off, enabling CVUHB to proceed with the service.
- ***Veterans' Trauma Network (VTN)***: Approval was given for WHSSC to directly commission the VTN from CVUHB until it could be hosted by the MTN. The service was expected to be cost neutral or better.
- ***WHSSC Office relocation***: The impending move to Treforest Industrial Estate, Pontypridd was noted.

Chair's Report

The Joint Committee received an oral report from the Chair. The Chair explained that Charles (Jan) Janczewski has stepped down as an Independent Member of the Joint Committee and as chair of the WHSSC Quality & Patient Safety Committee following his appointment as Interim

Chair of CVUHB and that a replacement was being sought. The Chair recorded her thanks to CJ for his contribution.

Major Trauma Network for South Wales – Tranche 2 Recruitment

Members received a paper that had been circulated prior to receipt of key items, including CVUHB Business Case and output from the latest Gateway Review. The paper identified Tranche 2 Recruitment items (1) that were in accord with recommendations derived as a result of the Peer Review (2) that didn't accord with recommendations from Peer Review. Tranche 1 Recruitment had been agreed by JC on 30 August.

A Professional Peer Review had been undertaken during August. An Executive Steering Group (ESG) Report included recommendations from the ESG derived as a result of the Peer Review. CVUHB did not agree with all of the recommendations in the Report. The Report had been approved by the ESG earlier in the day, subject to comments received back within 48 hours. Peer Reviewers had also seen and confirmed support for the ESG Report and recommendations.

The result of the latest Gateway Review was now known to be Amber/Red with good progress on many issues but four significant outstanding issues.

The SBUHB ODN Business Case had been reviewed on 11 September. The CVUHB Business Case had now received preliminary review and it was noted that there were three main areas of discord (1) 24/7 consultant rota, (2) proposal for 14 (rather than 10) beds in Poly Trauma Unit, and (3) additional (fourth) plastic surgery consultant. It had been agreed at the ESG meeting earlier in the day that WHSSC would review these issues with CVUHB and take them to the MG meeting on 26 September for scrutiny.

Welsh Government was optimistic about funding start-up costs incurred during 2019-20 with some recognition that further top-up funding might be required for future years. The overall financial picture was noted as being around £15m p.a.

The Finance Working Group is waiting for (1) finance and manpower baselines, (2) activity and income flows for non-elective cases, and (3) the business case for the CVUHB Trauma Unit (distinct from MTC).

The key requirements for an April 2020 go live are (1) physical and staff infrastructure, (2) governance structure for ODN, and (3) Welsh Government capital approval. EMERTS was scheduled for an April 2020 'go live' but needed to be asked to confirm that protocols can be varied and/or patient risks managed for a later go live of the MTC and ODN if necessary.

The WHSS Team will develop commissioning advice to JC.

The Project Business Case (PBC) would be available in October 2019. A PBC briefing for all parties being was being arranged for 23 October. The 12 Nov JC meeting will receive feedback on the PBC. Health boards will formally consider the PBC at their late November board meetings. It was agreed that health boards would hold short meetings at end of October 2019 to ascertain likely level of support from boards prior to formal consideration of the PBC at their boards in November, this will inform the 'go live' date and potentially provide cover for incurring Tranche 2 costs. It was agreed that the Tranche 2 recruitment process can begin ahead of late October support from boards (subject to MG scrutiny on 26 September) with interviews scheduled for late October but without confirming appointments until November. This reflects the need to manage the risks associated with moving too quickly or not quickly enough.

Major Trauma – Commissioner's Risk Register

The Joint Committee received the first draft of the Commissioner's Risk Register for the Major Trauma Centre and Operational Delivery Network. It was noted that the Register would now, and continuously, be updated for the latest developments.

Integrated Commissioning Plan – Revised Timeline

Members received a paper explaining that Welsh Government has relaxed the submission date for IMTPs to 31 January 2020. It was noted that the WHSSC ICP needs to include MTC and ODN on approval of the Project Business Case. It was agreed that the WHSS Team would continue to work toward submitting the ICP to JC on 12 November 2019.

Radio Frequency Ablation for Barrett's Oesophagus

Members received a paper that (1) provided an update on the work led by WHSSC to develop the commissioning framework for a south Wales based Radiofrequency Ablation service for patients with Barrett's Oesophagus, and (2) confirmed the future commissioning arrangements for Radiofrequency Ablation for patients with Barrett's Oesophagus. Approval of the proposal was delegated to MG.

Other reports

The Joint Committee received the Integrated Performance Report and the Financial Performance Report.

The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:

- Management Group; and
- Quality & Patient Safety Committee.



GIG
CYMRU
NHS
WALES

Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
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RESPECT



PARTNERIAETH
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PARTNERSHIP



GWELLA AC
ARLOESI
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IMPROVEMENT
& INNOVATION

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 September 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. GP Indemnity Scheme Deep Dive

Heather Grimbaldston, Solicitor, Legal & Risk Services provided an update on the progress with the GP Indemnity scheme that came into effect on 1 April 2019 for all future liabilities arising after that date. The scheme is run by Legal & Risk Services on behalf of Welsh Government and covers claims for compensation arising from care, diagnosis and treatment of a patient by GPs and their employed staff. Discussions are currently taking place on whether past liabilities (i.e. incurred before 1 April 2019) will also transfer across to the scheme. The Committee acknowledged the significant contribution made by the Legal & Risk team in implementing the new system within very tight timescales.

2. Managing Director's Report

The Managing Director updated the Committee on:

IMTP - A horizon scanning day for the 2020-23 IMTP was held at IP5 on 12 September. The day was attended by a wide range of senior staff, customers and partners and included excellent presentations from Samia Saeed-Edmonds and Alan Brace from Welsh Government. Time was taken to review, refresh and re-focus the strategy map and ensure that the performance framework was appropriately aligned with the NWSSP vision, mission, values and strategic objectives. This is an integral element of the IMTP process, providing a rich source of information to be incorporated into the planning process. The SSPC will be provided with an opportunity to review the output in more detail at the November meeting.

Lead Employer – NWSSP has been working with HEIW in respect of scoping possible Lead Employer Scheme arrangements for Dentists and Pharmacists. There has also been recent discussion with HEIW and the wider stakeholder group

on the potential for NWSSP to expand on the positive arrangements for the GPSTRs to take on the Lead Employer role for Junior Doctors. A workshop was held by HEIW in early September but concerns were raised that there needed to be more clarity on the process and greater engagement from Health Boards in planning the arrangements for this and it was agreed that this could be done through the NWSSP Committee governance arrangements. It was **AGREED** that a more detailed paper would be brought back to the November SSPC for consideration and endorsement.

Brexit - Supply chain resilience has been strengthened for a no-deal Brexit during the last financial year with the acquisition of the warehouse facility (IP5) in Newport. Work has been undertaken to ensure that it is fully operational and the transfer of the Cwmbran stores into IP5 has recently been completed. The facility gives NHS Wales a number of strategic benefits that will require ongoing financial support through 2020-21 as plans are developed and implemented. NWSSP is working with clinical colleagues to provide a specific focus on the supply of non-stock items over and above those held by manufacturers. Systems testing also continues to ensure that NWSSP is in the best possible position in the event of a no-deal Brexit on 31 October.

111 Project - A challenge to the contract award to for the new 111 system has been received. Our legal advice is very positive and as a result defence papers have been submitted to the High Court. Further updates will be provided as necessary.

Medical Examiner - The Lead Medical Examiner Officer has been appointed and has significant relevant experience having previously led the pilot scheme in England. The service model has been developed and demand and capacity analysis undertaken to establish the resource requirements for each anticipated site and the service as a whole. Recruitment for identified Medical Examiner and Medical Examiner Officer posts will begin over the next few months with the intention to begin the service roll out for deaths occurring in acute hospitals from December. Office accommodation requirements have been identified, reflecting the current 19 major hospital sites, and discussions are underway with individual health boards to agree how these can be accommodated. Service roll out will begin in the areas where the required staff and accommodation are available. Draft operational processes and flows have been designed and are currently being sense checked. When finalised, Standard Operating Procedures will be developed to ensure a consistency of service delivery across Wales. These will be linked to those in other services, such as Bereavement, Registration and Coroner Services, to ensure a seamless delivery across the system.

Staffing - The new Director of Procurement, Jonathan Irvine, starts in post on 23 September.

3. NHAIS Business Case - the draft business case for the replacement of the NHAIS system, used to generate payments to GPs, was brought to the Committee for endorsement. The change to the system is a forced one as the current system which Wales is linked into is being changed by NHS England as part of a reform programme. Further work is needed to refine further elements of the business case. The final business case will be presented to Welsh Government for the additional funding needed to procure an alternative system. The Committee were

happy to note and endorse the work and approach taken to date.

4. Items for Approval

Laundry Services Programme Business Case – The Committee approved a paper setting out the costs of appointing Capita to help further develop the programme business case for Laundry Services. Meetings with staff directly affected by the proposals have been arranged with each Health Board and a programme of engagement / consultation will begin.

Welsh Risk Pool Committee Terms of Reference – The Committee approved changes to the terms of reference for this Committee arising from the implementation of the GP Indemnity Scheme.

5. Items for Noting

- **PMO Highlight Report** - The Committee noted the updates on projects and that there were no major concerns with any at the current time.
- **IP5 Options Paper** - The acquisition of the facility at IP5 offers the potential to provide significant ongoing benefits for NHS Wales. The development of strategic options for the facility's ongoing use is therefore underway in which various NHS and non-NHS organisations have been consulted as part of the process of identifying potential projects that could be located in IP5. The options can be broadly categorised into the following: Warehouse/Logistics, Support Services and Equipment. A Programme Board has been established to manage the process including NWSSP directors and senior staff, staff side representation and WG officials. The Programme Board has engaged consultants to facilitate and help develop strategic options for IP5.
- **Clinical Waste** – The Committee received a presentation on an urgent UK wide issue developing with Clinical Waste. Services across the UK were previously contracted to three suppliers, but following the enforced withdrawal of one contractor, capacity issues for the two main suppliers are now a major concern. The contractor for NHS Wales is Stericycle, and significant backlogs with services are now building up. The Stericycle facilities are almost at permitted maximum limits and there is a warning that the situation will become critical by the end of September. The issue is being managed at both a UK and Welsh government level, and NWSSP is investigating options for additional storage facilities, but this is an issue that needs to be considered by Health Boards at a very senior level.
- **Finance & Workforce Report** - The Committee noted that NWSSP is currently reporting an underspend but that a number of financial challenges remain. KPIs were generally noted as also being on track. Welsh Risk Pool expenditure is higher than for the same period last year and the forecast outturn is in a range from £99m to £117m, against a likely reduced allowance from Welsh Government. It is therefore possible that the risk-sharing agreement may need to be invoked this year, but discussions are to be held with Welsh Government on this issue.
- **Staff Awards** – The Awards ceremony will take place on 3 December with the closing date for nominations 25 October. Nominations of NWSSP staff

can be made by anyone across NHS Wales.

- **Corporate Risk Register** – There are three red risks on the register. One relates to the replacement of the NHAIS system which was discussed earlier on the agenda. The second, relating to Brexit preparations, was also covered in the Managing Director's update. The third relates to the need to replace the Ophthalmic Payments system by May 2020 – work is on-going to source an alternative system but contingency arrangements are in place to cover any delays.

6. Items for Information

The following papers were provided for information:

- PTR Redress Scheme;
- Counter Fraud Annual Report 2018/19;
- Monthly Monitoring Returns;
- Health & Safety Annual Report 2018/19; and
- Welsh Language Annual Report 2018/19.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

27 November 2019