

Bundle Health Board 21 January 2021

9.30am via Zoom PUBLIC SESSION

- 1 MATERION AGORIADOL A LLYWODRAETHU EFFEITHIOL / OPENING BUSINESS AND EFFECTIVE GOVERNANCE
- 1.1 09:30 - 21/1 Chair and Chief Executive Opening Statement - Mark Polin & Jo Whitehead
Chair's Actions to be reported:
1\ Approval of extension of current lease and arrangement of a new lease \December 2020 – November 2021\ for office accommodation for the Children's Neuro\development Service \West\ at G11 Intec\, Parc Menai\, Bangor\.
2\ Ratification of Statutory Health & Safety Policy to enable uploading to the organisation's external website
- 1.2 09:40 - 21/2 Ymddiheuriadau am Absenoldeb / Apologies for Absence
- 1.3 09:41 - 21/3 Datganiadau o Fuddiant / Declarations of Interest
- 1.4 09:42 - 21/4 Cofnodion Drafft Cyfarfod y Bwrdd Iechyd a gynhaliwyd yn gyhoeddus ar 12.11.20 er cywirdeb ac adolygu'r Cofnod Cryno o Weithredoedd / Draft Minutes of the Health Board Meeting held in public on 12.11.20 for accuracy and review of Summary Action Log
21.4a Minutes Board 12.11.20 Public V0.02_English.docx
21.4b Summary Action Log Public_v209.doc
- 1.5 09:52 - 21/5 Mesurau Arbennig / Special Measures - Gill Harris
Recommendation:
The Board is asked to support the development of a Maturity Matrix and the use of Board development / workshops in 2021 to undertake a self-assessment to support the development of the Annual Governance Statement.
21.5a Special Measure Improvement Framework Maturity Matrix 1.01.docx
21.5b Appendix 1 - letter from Simon Dean 05-08-2020.pdf
21.5c Appendix 2 - Ministerial statement.docx
- 2 10:02 - EITEMAU AR GYFER CYDSYNIAD / ITEMS FOR CONSENT
- 2.1 21/6 Deddf Iechyd Meddwl 1983 fel y diwygiwyd gan Ddeddf Iechyd Meddwl 2007. Deddf Iechyd Meddwl 1983 Cyfarwyddiadau Clinigwyr Cymeradwy (Cymru) 2008. Diweddaru Cofrestr Meddygon Cymeradwy Adran 12(2) Meddygon i Gymru a Diweddaru Cofrestr Clinigwyr Cymeradwy (Cymru Gyfan) /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) - Arpan Guha
Recommendation:
The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.
21.6 Section 12 Doctors_English.docx
- 2.2 21/7 Dogfennau a Arwyddwyd dan Sêl / Documents Signed Under Seal - Louise Brereton
Recommendation:
The Board is asked to note the information presented.
21.7 Documents signed under seal v1.0 Approved.docx
- 3 I'W DRAFOD / FOR DISCUSSION
- 3.1 10:07 - Adroddiadau Perfformiad / Performance Reports - Mark Wilkinson
- 3.1.1 21/8 Adroddiad Monitro Cynllun Gweithredol Chwarter 3 a 4 / Quarters 3 and 4 Operational Plan Monitoring Report - Mark Wilkinson
Recommendation:
The Board is asked to note the report.
21.8a Operational Plan Monitoring Report_English.docx
21.8b Appendix 1 Quarter 3-4 Plan Monitoring Report - November 2020 Board FINAL MW 1.pdf
- 3.1.2 21/9 Adroddiad Ansawdd a Pherfformiad / Quality & Performance Report - Mark Wilkinson
Recommendation:
The Health Board is asked to scrutinise the report and to consider whether any area needs further escalation to be considered.
21.9a QPR_English.docx
21.9b Appendix 1 QAP November 2020 FINAL.pdf
- 3.2 10:32 - 21/10 Adroddiad Cyllid M7 / Finance Report M7 - Sue Hill
Recommendation:
It is asked that the report is noted.

- 21.10a Finance Report M07_English.docx
- 21.10b Finance Slides M07_English.pptx
- 3.3 10:52 - 21/11 Adroddiadau Sicrwydd Cadeiryddion y Pwyllgorau a'r Grwpiau Cyngorol / Committee and Advisory Group Chair's Assurance Reports
- 21/11.1 Audit Committee 17.12.20 (Medwyn Hughes)
- 21/11.2 Quality, Safety & Experience Committee 3.11.20 (Lucy Reid)
- 21/11.3 Finance & Performance Committee 22.12.20 (Mark Polin)
- 21/11.4 Charitable Funds Committee 8.12.20 (Jackie Hughes)
- 21/11.5 Mental Health Act Committee 8.12.20 (Lucy Reid)
- 21/11.6 Strategy, Partnerships & Population Health Committee (Lyn Meadows) 10.12.20
- 21/11.7 Stakeholder Reference Group 14.12.20 (Ffrancon Williams)
- 21/11.8 Healthcare Professionals Forum 4.12.20 (Gareth Evans)
- 21.11.1 Chair's Assurance Report Audit 17.12.20_V1.0_English.docx
- 21.11.2 Chair's Assurance Report QSE 3.11.20 V1.0_English.docx
- 21.11.3 Chair's Assurance Report FPC 21.12.20 v1.0_English.docx
- 21.11.4 Chair's Assurance Report CFC 08.12.20_English.docx
- 21.11.5 Chair's Assurance Report MHAC 8.12.20 V1.0_English.docx
- 21.11.6 Chair's Assurance Report SPPHC 10.12.20 v1.0_English.docx
- 21.11.7 Chair's Report SRG 14.12.20 v2.0_English.doc
- 21.11.8 Chair's Report HPF 04.12.20 v1.0_English.doc
- 3.4 11:07 - 21/12 Fframwaith Sicrwydd y Bwrdd / Board Assurance Framework and Corporate Risk Register - Gill Harris / Louise Brereton
- Recommendations:*
- The Board is asked to:*
- 1) Approve the Board Assurance Framework.
- 2) Review and note the progress on the management of the BAF and Corporate Tier 1 Operational Risks.
- 3) Comment on the style and content of the report as this is the first presentation of the combined Board Assurance Framework and the Corporate Risk Register
- 21.12a BAF and CRR V2.docx
- 21.12b Appendix 1 - BAF 2020-21-Full Report-January 2021-Final.pdf
- 21.12c Appendix 2 - Corporate Risk Register Report.pdf
- 3.5 11:22 - 21/13 Archwilio Cymru : Asesiad Strwythuredig & Llythyr Archwilio Blynyddol / Audit Wales Structured Assessment and Annual Audit Report - Louise Brereton
- Recommendation:*
- That the Board formally receives the Audit Wales Annual Audit Report and Structured Assessment 2020.*
- 21.13a Structured Assessment and Annual Audit Report.docx
- 21.13b Appendix 1 - Audit Wales Annual Audit Report.pdf
- 21.13c Appendix 2 - Audit Wales_BCU_structured_assessment_final.pdf
- 3.7 11:37 - 21/14 Y Diweddaraf ar y Pandemig Covid-19 / Covid-19 Pandemic Update - Chris Stockport
- Slides to follow*
- 3.7.1 11:52 - Comfort Break
- 4 I'W BENDERFYNU / FOR DECISION
- 4.1 12:02 - 21/15 Achos Strategol Amlinellol Llety Preswyl / Residential Accommodation Strategic Outline Case - Mark Wilkinson
- Recommendations:*
- The Health Board is asked to:*
1. Support the continuation of discussion with local RSL's (Registered Local Landlords) regarding collaborative opportunities for healthcare staff accessing to high quality, affordable local accommodation in North Wales. These discussions are likely to include alternative funding models.
2. Approve the submission of the strategic outline case to Welsh Government with the principal intention of securing support for the case for change.
- 21.15a Residential Accommodation SOC Final Rev 1.0 30-12-2020 MW-RT.docx
- 21.15b Residential Accommodation SOC v1.0 Appendix 1.pdf
- 5 12:12 - ER GWYBODAETH / FOR INFORMATION
- 5.1 21/16 Crynodeb o Fusnes Heb y Cyhoedd y Bwrdd i gael ei adrodd arno'n gyhoeddus / Summary of Private Board business to be reported in public - Louise Brereton
- Recommendation:*
- The Board is asked to note the report.*
- 21.16 Private session items reported in public.docx
- 5.2 21/17 Fforwm Cymru Gyfan a Fforymau Eraill / All Wales and Other Forums

21/17.1 Collaborative Leadership Forum Minutes 28.7.20
21/17.2 Emergency Ambulance Services Committee Confirmed Minutes 8.9.20
21/17.3 Emergency Ambulance Services Committee Chair's Summary 10.11.20
21/17.4 Welsh Health Specialised Services Joint Committee Briefing 10.11.20
21/17.5 Shared Services Partnership Committee Assurance Report 19.11.20
21/17.6 Welsh Health Specialised Services Joint Committee Briefing 15.12.20

21.17.1 Minutes of CLF 280720 v1 (APPROVED).docx

21.17.2 EASC Confirmed minutes EASC 8 Sept 2020.doc

21.17.3 EASC Chair's Summary from 10 November 2020.docx

21.17.4 WHSCC JC Briefing v1.0 10 November 2020.pdf

21.17.5 SSPC Assurance Report 19 November 2020.doc

21.17.6 WHSCC JC Briefing v1.0 15 December 2020.pdf

6 MATERION I GLOI / CLOSING BUSINESS

6.1 21/18 Dyddiad y Cyfarfod Nesaf / Date of Next Meeting

11.3.21

6.2 21/19 Heb y Wasg a'r Cyhoedd / 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 12th November 2020 via Webex Conferencing

Present:

Mark Polin	Chair
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services
Gareth Evans	Chair of Healthcare Professionals Forum
Sue Green	Executive Director of Workforce & Organisational Development (OD)
Arpan Guha	Acting Executive Medical Director
Gill Harris	Acting Chief Executive
Debra Hickman	Acting Executive Director of Nursing & Midwifery
Sue Hill	Acting Executive Director of Finance
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Eifion Jones	Independent Member
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health / Interim Deputy CEO
Lucy Reid	Vice Chair
Dawn Sharp	Acting Board Secretary
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences (<i>part meeting</i>)
Linda Tomos	Independent Member
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group (SRG)

In Attendance:

Ruth Coombs	Head of Wales Equality & Human Rights Commission (<i>part meeting</i>)
Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Simon Evans-Evans	Interim Director of Governance
Ffion Johnstone	Area Director West (<i>part meeting</i>)
Gavin MacDonald	Interim Chief Operating Officer
Sally Thomas	Head of Equality and Human Rights (<i>part meeting</i>)

Agenda Item Discussed	Action By
20.122 Chair's Introductory Remarks 20.122.1 The Chair welcomed everyone to the meeting which was again being live streamed to enable members of the public to observe in real time. In terms of simultaneous Welsh to English translation he was pleased to report that testing of an alternative system was ongoing which should enable the Board to hold fully bilingual	

meetings once again from January 2021 onwards. In the interim he encouraged any member who wished to contribute through the medium of Welsh to do so, but asked that they be kind enough to provide a summary translation of their comment or question in English.

20.122.2 The Chair introduced Linda Tomos as a newly appointed Independent Member who had taken up a four year tenure with the Health Board.

20.122.3 The Chair reported that Health Board Chair's action had been taken to approve the automated blood sciences contract following approval at the Finance & Performance (F&P) Committee, and also that joint Board and Audit Committee Chairs' action had been taken to approve refreshed Terms of Reference for the Covid-19 Cabinet which was now meeting again on a monthly basis.

20.122.4 The Chair welcomed the recently announced financial support package from Welsh Government (WG) which would enable the Board to address the financial deficit and focus on improvements to planned care and mental health over the coming year, in addition to making further investment in planned care and unscheduled care over the next three years. He confirmed the Board was in dialogue with WG regarding opportunities to further improve progress against Special Measures also.

20.122.5 The Chair asked that a general update be provided on the Covid-19 pandemic. The Acting Chief Executive confirmed that there were currently 128 patients with a Covid-19 diagnosis being cared for within North Wales hospitals and the decision had been taken to open Deeside Enfyys hospital to support surge plans and increase capacity. This had been achieved with the support of partners. The Executive Director of Primary and Community Services added that it continued to be very busy in both hospital and community settings although there were some cautious signs of optimism in that positive community tests and overall numbers per 100,000 were reducing. On average around 2500 tests were being completed per day and the broad age profile of positive diagnosis remained stable. He noted that older people were more likely to experience complications as a result of Covid-19 and that admissions had increased over recent weeks and it was expected that this would continue. There were currently six patients receiving enhanced critical care which was a lower proportion than in the first wave and reflected that treatments available for Covid-19 patients had changed. It was stated that there were difficulties in terms of accommodating the current levels of in-patients in terms of keeping patients separated and meeting the additional social distancing requirements and that this added complexity had contributed to the decision to open one of the Enfyys hospitals. The Executive Director of Primary and Community Services also referred to activity outside of a hospital environment in terms of the additional support being provided to care homes to enhance the provision of care for residents. In terms of mass vaccination and recent media coverage he confirmed that plans were well-advanced in North Wales and the Board would be in a position to deliver a vaccination on a risk-based approach as soon as it became available. He indicated that this would be a highly complex process. In response to a question from the Chair regarding other pressures and winter preparedness the Executive Director of Primary and Community Services indicated that the organisation was generally managing well in terms of multiple pressures on the system, and sites continued to deliver as much planned care as possible. The Acting Chief Executive acknowledged the hard work being undertaken by staff and partners to maintain services but there were known constraints in terms of workforce availability. She noted that the work ongoing regarding

<p>winter plans included the need to maximise opportunities around digital care to reduce footfall across the organisation. The Executive Director of Public Health indicated that all elements of Test, Trace and Protect (TTP) were busier now than before the two week Welsh firebreak, but there was a reduction in numbers coming through for tracing. She assured members there were plenty of opportunities for testing and that the support of members of the public was sought in terms of responding to requests for tracing information.</p>	
<p>20.123 Apologies for Absence</p> <p>Recorded for Andy Roach and Helen Wilkinson.</p>	
<p>20.124 Declarations of Interest</p> <p>Gareth Evans declared an interest in item 20.131 Royal Alexandra (North Denbighshire) Community Hospital, in terms of his role as Project Director for the business case.</p>	
<p>20.125 Draft Minutes of the Health Board Meeting held in public on 24.9.20 for accuracy and review of Summary Action Log</p> <p>20.125.1 The minutes were approved as an accurate record and updates were provided to the summary action log.</p> <p>20.125.2 Since publication of the agenda, members had received further updates from the Executive Director of Public Health as follows</p> <p>Action 20/73.5 Confirmed that all laboratory kit now in place including the utilisation of the Starlet and Nimbus machines. Current throughput based on current routine workload was noted.</p> <p>Action 20/73.6 A Sit Rep approach had been requested from Public Health Wales (PHW). The Board was in weekly dialogue with WG on the Test and Trace (TAT) for the system. The focus in recent weeks had been on operational actions giving testing requirements across the region, and nationally. TAT data had become clearer and the TTP lead received a weekly TAT overview for the system (Light House Laboratory and PHW). Given the changing work patterns and run schedules on the three sites, PHW had advised that the maximum testing capacity (laboratory) was 1800 routine samples per day and 105 rapids per day across the Health Board. As new staff were integrated into the laboratory this would be reviewed. Current workflows across the three sites were provided. It was reported that PHW had started 24/7 working in Ysbyty Glan Clwyd (YGC) supported initially by one Biomedical Scientist, which was to increase to a team of four by the end of November to support the anticipated increase in workload.</p> <p>Action 20.107.2 Agreed with the Vice Chair that a report on the issue of the discharge of a large number of patients to the Local Primary Care Mental Health Services would be discussed at the divisional quality and safety meeting on the</p>	

<p>19.11.20 and then by the Patient, Safety and Quality Group before being presented to the Quality, Safety & Experience (QSE) Committee in January. It was reported that the Mental Health & Learning Disabilities (MHLD) division was committed to working with primary care colleagues and partners to ensure the recommendations were progressed.</p> <p>20.125.3 The Chair invited the QSE Chair to update the Board regarding the Holden report action which was closed on the action log. The QSE Chair reported that the Committee had received an update on 3.11.20 as a full report of the review being undertaken against the Holden recommendations had been delayed due to personnel changes within the Division. She reminded members that the purpose of the review was to map out the recommendations from the Holden report to ensure they had been embedded in terms of progress of the service, and to provide assurance to the QSE Committee that there were plans in place to address any outstanding issues. She added that an update on the raising concerns work had been provided to the Remuneration and Terms of Service Committee and that there were plans to centralise the investigation process to provide appropriate corporate oversight. These actions would also help to address any historical gaps that had been highlighted in the Holden report. The Acting Executive Director of Nursing and Midwifery added that due diligence was key, and she was confident that the report would be ready for the January QSE meeting.</p>	
<p>20.126 Draft Minutes of the Annual General Meeting held in public on 24.9.20 for accuracy</p> <p>20.126.1 The minutes were approved as an accurate record. The Chair confirmed that those individual questions raised by members of the public which were not addressed directly at the AGM had now all been responded to.</p>	
<p>20.127 Special Measures Update</p> <p>20.127.1 The Acting Chief Executive provided a verbal update. She noted that the financial support confirmed from WG would provide the organisation with increased opportunities to think in a more transformational and strategic manner which was welcomed. In terms of progress against those areas remaining in Special Measures she felt that the organisation had made progress. In terms of mental health she noted that the divisional leadership team was making good strides in terms of improving governance. She extended her thanks to Community Health Council (CHC) colleagues who continued to support the Board with stakeholder and engagement work and noted that significant learning could be demonstrated from the work around vascular services. With regards to governance and accountability the Acting Chief Executive reported that the Interim Director of Governance had been in post for a couple of months and was starting to embed some changes and align priorities around the Q3/4 plan and accountabilities. In terms of leadership it was confirmed that recruitment to the substantive Executive Medical Director and Director of Finance posts was well advanced, and that work around developing a Clinical Strategy was moving on at pace in terms of pathway development.</p>	
<p>20.128 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</p>	

<p>Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>20.128.1 It was resolved that the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	
<p>20.129 Occupational Health and Safety Annual Report 1st April 2019 to 31st March 2020 and Quarter 1 Report</p> <p>20.129.1 The Executive Director of Workforce and OD confirmed that the QSE Committee scrutinized progress within occupational health and safety at each meeting. The QSE Chair confirmed that a thorough gap analysis had been undertaken resulting in an action plan being developed although progress had understandably been affected by the pandemic. The Committee had recognised there was a clear cross-over between the pandemic, infection prevention and health & safety, and had recently received a report on the Covid-19 infections at the Wrexham Maelor Hospital. The QSE Chair felt that whilst wholly positive assurance could not be provided, the organisation was in a much better position in terms of openness and awareness of the issues. An Independent Member commended the amount of work led by the relatively small health and safety team during the pandemic which was instrumental in keeping staff safe and well.</p> <p>20.129.2 The Executive Director of Workforce and OD reminded the Board that there had been long-standing issues around health and safety management which were flagged to Board in late 2018 and a fundamental review recommended to focus on a diagnostic approach to establishing the current position. She accepted that the organisation was still not providing the highest expected standards for all of its patients, but the Board was now far more aware of the issues and was focused on making improvements. It was noted that the partnership working with Trade Union partners had been pivotal to the successes to date and that a constructive relationship had been established with the Health and Safety Executive (HSE) with absolute transparency in terms of RIDDOR reportable Covid-19 infections. The Executive Director of Workforce and OD also highlighted that BCUHB was the only Board to include the provision of a safe, secure and healthy environment as one of the top five priorities in Q3/4 plans. Finally she referred to the HSE improvement notice which had highlighted issues around fit testing training which was being addressed. The Acting Executive Director of Nursing and Midwifery took the opportunity to recognise the unprecedented situation that the Board was operating within, in terms of the pandemic, but assured members that learning was being translated across the organisation.</p> <p>20.129.3 A discussion ensued. The Acting Chief Executive indicated that there were plans in train to provide further support to the health and safety teams and that the described environmental issues would need investment to ensure a safe environment for staff, patients and visitors, and that these conversations were progressing at pace. An Independent Member welcomed the comprehensive gap analysis and commented that long term monitoring was essential. He recognised the reporting route up to QSE Committee but felt that the issues set out within the paper should be more heavily referenced in Q3/4 plans. The Executive Director of Workforce and OD indicated there would need to be multiple sources of assurances and that delivery had been ramped up within Q3/4 plans. She also suggested that clear trajectories for reductions in harms would need to be</p>	

<p>identified within plans for 2021-22. In response to a question from a member regarding the current situation with Covid-19 outbreaks in hospitals, the Executive Director of Workforce and OD confirmed that in terms of the workforce the likelihood of patient to staff and staff to patient transmission remained very low and this was backed up by epidemiology data. She also indicated that significant learning had been taken from the Wrexham outbreak from a staff perspective and transferred across to other sites. There would be a need to determine trigger points for deciding at what point asymptomatic staff might be tested. The Acting Executive Director of Nursing and Midwifery added that each patient case had a detailed review to ensure sharing of learning from cases and the identification of commonality. The epidemiology data was welcomed as it provided a clear view of direct transmissions and independent clusters. Although some transmission was still being seen it was clear that the evidence and learning from Wrexham meant that cases were intercepted much earlier on. A member welcomed the transparency within the report however he felt it did pose some unanswered questions, for example concerns around management and that all service areas were lacking in terms of compliance with the law. He asked what differences may be noted in the next report to Board and within what timeframe. The Executive Director of Workforce and OD reminded members that there had been a lack of investment in health and safety management over several years and that the current approach was to identify priorities for investment within a transformational context. In terms of timescales there had been detailed discussions within the Executive Team in terms of prioritisation of expenditure and clear plans were being built into financial forecasting for Q3/4 and for the budget setting process for 2021-22. She was confident that the case for investment for progression could be made although she acknowledged a potential barrier in terms of the level of expertise that would be required. In terms of further reporting she would expect to see reduced risk scores coming back to the Board over Q3/4. The Chair noted that progress against trajectories would continue to be reported to QSE Committee and up to the Board through the Committee Chair's report.</p> <p>20.129.4 It was resolved that the Board note the Occupational Health and Safety (OHS) Annual Report 2019-2020 and Q1 Report and support the recommendations to the OHS Team.</p>	
<p>20.130 Nurse Staffing</p> <p>20.130.1 The Chair suggested that as a consent item on the agenda the paper could be taken as read but suggested that a position statement update be provided. The Acting Executive Director of Nursing and Midwifery wished to acknowledge the positive support that had been received from the higher education establishments in North Wales, and the resilience of staff in terms of redeployment within the first wave of Covid-19. She recognised that there was not necessarily the same opportunities with some groups of staff in the second wave. Other discussions were in the pipeline such as developing Band 4 roles, extending opportunities for individuals to get into the nursing profession and working with Health Education Information Wales on part-time opportunities. She felt there was not a singular lens for recruitment and a successful approach would need focus and investment. The Executive Director of Workforce and OD noted the clear link to the development of a clinical strategy in that the organisation needed clarity on what it was doing to improve recruitment and retention and to identify workforce models going forward.</p>	

<p>The Acting Chief Executive concurred that being able to provide staff with a clear direction of travel in terms of clinical strategies was key to the Board's ability to recruit.</p> <p>20.130.2 It was resolved that the Health Board note the compliance with the prescribed requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for medical and surgical wards which meet 25B requirements and support the report.</p>	
<p>20.131 Full Business case for Royal Alexandra (North Denbighshire) Community Hospital</p> <p>20.131.1 The Chair confirmed that the business case had been supported by the F&P Committee. The Executive Director of Primary & Community Services highlighted that there was extensive supporting paperwork to the development and he wished to record his thanks to Mr Gareth Evans in terms of his work as Project Director. He also drew members' attention to a point of accuracy within the equality impact assessment document in that the name of the Senior Responsible Officer was incorrectly shown.</p> <p>20.131.2 A discussion ensued. A member referred to other significant capital projects which had related management issues, and suggested that the organisation should be striving to ensure that this particular build became an exemplar project and the maximum benefits realised. The Executive Director of Primary & Community Services confirmed that there had been a pause and reflect element to the project and there was a high level of confidence in the chosen chain partner. Assurances had been sought from the cost advisers to enable officers to feel confident in what was being presented to the Board. He noted that some costs had been rebased around public sector values and additional allowances relating to the structural condition of the building. In terms of onward monitoring the work of the Programme Board would continue. The Executive Director of Planning & Performance added that there were well developed arrangements to complete gateway reviews incorporating learning from other Health Boards which would also assist with benefits realisation.</p> <p>20.131.3 The SRG Chair confirmed that the SRG had seen the business case at a recent meeting and a point of concern had been raised regarding planning approval and whether this would be achieved in good time ahead of 2021 elections. The Executive Director of Primary & Community Services confirmed that conversations had been held with Local Authority planning officers and they felt they would be in a position to approve the business case through officer approval routes with a caveat around the involvement of CADW due to the listed building status. In response to a question from the Chair around joining up various capital projects within a wider estates strategy, the Acting Chief Executive confirmed this was being addressed.</p> <p>20.131.4 It was resolved that the Board approve the Business Case for submission to Welsh Government.</p>	
<p>20.132 Quarter 3 and Quarter 4 Plans</p> <p>20.132.1 The Executive Director of Planning and Performance confirmed that the Q3 and Q4 plan had been discussed at a recent Board Workshop and was now being presented in</p>	

<p>public to seek formal support from the Board. He confirmed that feedback on the plans was awaited from WG. The Board were reminded that there were a number of supporting plans underpinning the work, such as those relating to care homes, Covid-19 prevention and response, mass vaccination and seasonal/winter preparedness. The latter had been shared as an appendix to the agenda item.</p> <p>20.132.2 The Interim Chief Operating Officer extended his thanks to colleagues and partners for their valued contributions to the development of three local community plans which supported the overarching plan. He indicated that lessons had been learnt around modelling of demand and surge and efforts had been made to strengthen elements of primary care and mental health in particular.</p> <p>20.132.3 The Chair thanked officers for the paper and confirmed that the Q3 and Q4 plans had been subject to extensive discussion. A discussion ensued. In response to a question regarding the implementation of the Emergency Department Quality Delivery Framework, the Executive Director of Planning and Performance confirmed that this All Wales approach was designed to set out what emergency care should look like. The Interim Chief Operating Officer added there was a clear desire to reset the unscheduled care improvement programme to enable a more strategic solution to be delivered. The Chair welcomed this approach and felt it would provide a platform for improving confidence in unscheduled care. The Vice Chair felt that the narrative within the plan provided more context and welcomed the clearer links across to wider strategic priorities, however, she would wish to see actions being 'SMART' to ensure progress could be more easily monitored.</p> <p>20.132.4 It was resolved that the Board receive and approve the Quarters 3 and 4 Plan.</p>	
<p>20.147 Interim Robotic Assisted Surgery (RAS) solution for North Wales</p> <p>20.147.1 The Executive Director of Planning and Performance highlighted that the paper aimed to correct a long-standing inequity in service provision within North Wales. He stated that RAS would deliver significant benefits in terms of accuracy, reduced lengths of stay and improved outcomes for patients. The Board's commitment to developing RAS had contributed to the ability to recruit a further three consultants. Members were informed that the F&P Committee had supported the business case although it had asked that the lease calculation be tested out.</p> <p>20.147.2 A discussion ensued. A member noted that the paper mentioned that the development was clinically driven and supported, and he hoped that this could be a good example moving forward in other departments. The Acting Chief Executive felt it was important to note that clinical colleagues had engaged and driven the development of the business case. The Chair felt that that developments such as the RAS would further improve the organisational recruitment capability. An Independent Member added that this welcome development in North Wales would help the Board evidence it was delivering on its promises, and supported the delivery of local care for North Wales patients.</p>	

<p>20.147.3 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Support the plans described within the business case. 2. Support progression to securing a lease arrangement (7 year with break out option at the end of year 3), for Robotic Assisted Surgery (RAS) technology to be provided at Ysbyty Gwynedd. 3. Support that RAS will support urology services in the first instance, with a view to maximizing opportunities for other specialties in due course. 4. Support the commitment to the All Wales RAS programme and ensuring that the lease agreement is managed in line with the All Wales programme rollout plan. 	
<p>20.148 BCU Symphony / National Welsh Emergency Department System Revenue Business Case</p> <p>20.148.1 The Executive Director of Primary and Community Services highlighted the challenges around ensuring the timing of the business case came together. He noted that EDs currently worked with an inappropriate level of manual and paper systems and that reducing this was key to improving clinical outcomes and better managing patient flows in EDs. He suggested that the ability to move patient information in real time from minor injury units, to an ED and onto other acute settings was crucial. An Independent Member stated that the progression of the business case would be fundamental in terms of ensuring information systems that supported better patient care. Another member enquired regarding the quantification of savings and efficiencies. The Executive Director of Primary and Community Services responded that the business case was clear and transparent in terms of costs but the same comprehensive approach had not yet been taken with regards to savings, although he could confirm that the business case would not be revenue neutral.</p> <p>20.148.2 It was resolved that the Board approve the BCU Symphony / National WEDS Revenue Business Case to allow a phased implementation of the BCU Symphony in West and East Emergency Departments and all Minor Injury Units (MIU) in BCU, in readiness for the fully integrated WEDS solution (which includes Central Emergency Department).</p>	
<p>20.133 Annual Plan Monitoring Progress Report</p> <p>20.133.1 The Executive Director of Planning and Performance presented the paper and indicated that officers were looking to see if this report could be brought together with the Quality and Performance Report to strengthen the connection between the Board's plans, its risks, performance and outcomes whilst reflecting on the need for the Executive Team to continue to scrutinize performance reports ahead of Board and Committee meetings.</p> <p>20.133.2 An Independent Member enquired whether visibility of progress of a number of amber actions may be lost if they were not included within subsequent reports. The Executive Director of Planning and Performance assured members that the actions would be sustained, however, not all would flow through into the Q3 and Q4 plans. Another member felt that those red actions which had been paused during the pandemic must also not be lost and there needed to be a read-across in Q3 and Q4 plans. It was suggested that a report to close the loop on amber and red actions be prepared for the Strategy, Partnerships and Population Health (SPPH) Committee in December.</p>	MW

<p>20.133.3 A discussion took place regarding the development of the organisational clinical strategy and it was confirmed that a 3D approach would be adopted (ie; discover, design and deliver) aligned to the principles of 'A Healthier Wales'. The Chair enquired as to the timeframe and the Executive Director of Planning and Performance envisaged that the process to arrive at a clinical strategy would have concluded by the end of March 2021 and that this would allow for the new Chief Executive to have crucial input. The Acting Executive Medical Director confirmed that a range of engagement events were currently ongoing and he should be in a position to provide an update to the Board in January. The Chair was keen to know when the Board would see a draft of the clinical strategy and the Acting Chief Executive indicated she would need to reflect with colleagues and confirm outside of the meeting, although she assured members that many complementary elements to the clinical strategy were already in place.</p> <p>20.133.4 It was resolved that the Health Board note the report.</p>	GH
<p>20.134 Quality & Performance Report</p> <p>20.134.1 The Executive Director of Planning and Performance reminded members that there had been prior scrutiny of the respective elements of the report at the F&P and QSE Committees. He drew attention to an error on page 20 which indicated that there were 52 delayed transfers of care within mental health and confirmed that this should read 15. He highlighted key themes from the report in that EDs continued to see fewer attendances; non-elective admissions were relatively stable and currently much closer to pre-Covid levels; pressures on the care sector was linked to bed statuses which were acceptable at the minute; there had been an overall reduction in delayed transfers of care; due to the pandemic usable capacity was in general reduced and long waits were being seen in ambulance handovers. In terms of planned care, urgent referrals were back to pre-pandemic levels whilst routine referrals remained suppressed. There was a continuation of increases in numbers waiting and the proportion of patients waiting a long time which underlined the importance of the work around a diagnostic treatment centre. Other than radiology, diagnostics were performing relatively well at the moment.</p> <p>20.134.2 A discussion ensued. An Independent Member enquired as to the latest position regarding the number of children and young people waiting longer than 26 weeks for neurodevelopment assessment. It was reported that these assessments predominantly relied on face to face appointments and were typically carried out within an education setting, which added further complexities in terms of working within the constraints of Covid-19 risk assessments. The Vice Chair enquired why the Mental Health Measure targets on page 20 of the report were for August whilst all other data was September. The Executive Director of Planning and Performance and the Executive Director of Public Health undertook to check the background to this and report back outside of the meeting.</p> <p>20.134.3 The Chair felt that planned care performance for eye care and diagnostics appeared to be significant outliers. The Executive Director of Therapies and Health Sciences set out a range of actions that were in development to address diagnostic performance, including a mix of insourcing and the introduction of Waiting List Initiatives (WLIs). He also confirmed that for radiology all patients had been risk stratified. An Independent Member raised a concern around the resilience of BCU staff and the effect of</p>	MW TO

<p>WLIs. The Acting Chief Executive stated that there were short-term solutions in hand for planned care and that the Executive Team were committed to continuing to provide planned surgery, however, there was always a risk that this would need to be stepped down depending on the progression of the pandemic and future spikes. The Acting Executive Director of Nursing and Midwifery referred to improvement plans which had been endorsed for the YGC site and she felt the right area of focus had been achieved there.</p> <p>20.134.4 The Chair asked that given the concerns around planned care performance in general, a briefing note be prepared by the Interim Chief Operating Officer.</p> <p>20.134.5 It was resolved that the Health Board receive the report.</p>	<p>GMc</p>
<p>20.141 Socio-economic Duty and Current Equality Priorities / Impact of Covid <i>[Agenda item taken out of order at Chair's discretion. Rev Ruth Coombs and Sally Thomas joined the meeting]</i></p> <p>20.141.1 Rev Coombs thanked the Board for the opportunity to meet with them to discuss the impact of Coronavirus in terms of equalities. She indicated that it was known that more people in Wales were aligned to social welfare, Wales had the highest poverty rates in the UK and there were low numbers of disabled people in employment in Wales. These factors impacted on education, work prospects, housing, the ability to participate in society and the ability to engage with others. Added to these existing challenges the pandemic had disproportionately impacted upon those from disadvantaged backgrounds. Rev Coombs reminded the Board that WG were to implement the socio-economic duty as part of the Equality Act from March 2021 and an immediate impact for Health Boards would be to ensure that any strategic decisions were considered through this additional lens. She suggested that the Board should immediately start to operate within the spirit of the socio-economic duty and review the Strategic Equality Plan (SEP) in light of Covi-19 in order to reflect upon what had changed. She reported that the Equality and Human Rights Commission (EHRC) had prioritised its own business plan in light of Covid-19. She drew attention to the recent publication of terms of reference for an enquiry into the disproportionate impact for low paid workers in health and social care from a Black Asian & Minority Ethnic (BAME) background, and set out ways in which BCU could support the enquiry. She assured members that staff could engage safely and confidentially within the enquiry. Rev Coombs also confirmed that the EHRC was also undertaking a Section 31 assessment of hostile environment policies at the Home Office, and was looking to influence UK governments more widely to raise the profile of race equality in all aspects of life. In addition to the race enquiry there was also specific focused work around social care particularly around ensuring human rights could be better balanced. She noted that blanket restrictions introduced to respond to the pandemic processes meant treating everyone the same and had caused inequalities. Rev Coombs noted the need to be agile which was not easy for large organisations, and highlighted the importance of engaging with people to involve them into central decision-making processes. She concluded by reiterating the need to consider the impact on groups of any strategic decisions.</p> <p>20.141.2 The Executive Director of Workforce and OD welcomed the opportunity for this conversation and concurred that strengthening equality impact assessment in its broadest terms, ahead of making key decisions, was essential. The Head of Equality and Human Rights confirmed that the SEP had been reviewed and an additional focus included in</p>	

<p>terms of race equality as part of the learning from Covid-19. The Executive Director of Public Health noted that there should be a longer term view in terms of improving outcomes more widely than Covid-19 – for example refreshing needs assessments through the Regional Partnership Board. Rev Coombs indicated that the EHRC was working with partners to align the various pieces of legislation that impact on the socio-economic duty as whilst it sat firmly within the Equality Act there were clear cross-cutting themes. She referenced the EHRC's measurement framework as a useful tool to identify inequalities and to enable the development of shared priorities. The Vice-Chair commented on the need to revisit the Together for Mental Health Strategy in light of the pandemic, and felt it was opportune to pause and reflect on all of the Board's strategies across health and social care.</p> <p>20.141.3 The Chair thanked Rev Coombs for her attendance and indicated that he looked forward to future conversations.</p> <p><i>[Rev Coombs and Sally Thomas left the meeting]</i></p>	
<p>20.135 M5 Finance Report</p> <p>20.135.1 It was resolved that the Board note the report</p>	
<p>20.136 M6 Finance Report</p> <p>20.136.1 The Acting Executive Director of Finance presented the paper and highlighted that the main difference since the M5 report was the additional sustainability funding of £89.3m from WG. This meant that the forecast position for the Health Board was now in line with the planned position. She noted that the statement of the financial position of the Health Board was reported prior to the welcome announcement from the Minister around strategic support. The funding that had been received had now been confirmed for a number of programmes including flu and Covid-19 vaccinations; Covid-19 testing as part of Test Trace Protect (TTP); the commissioning/decommissioning of the three temporary hospitals; Personal Protective Equipment (PPE) costs and support to the Wrexham Maelor Hospital regarding planned care. The impact of the Covid-19 response had meant that the organisation had not been able to make much progress on the savings plan for this year and this was now a clear priority to improve financial performance through an acceleration of the value based healthcare programme. The Board was reporting a £5.5m savings delivery at M6. £0.2m of this being in-month and a forecast of £11.1m for schemes which were already in delivery, whilst scrutinizing all pipeline opportunities equating to around another £3.9m. The Acting Executive Director of Finance drew members' attention to the key targets set out on page two of the report, and was pleased to report that the organisation was now achieving its revenue resource limit target, was paying 95% of non-NHS suppliers within the terms of the public sector payment policy, and was achieving its cash target. The Minister had been clear around the expectation to use some of the transformation monies to move forwards with the development of an Integrated Medium Term Plan. The paper also confirmed that approximately £152.8m Covid-19 funding had been incorporated into the Board's resource allocation. The impact of the pandemic on financial performance should not be underestimated and the organisation would need to take into account the non-delivery of savings, and the loss of income from English patients within the network. This impact would need to be offset by a number of underspends</p>	

<p>including the pausing of the planned care programme during the first wave. Finally the Acting Executive Director of Finance confirmed that Q3/4 plans had now been submitted to WG and focused on the increased activity that the Board was trying to implement over the next six months and the focus on the winter escalation plan.</p> <p>20.136.2 A discussion ensued. An Independent Member enquired what the estimated cost was pertaining to the loss of cross border arrangements, and when amended contracts were likely to commence. The Acting Executive Director of Finance confirmed that around £32m of costs had been incurred associated with contracts for English providers, and the valuation of activity was around £20.5m so there was in effect an under delivery. During the first three months the gap between what the organisation was paying and the activity being delivered was around £2.5m per month, and this came down to around £1m by M6. In terms of the block contract arrangements there was ongoing engagement with NHS Wales and the revised arrangements were being discussed currently with an agreement anticipated imminently and an anticipation it would be backdated. The Acting Executive Director of Finance felt it was worth noting that the contracts had effectively been funded through sustainability monies from WG as a direct consequence of Covid-19. The Chair noted that a number of Divisions were reporting overspends on normal non-Covid expenditure at the same time as claiming savings, and he asked whether this raised questions around grip and control and financial management. The Acting Executive Director of Finance suggested that a lot of this would relate to the under-delivery of savings and she offered to undertake a piece of work to balance this out in terms of what savings had been delivered by Divisions and whether they were consistent across Divisions. The Chair indicated this would be helpful. The Chair also suggested that the announcement from the Minister could be interpreted as having resolved the Board's financial challenges and that savings delivery could be seen as less of a priority by Divisions. He stated that this must be avoided as an agreement had been reached with WG that there would be opportunities to be able to reinvest those savings. The Acting Executive Director of Finance felt that the allocation of additional monies should be taken as a vote of confidence in the organisation but that the Board needed to be tactical in terms of how it was spent to meet the key five priorities and to push forward on the transformational agenda. She referred to conversations within the F&P Committee about an 'invest to save' programme and the adoption of value based healthcare which would support a move towards a more sustainable financial plan for the organisation.</p> <p>20.136.3 It was resolved that the Board note the report</p>	SH
<p>20.137 Committee and Advisory Group Chair's Assurance Reports</p> <p>20.137.1 Audit Committee 17.9.20</p> <p>The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted.</p> <p>20.137.2 Finance & Performance Committee 30.9.20 and 29.10.20</p> <p>The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted. The Chair added that in terms of the development of a Diagnostic & Treatment Centre (DTC) he and the Acting Chief Executive</p>	

were in close contact with the Delivery Unit (DU) on this work and wider unscheduled care plans.

20.137.3 Charitable Funds Committee 10.9.20

The Committee Chair presented the assurance report and highlighted that the key risk set out in the report around the availability of general funds had now been resolved, and applications could therefore proceed for charitable funds.

20.137.4 Mental Health Act Committee 19.10.20

The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted.

20.137.5 Remuneration & Terms of Service Committee 20.7.20

The Committee Chair presented the assurance report which was noted.

20.137.6 Remuneration & Terms of Service Committee 17.8.20

The Committee Chair presented the assurance report which was noted.

20.137.7 Strategy, Partnerships & Population Health Committee 1.10.20

The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted.

20.137.8 Digital & Information Governance Committee 25.9.20

The Committee Chair presented the assurance report which was noted. He sought an update on the identified risk around the impact of Blaenavon Data Centre on the Wales Patient Administration System (WPAS) project and the Executive Director of Primary and Community Services confirmed he had a meeting with NHS Wales Informatics Service (NWIS) the following week and would report back to the Executive Team.

20.137.9 Stakeholder Reference Group (SRG) 28.9.20

The SRG Chair presented the report, drawing attention to those matters set out within the 'key advice and feedback for the Board' section which were noted. The Board were specifically asked to support the proposal to co-opt an additional member (Clare Budden) with a view to succession planning for the role of Chair following the conclusion of Mr Williams' tenure in June 2021. This was agreed. The Health Board Chair noted the reference within the report to vaccination and asked the Executive Director of Public Health to provide an update. She reported that there had been a significant increase in the number of over 65 year olds being vaccinated against flu, although there was further work to be done to improve take-up for under 65s in at risk groups. Over 14,000 staff had now been vaccinated and an improvement in take-up could be seen across a range of Divisions. The Executive Director of Workforce and OD added that there was a planned learning session regarding messaging and lessons from the flu programme that could be applied to the Covid-19 vaccination programme.

CS

20.137.10 Healthcare Professionals Forum 16.10.20

The HPF Chair presented the report, drawing attention to those matters set out within the 'key advice and feedback for the Board' section which were noted. With regards to the points made around capacity of vaccinators, the Executive Director of Primary and Community Services would support a wider contribution from primary care contractors.

20.135.11 Local Partnership Forum 20.10.20

The report was noted.

[Mr A Thomas left the meeting]

20.138 Safe Integration and Improvement of Mental Health Services

20.138.1 The Executive Director of Public Health presented the paper which set out key highlights around the safe integration of services within mental health to provide the best possible care for patients. She confirmed that transformation work with partners would be key and the Division was very aware of the robust engagement process that would need to be undertaken with staff. It was noted that an assurance report from the Division had been presented to the QSE Committee with a further update due in January 2021. The Executive Director of Public Health felt that the Division was now far clearer on its priorities.

20.138.2 A discussion ensued. An Independent Member enquired as to the current situation with regards to staff vacancies and the Executive Director of Public Health reported that leadership was in a stronger position as there had been some returners to work, but there was a need to revisit the Division's staffing establishment. The Associate Board Member (Social Services) welcomed the changes and improvements within the Division and emphasised the need to work in partnership across all aspects of service delivery. The Chair noted that the CHC had recently expressed a positive view on the early impact that the refreshed leadership was making within the Division and had confirmed a continued commitment to working with the Health Board to make further improvements within mental health. The Executive Director of Public Health also welcomed the significant financial support package that had been announced for mental health which would provide exciting opportunities.

20.138.3 It was resolved that the Board note:

1. the additional senior leadership capacity into the MHL Division;
2. the continued focussed work on the clinical pathways work to support a more integrated approach in delivering services;
3. the level of work undertaken to re-establish engagement with staff, users and key stakeholders;
4. the additional Transformational Funding allocated to the MHL Division; and
5. the plans to restore and enhance Primary and Community Care services to ensure as many people as possible are cared for in their own homes and communities.

20.139 Primary Care Update : Response to the Covid-19 Pandemic

20.139.1 The Executive Director of Primary and Community Services presented the paper and drew out key points. Firstly he wished to acknowledge the phenomenal challenges in primary care and that whilst the sickest people were generally in hospital, the vast majority of people with a Covid-19 diagnosis were being cared for in a community setting. There were added complexities in that the primary care estate was not set up for Covid-19. Secondly he noted the polarising extremes of how technology had been embraced out in primary care and that this needed to be balanced out. Finally he felt everyone should try and dispel the myth that primary care services were not available during the pandemic, as they most certainly were, and also to highlight that primary care continued to encompass all four independent contractor groups.

[Mr Ff Williams left the meeting]

20.139.2 A discussion ensued. An Independent Member suggested that there would be a backlog of consultations within primary care. The Executive Director of Primary and Community Services concurred that there would have been a cohort of patients who had not consulted their primary care clinician during the first wave of the pandemic, but he was hopeful that people were now more confident to seek care. He felt that it would be some time before routine dental care in particular was back to pre-Covid levels. In response to a question regarding the support available to primary care staff it was confirmed that General Medical Services staff were already accessing Health Board delivered health and well-being services, and a number of contractors also had elements of private provision in place. The Chair enquired as to the equivalent picture in terms of community hospitals and what the Board's plans were for them, and whether some of the allocation should be used to consolidate primary and community services which would help with pathways. The Executive Director of Primary and Community Services indicated that prior to the pandemic his Executive colleagues across Wales had identified a desire to better understand the function of community hospitals, where they could best contribute to healthcare, and what size of community hospital provision was appropriate alongside other community services. He confirmed that work continued with WG on this matter and every effort had been made to maintain the momentum of the Step Up / Step Down bedded community services throughout the pandemic. In terms of where resources should be located he would support a value based healthcare prospect.

20.139.3 It was resolved that the Board note:

1. the delivery of services across primary care during the pandemic and significant work undertaken by all contractors;
2. the ongoing implementation of the 'amber phase' across primary care;
3. the rapid delivery of innovative solutions in response to the ongoing challenges.

20.140 Welsh Language Standard 37 Translation of Board Papers

20.140.1 The Executive Director of Public Health confirmed that the Board was well sighted on the expectations of the Welsh Language Standards and the paper related to documents being available to the public bilingually. She reminded members of a discussion at the

<p>January Board meeting which tasked officers to develop options to move compliance with this Standard along. The paper, which set out a range of options and the associated challenges, had been shared with Executive Team colleagues who were supportive of a move towards option two in terms of cost, achievability and providing a demonstrable step in the right direction towards compliance with Standard 37. The Executive Director of Public Health also hoped that a move towards the provision of more papers bilingually would encourage the Welsh language to be utilised more at Board meetings.</p> <p>20.140.2 A discussion ensued. An Independent Member would wish to see the Board working towards full compliance with Standard 37 (ie option three) but he acknowledged the challenges in terms of practicalities and timing. He was supportive of out-sourcing the translation of Board papers but noted that the right level of discipline must also be achieved internally in terms of meeting the required deadlines. He suggested that the any arrangement be reviewed after six months' operation. Other members supported the view that option three should be the end goal. An Independent Member suggested that writing more succinct papers would help with the time and resource required to translate them. He noted that an external company may also need some time to learn the organisation's phraseology and business language. The Executive Director of Public Health assured members that any service procured through existing frameworks would need to uphold translation quality standards but accepted there would be some complexities to overcome. Another Independent Member asked whether there were likely to be any additional requirements or costs relating to other Standards. It was reported that the Board was performing quite well on other elements and the Commissioner would investigate any area where a concern had been highlighted to him, but currently Standard 37 was the biggest challenge. The Executive Director of Public Health undertook to provide a briefing note on other areas requiring improvement and investment. An Independent Member also suggested that the use of software assisted memory-based translation should not be ruled out. Another Independent Member noted that other organisations wrote papers in Welsh and then translated to English and this should also be an option for authors.</p> <p>20.140.3 The Chair supported the view that the Board should be working towards meeting the Standard fully however he was aware that deadlines were very often not met at present and the Board needed to be confident that in trying to address the Standard, the process did not undermine the Board's ability to govern properly and resulted in members receiving out of date information. He felt that there needed to be a test period to determine what could be appropriately delivered. The Executive Director of Public Health would be pleased to take all the comments on board in order to provide standard items bilingually at the next Board meeting.</p> <p>20.140.4 It was resolved that the Board support option two as set out within the paper with regards to translating Board papers in accordance to the Welsh Language Standard 37, with a review after six months.</p>	TO
<p>20.142 Research and Development update</p> <p>20.142.1 The Acting Executive Medical Director presented the paper and highlighted there was a pleasing level of progress and examples of good work despite the challenges. He noted that the organisation had increased the number of patients to whom access to</p>	

<p>innovative treatment and research opportunities had been given. He drew members' attention to the innovative work around the development of a Covid-19 vaccine.</p> <p>20.142.2 It was resolved that the Board receive the update for information</p>	
<p>20.143 Summary of Private Board business to be reported in public</p> <p>Noted</p>	
<p>20.144 All Wales and Other Forums</p> <p>20.144.1 It was resolved that the following be noted:</p> <ul style="list-style-type: none"> • Joint Committee Briefing 8.9.20 • Shared Services Partnership Committee Assurance Report 17.9.20 • Joint Committee Briefing 13.10.20 	
<p>20.145 Date of Next Meeting</p> <p>21st January 2021</p>	
<p>20.146 Exclusion of Press and Public</p> <p>It was resolved 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.'</p>	

Summary Action Plan – Health Board – arising from meetings held in public

			<p>single document. The Executive Director of Planning & Performance added that the Executive Team had also received first wave debriefs which would be submitted to the SPPH Committee as part of an emergency preparedness paper. The Chair reiterated that he would wish to see learning incorporated within Q3/4 plans also. AT to advise on timeframe for learning paper coming to Board.</p> <p>5.11.20 AT confirmed that paper is being developed for January Board meeting.</p> <p>12.11.20 MP enquired whether learning had been adopted by the Executive Team in advance of the paper being prepared for January. AT confirmed that much of the work had been incorporated into Q3/4 plans. MW added that a number of debriefs had been held with operational teams and a range of recommendations around emergency preparedness presented to the Strategy, Partnerships & Population Health Committee. LM confirmed that the Committee was supportive of the progress being made.</p> <p>18.12.20 Review of Board agenda determined that the learning from Covid element be redirected either to QSE or to a Board Workshop.</p> <p>13.1.21 Paper has been drafted and decision awaited as to appropriate route for consideration through governance structures.</p>	February
T Owen	20/73.5 Determine why Public Health Wales had decided against placing the 'Starlet' machine in North Wales, together with the timeframe for the 'Nimbus' machine to be operational in Ysbyty Gwynedd,	6.8.20	Detailed update provided to Board 12.11.20 and recorded in minutes	Closed

	and feedback to Cheryl Carlisle.			
T Owen	20.73.6 Write to PHW regarding capacity for community testing	24.7.20	Detailed update provided to Board 12.11.20 and recorded in minutes	Closed
Actions from Health Board 24.9.20				
T Owen	20.107.2 Agree with the Vice Chair of the Health Board the appropriate Committee route and timeframe for reporting against the issue of the discharge of a large number of patients to the Local Primary Care Mental Health Services	November	Detailed update provided to Board 12.11.20 and recorded in minutes	Closed
Actions from Health Board 12.11.20				
G MacDonald	20.124.4 Provide briefing note to address issues/concerns raised regarding planned care performance	December	Briefing note drafted and submitted to Chair and CEO. Feedback given and the author was requested to provide a revised report.	February
M Wilkinson	20.133.2 A report to close the loop on amber and red actions be prepared for the Strategy, Partnerships and Population Health (SPPH) Committee in December.	December	5.1.21 The Amber and Red actions arising from the Q3/Q4 plan have been resolved.	Closed
G Harris	20.133.3 Confirm timeframe for submission of draft clinical strategy to Board	December	Presentation made to Board Workshop 3.12.20	closed
T Owen M Wilkinson	20.134.2 Check background to why the Mental Health Measure targets on page 20 of the QPR were for August whilst all other data was	December	7.12.20 Explanatory email sent to Vice Chair from the Interim Director of Performance as follows: "There will always be a lag time given the data reporting arrangements. WG has also confirmed that they need to see that the data presented to the	closed

	September.		Health Board is the same data they receive and collate given the national reporting cycles. From a governance perspective they must see that the Health Board are looking and gaining assurance at the same time they review the data. In summary, data for Mental Health will always be one month later than the rest (given the above). For assurance, this has been checked and confirmed with the Delivery Unit also"	
S Hill	20.136.2 Undertake a piece of work around how divisions were reporting overspends on non-Covid expenditure whilst claiming savings.	December	13.1.21 Briefing note circulated	Closed
C Stockport	20.137.8 Feedback to Exec Team on the impact of Blaenavon Data Centre on the WPAS following meeting with NWIS	December	6.1.21 We are currently still working closely with NWIS and Velindre to agree a suitable timescale for implementation. A range of options have been assessed for feasibility. An SBAR has been provided to the Executive Team providing a more detailed update.	Closed
T Owen	20.140.2 Provide briefing note on other areas of Welsh Language Standards that required improvement and investment	December	11.1.21 Paper prepared and now scheduled for March Board meeting.	March

V209



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	BCUHB – Special Measures Improvement Framework – Maturity Matrix
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris Executive Director of Nursing and Midwifery, Deputy Chief Executive
Awdur yr Adroddiad Report Author:	Simon Evans-Evans Interim of Director of Governance
Craffu blaenorol: Prior Scrutiny:	Office of the Board Secretary Internal Audit
Atodiadau Appendices:	Appendix 1 – letter from Simon Dean 05/08/2020 Appendix 2 – Ministerial Statement 24/11/2020

Argymhelliad / Recommendation:

The Board is asked to support the development of a Maturity Matrix and the use of Board development / workshops in 2021 to undertake a self-assessment to support the development of the Annual Governance Statement.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
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Sefyllfa / Situation:

The Board is asked to consider an approach to developing a Maturity Matrix for the Health Board, to facilitate the commitments made, and expectations of the Minister for Health and Social Services.

Cefndir / Background:

The Health Board was placed in Special Measures on the 8th June 2015. The Special Measures Improvement Framework (SMIF) was not intended as a list of actions to tick off but a clear set of immediate and medium-term expectations for the Health Board to demonstrate progress to move down the escalation levels. Although the Welsh Government is currently reviewing the SMIF, presently it has four escalation levels:

- Routine arrangements
- Enhanced monitoring
- Targeted intervention
- Special measures.

In February 2018 maternity services were stepped down from Special Measures, followed by GP out-of-hours in February 2019.

On 24th November 2020, following advice and recommendation from the tripartite meeting of NHS Wales, Audit Wales and Healthcare Inspectorate Wales, the Minister for Health and Social Services announced that the escalation status of Betsi Cadwaladr University Health Board should be reduced from 'special measures' to 'targeted intervention'. In his statement, the Minister said,

“We have seen improvements across the Health Board and have greater confidence that it will make further progress. Throughout the pandemic, the organisation has worked hard to play its role in caring for people affected by the virus. During what has been an unsettling time for public health across the world I’m pleased to announce this positive news for North Wales and NHS Wales. I want to thank everyone at the Health Board who has contributed to improving services. The progress has only been made because of the commitment and hard work of our staff. Whilst there has been improvement, there are still areas of concern such as mental health and the Health Board fully recognises there is still further work to do. Targeted intervention is still a heightened level of escalation that requires significant action on the part of the Health Board.”

On the 5th August 2020, Simon Dean (acting Chief Executive of the Health Board) wrote to Dr Andrew Goodall (Chief Executive NHS Wales, Department of Health & Social Services). In his letter he committed to developing an approach to improvement in the Health Board including using a Maturity Matrix to assess progress (appendix 1), further clarification was later provided to NHS Wales outlining the BCUHB Strategic Priorities. In his written statement of 24 November 2020 the Minister said “Going forward, to provide the clarity and assurance of the necessary focus, a Maturity Matrix approach will be used, similar to the processes that have been in place in Cwm Taf Morgannwg UHB.” (Appendix 2).

BCUHB is currently in discussion with the Welsh Government regarding the preferred Maturity Matrix and have shared a draft matrix for Betsi Cadwaladr University Health Board. The Health Board is working with the Welsh Government on a likely reporting framework. It is intended to agree the preferred model of Maturity Matrix at the Board Workshop on 4 February with a follow up Board Workshop used to undertake a self-assessment of current placement in the Matrix and set targets and actions for achievement by March 2021; this will contribute to the development of the Annual Governance Statement.

Asesiad / Assessment & Analysis
--

Strategy Implications

Use of this Matrix aligns to the stated aim of the Health Board to improve its governance and performance.
--

Options considered

There are other strategic and tactical maturity matrices available.

Financial Implications

N/A

Risk Analysis

N/A

Legal and Compliance

N/A

Impact Assessment

N/A



Bwrdd Iechyd Prifysgol
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Dyddiad / Date: 5th August 2020

Dear Andrew

RE: BCUHB – A Proposed Approach to Sustainability

Introduction

We have been in correspondence since I commenced in post as interim CEO in February about my assessment of the current position and to set out a proposed way forward for discussion with Welsh Government. I have discussed this extensively with the Chair and the Board, and we share the same view about the action required and the support the organisation will need to allow it to be successful. I am grateful for your previous letters and recognise that Covid-19 has interrupted our discussions as both Welsh Government and BCUHB focussed on responding to the public health emergency.

We agreed recently that it would be timely to restart our discussions. I thought it would be helpful to restate and add to my original proposal. You will appreciate that I have not had sufficient time to develop a fully detailed proposal, and indeed the imminent appointment of a new substantive Chief Executive means that it would not be appropriate. He or she would undoubtedly expect to have a significant influence on the detail as they would be responsible for delivery.

I have added some detail in parts of the proposal, whilst others remain outline at this stage.

I do need to stress at the outset that the proposal is essentially a package. Whilst improvements could be made to some degree if parts of the package were supported, the benefits would be severely limited. For example, funding for mental health or performance would produce some benefits but they would be constrained if the organisation was also in financial recovery to address its underlying deficit.

I would like to acknowledge and thank you for the support of Welsh Government in writing off the historic debt owed by the Health Board. This is an important and significant step for which I am grateful.

Proposed Approach

The challenges facing health care and the Health Board in North Wales are well known and longstanding. There are many examples in North Wales which show that excellence is achievable. However, services have developed inconsistently across BCU. This has led to variation in outcomes, patient experience, and performance. There is no single, simple “quick fix”. The aim must be to achieve sustainable, high quality service provision for the future rather than focus on short term actions alone.

The prize is transformation, which reshapes services and the organisation over time, working in partnership with the public, staff, professional colleagues, and partner organisations. This must be accompanied by urgent attention to those areas which have immediate quality, patient experience, and confidence implications.

The recent submission of a business case for the proposed North Wales School of Medicine and Health is an example of the level of strategic ambition, which the Health Board and its partners have for health and care in north Wales. Such a development would be an important feature of a strong, confident system which can train and attract the best people to pursue their careers in north Wales.

Our proposed approach comprises a number of strands, all of equal priority:

1. Improvement in service performance, patient experience, and financial performance year on year. Covid-19 makes setting both the baseline and an improvement trajectory challenging and we will work on this during the coming months
2. Engagement with the public, staff and partners as an essential first step to building a sustainable vision for the future leading to a medium term plan, focussing on well-being, population health and primary care as well as secondary care services. This will build on the engagement already undertaken, and identify those areas where rapid progress can be made, recognising the sensitivities of potential changes particularly in more specialised services.
3. Strengthening the ability of the organisation to deliver on a wide-ranging work programme
4. Further improvements leading to de-escalation from Special Measures, using a Maturity Matrix approach to assess progress
5. Transformation and innovation to support improved outcomes and patient and staff experience.

This approach requires concerted action over a number of years. A central requirement is to achieve the right balance between immediacy and strategic development. There is an urgent need to work with the public and staff to refresh and restate the organisations' strategic direction. There is also an imperative to take action to deliver more immediate actions to improve quality, performance and financial control.

The organisation has been consumed by a focus on its immediate challenges, particularly the financial position. Managing the organisation's underlying deficit aggressively could drive decisions which impact on quality and patient experience. Whilst this might improve the financial position, the consequences might not be desirable in the longer term. The principles of value-based care rightly expect a focus on quality, performance and money together.

The availability of non-recurrent funding for performance, whilst welcome, has led to the organisation taking short-term measures rather than putting in place recurrent solutions including recruitment of permanent staff and strategic capacity building. The Health Board is developing a better understanding of its demand and capacity requirements in key areas including planned care and unscheduled care. We know that we have areas of significant risk, which we must address urgently in order to prevent avoidable harm. The aim now must be to develop plans for sustainability coupled with non-recurrent actions whilst recurrent capacity is built in a number of specialities. Covid-19 brings added complications but also significant opportunities to embed the changes we introduced during the pandemic response, for example remote consultations and pathway changes.

Lessons from elsewhere are that effective strategic development requires sustained and skilled effort. This must start with open engagement with the communities we serve, which listens to their concerns and priorities and leads to a real discussion about the future shape of service provision. A debate at this stage about the future of secondary care services would not be the right conversation. We want to follow the narrative of A Healthier Wales and focus on the whole system from primary prevention and well-being to highly specialised care. The debate needs to be about outcomes and standards, not buildings and money. There are many examples of outstanding practice in primary and community services on which we can build, as well as excellence in secondary care. We want to create an open and transparent relationship with the public and partners to provide a platform for shaping the future.

Addressing outstanding Special Measures concerns requires substantial investment in both immediate actions and strategic change. We have seen considerable progress in mental health services, including development of a strategic direction with patients and partners. There is much to do but we are confident that we are on the right track, with highly committed and ambitious staff who want to continue to develop and improve the services we offer.

Strengthening leadership and organisational capacity is a key area of concern. We know that we have to build capacity in the organisation and are actively considering the future shape of the organisation and the capacity and skills we will require. Being clear about

the way forward will help us design the organisation to deliver in the next few years, allowing us to move away from a heavy reliance on interims to a sustainable team, which can drive an ambitious and wide-ranging agenda.

In summary, agreement on a strategic approach for the next 5 years would enable the Health Board to plan and act with confidence to deliver a long-term vision and invest in sustainable actions alongside immediate improvements rather than repeat its current annual “stop/start” approach.

Strategic Assistance

Welsh Government has supported the organisation financially to a significant level in recent years, not least through deficit cover and performance funding. This support has been essential. Without it, in the absence of a strategy the Health Board would have had to make very difficult decisions, which would have impacted on quality and access. We would like to offer a proposal to consolidate and build on this level of support through a 5-year Strategic Assistance approach.

The components of such a Strategic Assistance approach would include:

- 1. Agreed deficit funding cover for the next 5 years of up to £40m per annum.**

The Health Board has had a residual deficit of between £39m and £41 m in recent years despite achieving savings of between £35m and £41m each year, and receiving significant levels of performance funding (see below). In the absence of a strategic plan, addressing a deficit of this magnitude would require the organisation to be in formal financial recovery and make it much harder to develop and deliver sustainable solutions for the long term.

It is important to recognise the impact of Covid-19 on the organisations ability to deliver its planned savings programme this year. We are likely to need additional financial support to cover a shortfall for 2020/21.

- 2. Performance funding to improve unscheduled care and to build a sustainable planned care programme (including orthopaedics) of £40m per annum.**

The Health Board faces challenges in both unscheduled care and its core planned care capacity. Non-recurrent performance funding has been allocated each year, which has been used to fund additional activity both internally and in English providers. Because the funding has been non-recurrent, the organisation has not had the confidence to build core capacity, which would lead to more effective services, better recruitment and much improved value for money.

Given the impact of covid-19, there would be a phased build-up to this level of investment, recognising that opportunities to in-source and outsource activity are likely to be severely constrained for at least the remainder of this year.

Even with this support, we have faced unscheduled care challenges and have very large numbers of patients waiting excessive times for planned care treatment. The covid-19 pandemic has exacerbated these pressures, with waiting lists growing significantly. The coming winter looks particularly challenging as we seek to manage normal pressures alongside covid-19. There are opportunities along the whole pathway of care from primary care to secondary services, and many pathway changes introduced as part of the covid-19 response on which to build.

3. Funding to support performance improvement and implementation of the Mental Health strategy in partnership, indicative cost £10m a year.

Whilst improvements have been made in mental health services in recent years, there is a significant improvement agenda to deliver. The first stage is to ensure that current services are providing effective, high quality care within a clear governance framework. This would be aligned with a review of the strategic direction to ensure that it remains the right approach to develop patient centred and integrated pathways of care which are responsive and pro-active.

The Division requires additional expertise and further strengthening to build the capability and capacity required. This would bolster both operational leadership and expertise and enhance capacity to work in effective partnerships with patients and partners including the third sector.

4. Funding to build capability and capacity in the organisation, including for operational delivery, strategic development, public engagement, communications, quality improvement, grip and control and governance, indicative cost £10m a year.

Appendix A provides some further details of our proposals under this heading. The organisation needs to strengthen operational delivery capacity, including clinical and managerial leadership. Strategic development focussed on pathways and digitally supported systems will require significant investment and a range of skills which the organisation does not currently have at sufficient scale.

An Organisational Development programme running for at least two years is a key requirement to build a cohesive and connected organisation which can find the right balance between local ownership and organisational

consistency, driven by a shared sense of ambition based on common values. Connecting the very large number of staff employed in the Health Board is a major but essential priority. Finally strengthening governance and assurance have been key themes in recent years, as has effective management and engagement in support of the Chief Executive.

A phased funding approach would be required recognising the time it would take to design programmes and recruit to posts. The details would be worked through over the next few weeks if there is agreement in principle.

5. The opportunity to seek funding to implement critical service improvements along pathways, including stroke and urology both of which are significant risk areas.

The response to covid-19 has underlined the importance of pathway redesign in streamlining systems, increasing value and improving both patient and staff experience. It is the key to creating a fully integrated system, rather than one based on the traditional primary/secondary care divide. It is better for patients, more satisfying professionally and more sustainable in terms of quality, outcomes and the workforce. We would wish to put forward proposals against any specific allocations which might be available from Welsh Government.

In addition to this core package, the Health Board would wish to engage with Welsh Government colleagues to discuss opportunities in other areas:

- 1. Access to further Transformation Funds to support system transformation, working in partnership across north Wales.** This would seek to build on successful implementations from the first wave of schemes currently in progress and to learn lessons from models elsewhere in Wales. The development of services in community settings, including the patients' own home, will be a critical feature of the Health Boards strategy.
- 2. Investment in digital solutions to support transformation, strategic change, quality, patient safety and value-based healthcare.** The covid-19 response has highlighted the real benefits of digitally enabled solutions, and the significant challenges where the digital component is inadequate. This is particularly the case when looking to support pathways delivered in multiple settings often over a large geographical area. We will be undertaking a review to identify how our digital capability can be strengthened and would like to discuss with Welsh Government any ways in which this can be supported, including availability of funding to implement digital solutions which are central to our strategic ambitions.
- 3. Support for our pathway development programme,** and whether BCU could be an "early adopter" or "pioneer" organisation for implementation of the approach developing under the auspices of the National Clinical Framework.

Pathway development is a key theme of our proposals, and we welcome the direction emerging through the National Clinical Framework. I believe that BCUHB is well placed to be an early adopter and we would welcome the opportunity to discuss this further.

One final area we would wish to discuss is how NHS Wales can assist in identifying people with the required skills and experience to work with us. We will continue to identify and nurture local talent, and external recruitment will remain important to us. It is however the case that recruitment can be challenging, particularly of people who are familiar with the approach we are adopting in Wales. Our ambitious programme will be heavily reliant on people from all disciplines and at all levels in the organisation and we do not underestimate the challenges this will present at a very practical level. Having a clear sense of direction and ambition will be of great help in attracting people to join us from within Wales and elsewhere. Support for the proposed north Wales School of Medicine and Health would be important in helping train and attract people to live and work in the Health Board area.

We realise that this is a significant request from an organisation which has in the past struggled to deliver in many areas. Our view is that a step-change in approach is required if the organisation and health care in north Wales are to live up to their potential and provide the sustainable, high quality services and experiences that the people of north Wales deserve. The Health Board must change its approach to achieve the outcomes we would all wish to see and we believe that the proposals set out above provide a route map, which will lead to sustainability over time.

Timescale

A critical requirement is to find more effective ways of engaging with the public and stakeholders, and to listen to their views and concerns, to debate some complex and difficult issues, and to settle on a plan for the future developed with the benefit of a very wide range of contributions. This will not be easy, and it will take time as Hywel Dda discovered. We do believe however that this phase is essential if sustainability is to be achieved. We fully accept that more immediate improvements must be delivered as well if the organisation is to build confidence and create the space necessary to focus on the longer term. Covid-19 clearly is a factor which we must take into account as we plan the remainder of the year. Performance particularly in planned care will be a real challenge for the foreseeable future but we will continue to provide essential services and rebuild towards normality as quickly as can, recognising the demands of covid-19 and winter.

The draft timeline set out in my earlier proposal has clearly been thrown into disarray, and we will develop a new timeline in the coming weeks following appointment of the new Chief Executive. It is important to have agreement in principle that this proposal will be supported before we gear up to do the necessary development and preparatory work if we are to avoid abortive effort should the proposal not be accepted.



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Conclusion

This is a critical point in time for the Health Board. We are committed to improving health care in North Wales, and believe that the real prize is a strategic approach to developing sustainable services in line with the vision set out in A Healthier Wales alongside more immediate improvements in the most challenging areas.

We fully acknowledge that the responsibility for developing and implementing our plans rests with the Health Board. We do need the continued support of Ministers as we pursue such an ambitious agenda. We would welcome the opportunity to discuss the proposed approach with you. We need urgently to shape ourselves to focus on the work we must do. Agreeing the approach and support available from Welsh Government in the next few weeks would enable us to take the next steps with confidence.

Should Welsh Government not be able to support this proposed way forward, we would have to develop an alternative approach. Clearly, this would impact on the ability of the Health Board to move towards a sustainable future and could potentially involve some difficult choices, which could have visible and immediate impact, particularly in terms of financial recovery and performance.

Please let me know if you require any further information. I would welcome the opportunity to discuss the approach proposed in this letter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Dean'.

Simon Dean
Prif Weithredwr Dros Dro
Interim Chief Executive

cc: Mark Polin, Chairman, BCUHB
Lucy Reid, Vice Chair, BCUHB
Marian Wyn Jones, Board Adviser, BCUHB
Sioned Rees, WG

Appendix A

BUILDING CAPACITY AND CAPABILITY

1. Development of a strategic plan for the transformation of services in line with A Healthier Wales

A Healthier Wales (AHW) provides the strategic context for the development of health and care in Wales. The BCUHB strategy must be rooted in this approach. Central to AHW are concepts of engagement, participation, partnership, quality, value and outcomes amongst others.

Whilst BCUHB has a number of existing strategic documents, the time is right to revisit the organisations' strategic direction in the context of AHW and to build a future based on partnership and engagement, both within the organisation and more widely with partners and communities.

- **Public Engagement**

Effective public engagement is essential in shaping the future of health care in BCUHB, with a wide public engagement process as a key first step. This would be focussed on listening to peoples' views, concerns and suggestions and building links to communities and groups. Strengthening connections and trust is crucial to the development of a service strategy which is based on local provision of the services most people use most of the time, together with centres of excellence where these are required to deliver the best possible clinical outcomes in more specialised areas.

Experience elsewhere, for example in Hywel Dda Health Board, has clearly demonstrated the importance of this phase. It takes time and effort but sustained, open dialogue with the public is critical to develop, together, service strategies which are understood and accepted by the people they are intended to support.

Significant strengthening of our capacity will be required in this area. This is yet to be designed or quantified.

- **Care Pathways**

A pathway approach encompasses the whole spectrum, from population health to specialist treatment, and provides a way of linking across the artificial boundaries between prevention, primary, secondary and tertiary care. It places people at the heart of service planning, and allows decisions about how services are shaped to be designed with the people who need them.

Pathway approaches can strengthen links through the system, from population health in communities to clusters to Areas/Hospitals and to BCUHB as a whole. Stronger connections will create greater cohesion and allow better decisions to be made about the shape of future services.

An approach based on pathways linked to effective public engagement provides an opportunity for decisions to be seen “in the round” rather than be viewed in isolation. A pathway approach can help achieve a balanced view, including local provision for those elements of the pathway which can be provided locally, and explaining the rationale for concentrating more specialised parts of the pathway where this would deliver the best outcomes.

BCUHB has been rapidly developing an approach based on clinical pathways which has led to significant benefits during the Covid response. The proposal is to drive the approach in this area through the creation of an *Improvement Faculty*.

This would be much more than a resource for improvement tools and techniques. It would provide the focus for pathway planning, clinical engagement and value based health care. It would be the engine room for change and work alongside the public engagement process to drive the debate on choices, priorities and the shape of services involving everybody with an interest in health care in North Wales.

- **Strategic Leadership**

Strengthened strategic leadership will oversee this critical work and ensure effective links to operational planning. The output will include a health care strategy for north wales which would provide the “route map” for IMTPs and detailed operational plans. Further work is required to determine the shape of strategic leadership for the Health Board. A number of functions would be brought together including:

- Strategy
- Operational Planning
- Public engagement
- Pathway development
- Partner engagement
- Improvement Faculty
- Data and analytics
- Programme management

Strong links would be established with key corporate functions including workforce, finance, informatics and estates.

The scope of these proposals would potentially lead to significant organisational change which would need to be pursued following due process.

Whilst existing capacity would form part of the strategic leadership function of the organisation, significant strengthening would be required in a number of key areas including public engagement and the Improvement Faculty. Precise details of additional resources would be dependent on detailed design work, but are likely to be in the order of £4m per annum. Transformational changes will result in better value and offset these costs over time.

2. Implementation of an organisational development programme

The formation of BCUHB happened in stages, bringing separate entities together into one organisation. There have been a number of significant changes to the structure of the organisation and the roles and responsibilities of the component parts. Structural and/or policy changes have been the primary focus and in various reviews undertaken, it has been clear that there has been insufficient focus upon the people within the structure and enacting the policy.

This has been the subject of many discussions which are not repeated here. It is important that we provide an opportunity for our people to reflect on what we see now, through the different lenses across the organisation. This will be an essential element of the development of the organisation to deliver against the expectations above, as “one NHS organisation” delivering care with its partners.

- **The Board**

Setting the tone and shaping a healthy culture for the organisation is a key role for the Board.

We have already recognised that the Board of Directors holds a pivotal role and collective responsibility for ensuring delivery against the expectations of it.

We know that the great strength of NHS Boards is that they bring a wide range of skills and perspectives together. The biggest challenge facing NHS boards is using this effectively.

A Board Development Programme has been designed with the support of the Kings Fund, to ensure that the Board works effectively; understands and is equipped to fulfil its responsibilities; that members are clear on their collective and individual roles and how they need to connect; and importantly facilitates the creation of frameworks for effective working moving forward.

This approach (compassionate and collective leadership) and programme is entirely consistent with the approach across Wales in terms of creating the environment for transformational change across the health and social care system under A Healthier Wales.

- **The Organisation**

The Workforce Strategy 2019/22 posed the question “do we have the ability to align our people around a clear vision, strategy and culture, to execute with excellence; and to renew our focus over time by responding to changes in the environment?”

Essentially the content and priorities set out within the strategy remain valid. However, having had the opportunity to step back, and view the organisation through the lens of an emergency response, it has highlighted that we have perhaps focussed upon delivery of the priorities within it, focusing on structure and hierarchy. Focus on a common purpose and clarity of roles has demonstrated agility, flexibility, and delivered services differently and effectively, without the need for structural change, but by using better co-ordination of the contribution of people.

- **The Proposal**

Building on the Workforce Strategy the Programme for Board Development referred to above, and as an enabler for the strategy for health and care, it is proposed that the Health Board commissions a full organisational development programme based upon the principles of ¹organisational health and effectiveness, but focussing primarily upon the aligning of our people.

The programme will focus upon ensuring effective interrelationships between people, structures and systems to deliver organisational goals. It will be developed using the principles within the ²McKinsey 7s model which is based upon the theory that, for an organisation to perform well, the seven elements within the model need to be aligned and mutually reinforcing.

The programme would include:

- Diagnostic/Mirror phase (including listening to and hearing the views of our people)
- Co-creation of the improvement plan at and with all levels (not a one size fits all and owned by all those involved)
- Co-delivery of the improvement plan at and with all levels
- Building capacity within to retain and sustain the improvement.

Programmes similar to this have been deployed for organisational recovery and improvement across the UK NHS and are well documented in their strengths and weaknesses. The programme would enable the organisation to create the environment for enduring impact, building on and complimenting work undertaken to date.

¹ McKinsey - Beyond Performance – The hidden value of organisational health – and how to capture it. Aaron De Smet, Bill Schaninger, and Matthew Smith

² From In Search of Excellence, TJ Peters and RH Waterman Jnr 1982 Harper and Row

The scope and procurement of a partner(s) to work with the Health Board will be designed by a small group comprising Independent Members and Executive Directors and supporting officers.

This would be a significant investment in both financial and commitment terms with a range likely to be in the region of £1m-£2m subject to the scope and length of programme as well as the level of internal capacity ring fenced for this programme.

3. Improving delivery and performance

Reference has been made above to some of the performance areas which have proved problematic for the organisation in recent years. Money to pay for direct care costs is necessary but not sufficient. The organisation must also continue to strengthen its capacity and capability to manage delivery. Welsh Government was supportive of increasing operational management capacity a year or so ago which was welcomed.

There are however some crucial areas where further strengthening is required. The Health Board is not in a position to identify resources to fund these posts given its overall financial position.

- **Operational Planning and Delivery**

The operational structure and supporting functions need to be reviewed to ensure that there is sufficient capacity to provide operational grip and strong planning at operational level.

This includes reviewing and strengthening operational capacity; analytical support; operational pathway leadership; service improvement and transformation skills; and clinical leadership time.

The details would be determined by the incoming Chief Executive working with the Executive Team and the Board. The focus would be on introducing pathways spanning the full range of services and sectors.

A full year cost of about £1m will be required.

- **Mental Health**

As noted in the Introduction, mental health will be the subject of separate discussions. Significant strengthening of capacity will be required within and in support of the Division.

4. Strengthening governance and accountability processes

Annex 1 describes the work underway to review and strengthen governance and accountability across the organisation. This work will continue and the Annex should be read as a description of work in progress.

A Board workshop will be held in August, facilitated by the Kings Fund, to agree Board priorities and strategic objectives. This will be followed by a second workshop to populate the Board Assurance Framework and the corporate risk register based on the agreed priorities and objectives. The objectives will be cascaded through the organisation and aligned with a clear accountability framework.

Additional capacity is required at senior level to strengthen organisational governance and accountability.

- **Associate Director of Governance and Assurance**

A recommendation has been agreed by the Board to separate the oversight of integrated governance from the role of the Board Secretary and align it more closely with assurance and risk. A new post of Associate Director of Governance and Assurance would provide the skills, capacity and resource to deliver against this agenda. It is suggested that the role incorporates the following:

- Providing leadership for the Board and throughout the organisation on implementation of governance frameworks which enable ward/team to Board visibility and escalation of risk
- Advising the Board on Risk Management Strategy and ensuring the Board's risk appetite framework aligns to delivery of the Trust strategic objectives
- Ensuring the Governance agenda aligns to the Continuous and Quality Improvement agenda
- Ensuring that the Integrated Governance Framework supports a Just Culture and that staff are supported to learn
- Ensuring that the Trust's Governance Framework allows for standardisation of good practice across the organisation
- Ensuring national reports are received by the organization and responses for potential learning are coordinated for the Board where appropriate
- Oversight of both the Board Assurance Framework and the Corporate Risk registers
- Providing the link to Welsh legal and risk.

The indicative cost of such a post would be in the order of £135,000.

- **Assistant Chief Executive**

The role of the Chief Executive as Accountable Officer brings with it a breadth of responsibilities which can prove challenging. It is easy to become consumed by day to day operational issues and become distracted from the bigger picture or not pay sufficient attention to the political/partnership/reputational dimensions of the role.

Whilst the CEO's office is highly effective, there is an important role missing at Assistant Chief Executive/Chief of Staff level. Such a post would help the CEO work more effectively and provide senior and experienced support in these areas.

A post of this nature would cost in the order of £120-135,000.

ANNEX 1 GOVERNANCE

Developing and maintaining board assurance arrangements is an embedded tool of management. It is a natural extension of risk management, and as such it has been incorporated into the revised risk management process. This is to ensure that risk, control and assurance identification and monitoring processes are considered as one.

The Board has not historically considered risks to achieving strategic priorities and this has led to a perceived lack of clear direction within the Health Board and has impeded escalation of key risks. The current corporate risks are not clearly aligned to our annual objectives or the special measures framework. It is acknowledged that the approach to reviewing, refreshing and scoring needs to be strengthened.

This would strengthen our assurance processes and lead to more effective governance and fewer issues being identified late within the assurance processes.

Governance Review

Work commenced on the Governance review in September 2019 following concerns around risk escalation, assurance and accountability. The initial stages of the review included a review of all groups and meetings taking place across the organisation. The operational management meetings sat outside of this review. This identified a number of disparities across the organisation.

The proposed streamlined governance arrangements take into account best practice and have been discussed as they were developed with Welsh Government, National Audit Office Wales and external experts.

The proposals dovetail processes with the revised risk management strategy to strengthen the identification and management of risk across the breadth of BCU services, to ensure they are complementary.

Principles going forward

The need to develop a collective understanding not only of the role of the Board as a unitary board or “team” and how this works at a practical level but also the interplay between this and the respective roles and responsibilities of Independent Members and Executive Directors has been a key requirement to address Special Measures concerns. This ambition is a key component of this work and the recommendations.

Aligned to this, the effective application of Board assurance arrangements to produce and maintain a Board Assurance Framework linked specifically to organisational priorities and including special measures indicators will help us to consider collectively the process of securing assurance utilising a formal process that promotes good organisational governance and accountability. The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient;
- Identifying areas where assurance activities are lacking, or are insufficient for our needs (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in decision making and clarify accountability.

It has been agreed that groups across the organisation will be streamlined and have clear reporting structures to ensure a clear line of sight from 'board to ward' and vice versa. Those which are not within the 'governance structure' will be removed.

The terms of reference of all groups will be revised with the core principles embedded. It is suggested these are aligned to 'levels of authority', similar to SORD. For example, any risks, which cannot be mitigated to below 15 at any level, are automatically subject to escalation and scrutiny at the next level. Board priorities become a core element of the agenda and are aligned to Divisional and personal objectives.

Executive Team

The Executive Team has responsibility for operational management and delivery for the organisation. As such it has a clear link to the governance framework but is not an explicit part of the Board assurance committee structure.

Executive Level Delivery Management Groups

A number of delivery-focussed groups exist to support operational management, for example the Quality & Safety Group or the Health & Safety Committee. These Groups are all chaired by an Executive Director. Terms of reference for each will be developed (or reviewed where these are already in existence). These terms of reference will be approved by the Board. All Groups will be required to have standardised meeting formats.

A number of the Groups will be supported by Sub-Groups. Any sub-groups established will be documented in the terms of reference of the parent group. These Groups operate under the powers vested in the relevant Executive. Whilst their role is one of delivery,

these Groups will be required to provide assurance reports using a standard agreed template to the relevant Board-level Committee.

Directors, via their membership of the Executive Team, are required to provide assurance that the areas covered by all Groups and Sub-Groups are delivering effectively and that there is appropriate risk escalation in place.

Accountability

Devising new governance structures on their own is straightforward; how they work in practice relies on the culture and behaviours within an organisation.

The principles outlined would provide a clear direction for the organisation supporting transparent lines of accountability, and consistency of behaviours.

The organisation will establish a clear accountability framework that ensures the cascading of objectives from Board level right through the organisation. These will be clearly articulated and will enable staff at the most junior level to see how their objectives set via the PADR process help support the overall delivery of the Board level objectives.

This framework will drive consistency and good governance. If formal sub-groups are established, they will have terms of reference in place which incorporate the core principles adopted by the Board.

In order to strengthen the governance and escalation arrangements it is proposed that the Clinical Governance Teams be managed corporately but with clear alignment to local teams. This would strengthen corporate oversight and ensure consistency of approach.

The Board has agreed to separate the oversight of integrated governance from the role of the Board Secretary and align it more closely with assurance and risk. A new post of Associate Director of Governance and Assurance would provide the skills, capacity and resource to deliver against this agenda. It is suggested that the role incorporates the following:

- Providing leadership for the Board and throughout the organisation on implementation of governance frameworks which enable ward/team to Board visibility and escalation of risk
- Advising the Board on Risk Management Strategy and ensuring the Board's risk appetite framework aligns to delivery of the Trust strategic objectives
- Ensuring the Governance agenda aligns to the Continuous and Quality Improvement agenda
- Ensuring that the Integrated Governance Framework supports a Just Culture and that staff are supported to learn
- Ensuring that the Trust's Governance Framework allows for standardisation of good practice across the organisation



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

- Ensuring national reports are received by the organization and responses for potential learning are coordinated for the Board where appropriate
- Oversight of both the Board Assurance Framework and the Corporate Risk registers
- Providing the link to Welsh legal and risk.

WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE **Escalation and Intervention Arrangements**

DATE **24 November 2020**

BY **Vaughan Gething MS, Minister for Health and Social Services**

Under the Joint Escalation and Intervention Arrangements, Welsh Government officials meet with Audit Wales and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board and NHS trust in respect of quality, service performance and financial management. A wide range of information and intelligence is considered to identify any issues and inform the assessment. There is also an opportunity to hold additional meetings if the group deem it necessary.

The framework has four escalation levels:

- Routine arrangements
- Enhanced monitoring
- Targeted intervention
- Special measures.

At the last full tripartite meeting in September, it was agreed to hold a further meeting before the end of the calendar year specifically on Betsi Cadwaladr UHB. Due to the current pandemic, the meeting took place virtually in November 2020.

As had been acknowledged at the last full tripartite meeting, the group noted the positive way in which Betsi Cadwaladr UHB had responded to the pandemic over recent months, recognising that North Wales had been affected on a sustained basis throughout the summer.

At the November meeting, the group reviewed further evidence submitted by the Health Board that demonstrated progress over recent years, including on the areas which had originally been designated as special measures. The group noted the Health Board had demonstrated improved engagement with partners. It also recognised the level of insight shown by the Health Board into the challenges that still face it and the determination demonstrated by the Board and the incoming Chief Executive to make further progress.

The group noted the detrimental impact the special measures designation was having on the Health Board's ability to recruit and retain staff, particularly at a senior level, leading to a number of the Executive Director roles currently being filled on an interim basis. Special measures was also having an impact on the culture within the organisation, as well as affecting the Health Board's ability to make the necessary further progress.

There continue to be concerns on some aspects of performance, particularly in mental health services and the ability of the Health Board to prepare an approvable medium term plan. Going forward, to provide the clarity and assurance of the necessary focus, a maturity matrix approach will be used, similar to the processes that have been in place in Cwm Taf Morgannwg UHB.

On 3 November, I announced a package of support for the health board. The Chair of the Health Board has responded outlining how this support will be utilised. The health board has been clear that this additional package of support will be used to help put sustainable solutions in place and will be used to benefit the health of the population of North Wales.

Balancing the progress made, together with a confidence that the organisation is now better able to make further progress, against the desire to see improved performance and outcomes delivered, the group felt that it would be appropriate for Welsh Government officials to recommend that Betsi Cadwaladr UHB is de-escalated from special measures to targeted intervention. It should be remembered that targeted intervention is still a heightened level of escalation that requires significant action on the part of the organisation and will be accompanied by continued oversight from my officials.

I have accepted the unanimous advice of the tripartite meeting. I have decided that Betsi Cadwaladr University Health Board will come out of special measures with immediate effect. The status of the organisation is now targeted intervention.



Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad 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)					
Cyfarwyddwr Cyfrifol: Responsible Director:	Prof Arpan Guha, Acting Executive Medical Director					
Awdur yr Adroddiad Report Author:	Mrs Heulwen Hughes, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors					
Craffu blaenorol: Prior Scrutiny:	Acting Executive Medical Director					
Atodiadau Appendices:	Appendix 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 Appendix 2: Mental Health Act 1983 - Update of Register of Section 12(2) Approved Doctors for Wales					
Argymhelliad / Recommendation:						
The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
Betsi Cadwaladr University Health Board is responsible for the initial approval, re-approval, suspension and termination of approval of Approved Clinicians and Section 12(2) Doctors in Wales.						
Cefndir / Background:						
The change introduced to the Mental Health Act 1983 was the abolishing of Responsible Medical Officers (RMOs) and Community Responsible Medical Officers (CRMOs) and the introduction of Approved/Responsible Clinicians (ACs and RCs) in their place. The Minister for Health and Social Services agreed that as of the 3 rd November 2008, Wrexham Local Health Board (LHB) would act as the Approval Body for Approved Clinicians and section 12(2) Doctors on behalf of the LHBs in Wales. The transfer of function from Wrexham Local Health Board to Betsi Cadwaladr University Health Board took place on 1 st October 2009.						
Asesiad / Assessment & Analysis						

Strategy Implications

It is important to ensure the highest standards of governance for approving and re-approving practitioners who are granted these additional responsibilities, which apply when people are mentally disordered.

Options considered

This is a factual report for ratification purposes.

Financial Implications

The Approvals Team receive a ring-fenced budget from Welsh Government to support the monitoring and approvals of Clinicians in Wales.

Risk Analysis

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government.

Legal and Compliance

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians)(Wales) Directions 2018.

Impact Assessment

An impact assessment is considered unnecessary for this update paper. The Approval Process is part of the Legislative process.

Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales 28th October 2020 – 31st December 2020		
	AC	S12 (2)
Approvals and Re-approvals	16	6
Removed – Expired	3	0
Approvals suspended	1	0
Approvals re-instated – returned to work in Wales	0	0
Approval Ended	0	1
Retired	1	0
Removed – AC approved	NA	5
No longer registered	0	0
Transferred from AC register	0	0
Approval Ended as no longer working in Wales	5	0
Registered without a licence to practice	0	0

APPENDIX 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

28th October 2020 – 31st December 2020

Approvals and re-approvals – 16

Surname	First Name	Workplace	Expiry Date
Argent	Sarah	Ty Llidiard, Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ	19 November 2025
Howe	Gareth	Ty Penfro, 67a Pembroke Road, Canton, Cardiff	25 November 2025
Brazzo	Daniela	St David's Hospital, Cowbridge Road East, Cardiff	25 November 2025
Chapman	David	Heatherwood Court Hospital, Llantrisant Road, Pontypridd CF37 1PL	25 April 2023
Tahseen	Hina	Delfryn House, Argoed Hall Lane, Mold, Flintshire CH7 6FQ	03 December 2025
Aslam	Ambreen	St Teilos House, Goshen Street, Rhymney NP22 5NF	07 December 2025
Kosorinova	Eva	Tonna Hospital, Tonna Uchaf, Neath SA11 3LX	13 December 2025
Andrew	Martin	Department of Traumatic Stress, Haydn Ellis Building, Maindee Road, Cardiff CF24 4HQ	05 November 2025
Oruganti	Radhika	Liaison Psychiatry for Older People, 1 st Floor, Monmouth House, University Hospital of Wales, Heath Park, Cardiff CF14 0XW	19 November 2025
Lepping	Peter	Heddfan Psychiatric Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD	29 November 2025
Owen	Angela Christine	Rushcliffe Independent Hospital, Scarlet Avenue, Port Talbot SA12 7PH	13 December 2025
Isaac	Andrew Bhasker	Hafod y Wennol Assessment & Treatment Unit, Old Hensol Site, Pontyclun, Rhondda Cynan Taff CF72 8YS	15 December 2025

Surname	First Name	Workplace	Expiry Date
Grzegorzak	Grzegorz Stanislaw	St Peter's Hospital, Chepstow Road, Llandevaud, Newport NP18 2AA	15 December 2025
Fischer	Thomas	Cefn Carnau Hospital, Cefn Carnau Lane, Thornhill, Caerphilly CF83 1LX	15 December 2025
Chakrabarti	Arpita	University Hospital Llandough, Penlan Road, Llandough, Penarth CF64 2XX	05 November 2025
Cressey-Rodgers	Justin	Wellfield Resource Centre, 22 Wellfield Road, Carmarthen SA31 1DN	21 December 2025

Approvals re-instated – 0

Surname	First Name	Workplace	Expiry Date

Approvals expired – 3

Surname	First Name	Workplace	Expiry Date
Ghaly	Adel Nessim	Nant Alyn Road, Rhydymwyn, Mold, Flintshire CH7 5HA	28 October 2020
Rehman	Ijaz-Ur	Community Mental Health Team, Fan Gorau, Montgomery Infirmary Hospital, Llanfair Road, Newtown, Powys SY16 2DW	29 November 2020
Skarstsen	Anders	Ty Illtyd, Bridge Street, Brecon LD3 8AH	02 December 2020

Approvals Suspended – 1

Surname	First Name	Workplace	Expiry Date
Lorenz	Tom	Catherine Gladstone House, Mancot, Flintshire CH5 2EP	27 December 2021

Retired – 1

Surname	First Name	Workplace	Expiry Date
Evans	Timothy Nigel	Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea SA2 0GH	31 January 2022

No longer Registered - 0

Surname	First Name	Workplace	Expiry Date

No longer working in Wales – 5

Surname	First Name	Workplace	Expiry Date
Ubawuchi	Christopher	Ablett Unit, Ysbyty Glan Clwyd, Bodelwyddan, Nr Rhyl LL18 5UJ	29 January 2021
Lutchman	Russell David	Ty Llywelyn Medium Secure Unit, Bryn y Neuadd Hospital, Llanfairfechan LL33 0HH	05 December 2020
Rastogi	Abinhav	Morlais Ward, Glangwili Hospital, Dolgwili Road, Carmarthen SA31 2AF	14 November 2022
Mohamad	Mirza Wasi	Home Treatment Team, Cerrig Camu, Park Lane, Newtown, Powys SY16 1EN	08 May 2022
Rutherford	Margaret Helen Wood	Ty Catrin, Dyfrig Road, Ely, Cardiff CF8 5AD	20 December 2022

Approvals Ended – 0

Surname	First Name	Workplace	Expiry Date

APPENDIX 2**Mental Health Act 1983****Update of Register of Section 12(2) Approved Doctors for Wales****28th October 2020 – 31st December 2020****Approvals and Re-approvals – 6**

Surname	First Name	Workplace	Date Approval Expires
Thimmaiah	Neema	Heddfan, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD	15 November 2025
Goldring	Katie Jayne	Supported Recovery Unit, Ysbyty George Thomas, Treorchy CF42 6YG	17 December 2025
Lydon	Helen Mary	86 Lake Road East, Cardiff CF23 5NP	22 November 2025
Faisal	Mohammad	Dept of Old Age Psychiatry, Cefn Coed Hospital, Cockett, Swansea SA2 0GH	05 November 2025
Viswanath	Madappa	Cwm Seren Low Secure and PICU, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen SA31 3BB	03 November 2025
Drury	Jayne Helen	Gwyrch Medical Centre, Cae Eithin, Abergele, Conwy LL22 8LJ	22 December 2025

Removed – Expired – 0

Surname	First Name	Workplace	Date Approval Expires

Removed – Ended - 1

Surname	First Name	Workplace	Date Approval Expires
Priyadarshini	Indira	Brynmair CMHT, 11 Goring Road, Llanelli, SA15 3HF	28 December 2020

Removed – AC approved – 5

Surname	First Name	Workplace	Date Approval Expires
Rafferty	Danika	MHSOP, University Hospital Llandough, Penlan Road, Llandough, Penarth CF64 2XX	27 July 2021
Argent	Sarah	Caswell Clinic, Tondu Road, Bridgend CF31 4LN	20 May 2024
Rangoonwala	Yusuf	Whitchurch Hospital, Park Road, Whitchurch, Cardiff CF14 7XB	22 May 2022
Howe	Gareth	Hafod y Wennol Assessment and Treatment Unit, Hensol, Pontyclun, CF72 8JY	03 September 2022
Brazzo	Daniela	CAMHS, Princess of Wales Hospital, Coity Road, Bridgend	23 December 2020

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 – 0

Surname	First Name	Workplace	Date Approval Expires

No longer registered – 0

Surname	First Name	Workplace	Date Approval Expires

Removed – Retired – 0

Surname	First Name	Workplace	Date Approval Expires



Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Documents Signed Under Seal 9.9.20 – 2.12.20						
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary						
Awdur yr Adroddiad Report Author:	Liz Jones, Assistant Director of Corporate Governance						
Craffu blaenorol: Prior Scrutiny:	Executive Team.						
Atodiadau Appendices:	-						
Argymhelliad / Recommendation:							
The Board is asked to note the information presented.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This report complies with Standing Order 9.1.1, which requires a report of all documents signed under seal to be presented to the Board for noting at least twice per year.							
Cefndir / Background:							
Leases, contracts and similar documents require sign off at Chief Executive/Chair level, and the application of the Health Board's official seal.							
Asesiad / Assessment & Analysis							
The documents requiring the official seal to be applied, since 9.9.20, are listed below:							

Document	Date of processing
Agreement under Section 104 of the Water Industry Act 1991 - Proposed Multi-Agency Building, Rowleys Drive, Shotton, Flintshire	9.9.20
Contract: Safe Clean Care - West Region	1.10.20
Contract: Administration Area at Ysbyty Penrhos Stanley - Beach Road, Holyhead, Anglesey, LL65 2QA	1.10.20
Contract: OPMH at Bryn Beryl Hospital - Caernarfon Road, Pwllheli, Gwynedd, LL53 6TT	1.10.20
HM Land Registry Form TR1 (Transfer of whole of registered titles) Land and buildings at the North of Towyn Road, Blaenau Ffestiniog, Gwynedd, LL41 3UR. (Former Physio Clinic)	9.9.20
(Sale) Contract Land and buildings on the north of Towyn road, Blaenau Ffestiniog, Gwynedd, LL41 3UR. (Former Physio Clinic)	9.9.20
Standard Form of Licence - Area of land forming part of Borrass Park Junior School site, Borrass Park Road, Wrexham, LL12 7TH	9.9.20
Deed of Variation - First Floor of Block C Archimedes Centre, Wrexham Technology Park	1.10.20
License to Sublet - First Floor of Block C Archimedes Centre, Wrexham Technology Park	1.10.20
License to occupy on short-term basis - Methodist Church, Capel Ebenezer, Bridge Street, Llangefni, Anglesey LL77 7PN	1.10.20
Lease - Madog Surgery, Cwrt Coffa, High Street, Porthmadog, Gwynedd	14.10.20
License to occupy on Short Term Basis - Deeside Leisure Centre, Chester Road West, Queensferry, Deeside	14.10.20
Refurbishment/Remodelling of Craig Hyfryd, Cambria Street, Holyhead, Anglesey, LL65 1NH	15.10.20
Licence to Occupy on short term basis - Llaingoch Community Hall, South Stack Road, Holyhead, Anglesey, LL65 1LR	6.11.20
Grant of Easement - Corwen Clinic, Green Lane, Corwen	6.11.20
Agreement under Section 104 of the Water Industry Act - The new Railway Station at Corwen	6.11.20
Sub Lease (Part of) Caia Park Primary Care Resource Centre Wrexham	12.11.20
Business Lease - INTEC. Unit G11, INTEC, Ffordd Y Parc, Parc Menai, Bangor, LL57 4FG	2.12.20
Business Lease - INTEC. Unit G10, INTEC, Ffordd Y Parc, Parc Menai, Bangor, LL57 4FG.	2.12.20

V1.0 Approved



Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Quarters 3 & 4 Operational Plan Monitoring Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance						
Awdur yr Adroddiad Report Author:	Mark Wilkinson, Executive Director of Planning & Performance						
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.						
Atodiadau Appendices:	1. Quarters 3 & 4 Operational Plan Monitoring Report						
Argymhelliaid / Recommendation:							
The Health Board is asked to note the report.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarters 3 & 4.							
Cefndir / Background:							
The operational plan has a number of key actions required to be delivered during Quarters 3 & 4 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery was not achieved. For Red rated actions a short narrative is provided.							

Asesiad / Assessment & Analysis**Strategy Implications**

Delivery of the operational plan actions is key to implementation of the Boards strategy

Options considered

N/A

Financial Implications

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.

Risk Analysis

The RAG-rating reflects the risk to delivery of key actions

Legal and Compliance**Impact Assessment**

The operational plan has been Equality Impact Assessed.

Plan Monitoring Report Quarters 3 & 4 2020/21

November 2020

About this Report

- The Quarter 3 & 4 Plan of the Health Board has been agreed by the Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons.
- The Quarter 3 & 4 plan relates to the need to maintain essential non Covid-19 services to minimise risk of harm for life-saving or life-impacting treatments whilst meeting the additional demands of winter pressures.
- This report is a self-assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31st March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the end of November 2020 actual position. The entire report is reviewed and approved by the Executive Team.
- Work is underway in developing the plan for 2021/22 which will also reflect the shift in phasing of response to the pandemic from mobilisation towards parallel running of the pandemic and re-activation of some business as usual activities where it is safe to do so. This reflects transition to sustainable service delivery phase of the plan.
- From December 2020 it has been agreed that Actions rated as Amber will also require supporting narratives to be provided.

RAG	Every month end	by expected delivery date	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG is Amber: No additional Information required
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional Information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional Information required

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Chapter 1: Test, Trace and Protect

Test, Trace, Protect								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
1.00	safe, secure and healthy environment for our people	SPPH	Test, Trace, Protect (TTP) service established across North Wales to minimise the spread	Executive Director of Public Health	30/11/20	P		
1.20	safe, secure and healthy environment for our people	SPPH	Antigen Testing service established with ability to effectively respond to surges		31/10/20	P		
1.30	safe, secure and healthy environment for our people	SPPH	Tracing service established and key performance indicators achieved		30/11/20	P		
1.40	safe, secure and healthy environment for our people	SPPH	Protect plan established		20/12/20	A	G	

Chapter 2: Promoting Health & Wellbeing

Promoting Health & Well-being								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
1.60	safe, secure and healthy environment for our people	SPPH	Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales	Executive Director of Public Health	In line with national policy and guidance	P		

Chapter 3: Planned Care – Page 1 of 6

Continuation of Restart

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
2.3	Essential services & safe planned care	Planned Care Group	Deliver monthly planned care re-start activity plan	Chief Operating Officer	30/11/20	G	P

DEMAND AND CAPACITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
2.4	Essential services & safe planned care	Planned Care Group	Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exists.	Chief Operating Officer	31/10/20	P	
2.5	Essential services & safe planned care	Planned Care Group	Identify specialties where the 'Once for North Wales' approach is not able to provide the required level of access to services.			P	
2.6	Essential services & safe planned care	Planned Care Group	Review of external capacity for key providers			R	R
2.7	Essential services & safe planned care	Planned Care Group	Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment.		31/12/20	A	A

Chapter 3: Planned Care – Page 2 of 6

RISK STRATIFICATION

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
2.8	Essential services & safe planned care	Planned Care Group	Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework.	Chief Operating Officer	19/10/20	P	
2.9	Essential services & safe planned care	Planned Care Group	Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.			R	R

OUTPATIENTS

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
3.00	Essential services & safe planned care	F&P	Provide virtual outpatient appointments wherever possible.	Chief Operating Officer	31/03/21	A	A
3.10	Essential services & safe planned care	F&P	Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access.		31/12/20	A	A
3.20	Essential services & safe planned care	F&P	Develop and implement plans to address backlog of overdue follow up patients			G	G

PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
3.40	Essential services & safe planned care	F&P	Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy	Chief Operating Officer	31/10/20	G	P

Chapter 3: Planned Care – Page 3 of 6

PATHWAY DEVELOPMENT

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
4.10	Essential services & safe planned care	QSE	Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy	Executive Medical Director	31/12/20	A	A
4.20	Essential services & safe planned care	QSE	Ensure PREMs are included in the development of pathways where feasible and appropriate.		31/03/21	A	A
4.30	Essential services & safe planned care	SPPH	Develop the process to arrive at a Digitally Enabled Clinical Services Strategy			A	A

Chapter 3: Planned Care – Page 4 of 6

PLANNED CARE SPECIALTY SPECIFIC PLANS								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
4.4	Essential services & safe planned care	F&P	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Chief Operating Officer	30/11/20	A	R	
4.5	Essential services & safe planned care	F&P	Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic	Executive Director of Planning & Performance	30/11/20	A	P	
4.6	Essential services & safe planned care	F&P	Review of Orthopaedic business case in light of DTC feasibility work.	Chief Operating Officer	31/12/20	G	G	
4.9	Essential services & safe planned care	F&P	Insourcing Diagnostic Capacity. (Subject to market availability)		31/12/20	G	G	
5.10	Essential services & safe planned care	F&P	Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals.		31/12/20	G	G	
5.20	Essential services & safe planned care	F&P	Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.		31/10/20	R	R	
5.30	Essential services & safe planned care	F&P	Review of phlebotomy service model in light of covid-19		31/10/20	P		
5.40	Essential services & safe planned care	F&P	Implement year one (2020/21) plans for Endoscopy		30/11/20	G	G	

Chapter 3: Planned Care – Page 5 of 6

SERVICE SUSTAINABILITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
6.10	Essential services & safe planned care	F&P	Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.	Chief Operating Officer	30/11/20	A	R
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/03/21	G	G

MANAGING CAPACITY – WINTER/COVID

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
6.60	Essential services & safe planned care	Planned care group	Ensure surge and escalation plans are aligned to Planned Care activity needs	Chief Operating Officer	02/11/20	G	P

Chapter 3: Planned Care – Page 6 of 6

2.6: Review of external capacity for key providers

Single Tender Waiver has been signed off to provide additional capacity to the service – this action is progressing well.

2.9: Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.

Full MDTs take place for all cancer patients. Clinical reviews take place of all other patients, the team are working with clinicians to establish whether a full MDT is required for all patients.

4.40: Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists

The eye care work is now being led by the Managing Director for West and significant progress is being made but has missed this target date.

5.20: Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.

Plans are being finalised to agree mid term solutions for this service. Expected data of receipt of plans is in December 2020

6.10: Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.

This has been completed for Ophthalmology and Urology specialties but is on-going for other specialties and is being aligned to the six point plan and the 2021/22 planning cycle.

Chapter 4: Unscheduled Care – Page 1 of 3

Unscheduled Care								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
6.70	Safe unscheduled care	F&P	Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUHB overarching Winter Resilience Plan for 2020-21	Chief Operating Officer	31/10/20	G	P	
Surge Plans								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
7.40	Safe unscheduled care	F&P	Develop surge plans for secondary care, community and primary care services, including the development of specific schemes	Chief Operating Officer	31/10/20	G	P	
7.50	Safe unscheduled care	F&P	Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4.			G	P	
7.60	Safe unscheduled care	F&P	Site specific plans to include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes.			G	P	
7.71	Safe unscheduled care	F&P	Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed.			G	P	

Chapter 4: Unscheduled Care – Page 3 of 3

Phone First								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
9.00	Safe unscheduled care	F&P	Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage	Chief Operating Officer	31/12/20	A	A	
9.20	Safe unscheduled care	F&P	Phone First discussion paper drafted		01/10/20	G	P	

Emergency Department Quality Delivery Framework (EDQDF)								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
9.70	Safe unscheduled care	F&P	Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)	Chief Operating Officer	31/03/21	G	G	

Chapter 5: Primary & Community Care – Page 1 of 3

Primary Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
9.90	safe, secure and healthy environment for our people	SPPH	Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services.	Executive Director Primary & Community Care	31/03/21	G	G

Capture and embed proven technologies in primary care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
10.40	safe, secure and healthy environment for our people	SPPH	Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of:	Executive Director Primary & Community Care	31/03/21	P	
10.50	safe, secure and healthy environment for our people	SPPH	Implementation of the on line platforms			P	
10.60	safe, secure and healthy environment for our people	SPPH	Roll out of New Technology Training /support			P	
10.70	safe, secure and healthy environment for our people	SPPH	Undertake patient satisfaction surveys			P	

Chapter 5: Primary & Community Care – Page 2 of 3

Efficient and effective immunisation and screening activities								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
11.10	Safe unscheduled care	F&P	Development and implementation of actions at a cluster level to deliver improved update in flu immunisation rates.	Executive Director Primary & Community Care	31/12/20	G	G	

Implement General Medical Services Recovery Plan								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
11.70	Essential services & safe planned care	SPPH	Implement Welsh Government GMS Recovery Plan	Executive Director Primary & Community Care	31/10/20	P		

Implement Dental Services Recovery Plan								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
12.30	Essential services & safe planned care	SPPH	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	31/03/21	G	G	

Implement Community Optometry Recovery Plan								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
12.90	Essential services & safe planned care	SPPH	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	31/10/20	G	P	

Chapter 5: Primary & Community Care – Page 3 of 3

Community Health & Social Care								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
13.70	Safe unscheduled care	F&P	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation	Executive Medical Director	31/01/21	A	A	

Support Care Homes and reintroduce CHC								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
13.90	Safe unscheduled care	RPB/ SPPH	Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.)	Executive Director Primary & Community Care	31/12/20	G	G	
14.00	Safe unscheduled care	SPPH	BCU wide Continuing Health Care (CHC) Recovery Plan in operation			A	A	

Chapter 6: Children's Services (Including CAMHS)

Deliver Safe & Effective CAMHS Services								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
15.40	Improvement of Mental Health Services	QSE	CAMHS – Continue to deliver remote consultations via Attend Anywhere	Executive Director Primary & Community Care	31/12/20	G	G	
15.50	Improvement of Mental Health Services	QSE	Restart face to face planned care assessment and intervention work in CAMHS (once approved to start)			G	G	

Neuro-Development								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
16.00	Improvement of Mental Health Services	QSE	Work towards providing Assessments and improve performance against the 26 week target	Executive Director Primary & Community Care	31/12/20	R	R	

Action 16.00 – Neurodevelopment:

There is a long waiting list for neurodevelopment due in part to lack of clinical room capacity and staffing resources. The continuing pandemic is further impacting capacity. The MH&LD Division are working hard to identify sustainable improvements; however, the realistic assessment at present is that it may take approximately two years, using external suppliers, to reduce the waiting list position in line with the 26 week target.

Chapter 7: Mental Health & Learning Disabilities

Mental Health & Learning Disabilities								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
16.40	Improvement of Mental Health Services	QSE	Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board.	Executive Director of Public Health	31/03/21	G	G	
16.80	Improvement of Mental Health Services	QSE	The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.			A	A	
16.90	Improvement of Mental Health Services	QSE	The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time.			A	A	
17.00	Improvement of Mental Health Services	QSE	The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.			A	A	
17.10	Improvement of Mental Health Services	QSE	Additional CPN support to care home sector to avoid admission to acute setting and support early discharge			A	A	

Chapter 8: Covid-19 Oversight

Covid 19 Oversight							
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
17.20	Covid-19 prevention & readiness	QSE	Establish a Coronavirus Coordination Unit (CCU)	Executive Director Primary & Community Care	09/10/20	P	
17.30	Covid-19 prevention & readiness	QSE	Full operation of a Coronavirus Coordination Unit (CCU)		01/11/20	A	R
17.40	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework		09/10/20	P	
17.50	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding covid-19 activity		01/11/20	A	R

17.30 Full operation of Coronavirus Co-ordination Unit (CCU):

Delay in recruitment processes for staffing for the Coronavirus Co-ordination Unit. Two staff members now in place and awaiting a third member to commence post. Other processes for governance, information and management are in place. Executive Incident Management Team started in December 2020.

17:50: Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding Covid-19 activity.

Informatics team is recruiting to additional posts and developing the Business Intelligence Unit approach for the Health Board

Chapter 9: Digital Health

Digital Health							
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
17.70	Effective use of resources	D&IG	Phase 3 of Welsh Patient Administration System re-focus on West implementation	Executive Director Primary & Community Care	30/06/21	R	R
17.80	Effective use of resources	D&IG	Pending approval of the business case – deploy WEDS		30/11/20	R	R
17.90	Effective use of resources	D&IG	Development of the digital health record		31/03/21	G	G
18.00	Effective use of resources	D&IG	Implementation of Baseline pan-BCU Health Records Project		31/12/20	G	G
18.10	Effective use of resources	D&IG	Implementation of Digital dictation project		31/12/20	G	G
18.20	Effective use of resources	D&IG	Development of priority business cases for sustainability of services		31/10/20	G	P
18.30	Effective use of resources	D&IG	Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team.		31/12/20	G	G

17.60: Phase 3 of the Welsh Patient Administration System re-focus on West implementation

The implementation of WPAS has been put on hold by NWIS which will result in a 7 month delay. The approach to future implementation is being agreed. NWIS have indicated a possible re-start date of May 21.

17.80: Pending approval of the Business Case, deploy WEDS

The WEDS Business Case was approved by F&P on the 29th October 2020. Deployment has started. This is a red risk because delivery is behind schedule. Further work is being undertaken on the benefits and will be presented to F&P Committee on the 22nd December 2020.

Chapter 10: Estates & Capital

Estates/ Capital							
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
18.40	Effective use of resources	SPPH	Ablett Mental Health Unit Outline Business Case	Executive Director of Public Health	31/01/21	A	A
18.50	Effective use of resources	SPPH	Residencies: Outline Business Case	Executive Director of Planning & Performance	31/12/20	G	G
18.60	Effective use of resources	SPPH	North Denbighshire Community Hospital		30/11/20	G	P
18.70	Effective use of resources	SPPH	Ysbyty Gwynedd compliance		31/12/20	G	G
18.80	Effective use of resources	SPPH	Wrexham Maelor Hospital		31/03/21	G	G

Chapter 11: Workforce & Organisational Development - Page 1 of 2

Workforce and Organisational Development - Part 1							
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20
19.80	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4.	Executive Director of Workforce & Organisational Development	31/12/20	G	G
19.90	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery		31/12/20	G	G
20.00	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.		31/12/20	A	A
20.20	safe, secure and healthy environment for our people	QSE	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with		31/02/21	A	A

Chapter 11: Workforce & Organisational Development – Page 2 of 2

Workforce and Organisational Development - Part 2								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
20.30	safe, secure and healthy environment for our people	QSE	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	Executive Director of Workforce & Organisational Development	31/12/20	A	A	
20.50	safe, secure and healthy environment for our people	QSE	Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose		31/01/21	A	A	
20.70	safe, secure and healthy environment for our people	QSE	Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement.		31/01/21	A	G	
20.80	Effective use of resources	SPPH	Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.	Executive Medical Director	31/03/21	A	A	

Chapter 13: Performance & Accountability – Integrated Governance

Performance & Accountability: Integrated Governance								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
20.90	Integrated governance structure	F&P	To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans.	Executive Director of Workforce & Organisational Development	31/12/20	G	G	

Chapter 14: Finance: Effective Use of Resources

Finance: Effective use of resources								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
22.01	Effective use of resources	F&P	Budget Setting Process 2021/2022	Executive Director of Finance	31/03/2021	G	G	
22.02	Effective use of resources	F&P	Financial plan using sustainability funding to support IMTP		31/03/2021	G	G	
22.03	Effective use of resources	F&P	VBHC implementation		31/03/2021	G	A	

Further Information

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb
<http://www.facebook.com/bcuhealthboard>

Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Quality & Performance (QAP) Report				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance				
Awdur yr Adroddiad Report Author:	Mr Ed Williams, Head of Performance				
Craffu blaenorol: Prior Scrutiny:	The data and information in this report has been scrutinised by the Quality, Safety & Experience (QSE) Committee and the Finance & Performance Committee, both held in October/ November 2020. Changes have been made in response to feedback received from QSE committee members.				
Atodiadau Appendices:	1. Quality & Performance Report November 2020				
Argymhelliad / Recommendation:					
The Health Board is asked to scrutinise the report and to consider whether any area needs further escalation to be considered.					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/> Er gwybodaeth For Information
Sefyllfa / Situation:					
It is important to note that, due to the continued Covid-19 pandemic, whilst Welsh Government will not be performance managing Health Boards based on the performance measures included in this report, they have recommenced the monitoring and publishing of the data.					
This report includes available indicators from the National Delivery Framework, together with a section on Covid-19 and Essential Services Delivery.					
Cefndir / Background:					
Our report outlines the key performance and quality issues that are of priority for the Health Board. The summary of the report is now included within the Executive Summary pages of the QAP Report and demonstrates the work related to Covid-19, essential service delivery as well as the key measures contained within the 2020-21 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales.					
Asesiad / Assessment & Analysis					

Strategy Implications

The performance measures within the report are aligned with the National Delivery Framework.

Options considered

Not Applicable

Financial Implications

The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board.

Risk Analysis

The present pandemic has produced a number of risks to the delivery of care across the healthcare system. The paper highlights the risks arising directly from Covid-19 and the need to maintain essential non-Covid-19 services. The impact of Covid-19 on non-Covid-19 planned care is reported together with the interdependencies between ensuring safe re-start of elective care and balancing the risk of covid-19 for patients, staff and system capacity.

Legal and Compliance

This report will be available to the public once published for the Health Board

Impact Assessment

The Report has not been Equality Impact Assessed

Quality & Performance Report



Health Board November 2020

Covid-19 Pandemic

It should be noted that all services have been impacted by the Covid-19 Pandemic, and/or the measures put in place to combat the spread of Covid-19. Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported is not compared as 'like-for-like' to previous months/ years performance.

Report Structure

The format of the report reflects the published National Delivery Framework for 2020-21. This aligns to the Quadruple aims contained within the statutory framework of A Healthier Wales.

Additional sections are added to reflect Covid-19 key performance indicators and the work on maintaining essential services.

The report is structured so that measures complementary to one another are grouped together. Narratives on the 'group' of measures are provided as opposed to looking at measures in isolation.

This report contains data showing the impact of the pandemic on referrals, planned care activity and waiting lists.

Performance Monitoring

This report uses the Key Performance Indicators agreed by executives as the key indicators of performance aligned to the Board's operational plan and risks reportable to Welsh Government under the NHS Wales Delivery Framework and have been scrutinised by the Finance & Performance Committee and the Quality, Safety & Experience Committee.

Performance is measured via the trend over the previous 6 months and is represented by RAG arrows as shown below.



Performance has improved over the last 6 months



Performance has got worse over the last 6 months



Performance remains the same

Operational Plan Monitoring

The operational planning for 2020-21 has been impacted by the pandemic with planning cycles re-defined into quarterly plans.

The Quarter 3&4 operational plan has been approved by the Board and submitted to Welsh Government. The likelihood of delivery of the actions contained within this plan are reported in the accompanying Q3&4 Operational Plan monitoring report.

As a consequence of the changes in the planning cycle for 2020-21 and the uncertainty around the future levels of Covid-19 the ability to produce month on month profiles to monitor performance against is severely limited.

Ongoing development of the Report

The intention for future reports is to continue to align the reporting of Covid-19 related pandemic indicators with the essential services service status and the National Delivery Framework while developing the reporting against the actions in the operational plans.

As patient and staff safety permit, we will recommence the development of profiles for delivery for activity taking place in short-term cycles, reporting on referrals, new ways of working, emergency and elective activity and waiting lists.



Key Messages

Number of Covid-19 cases rising and bed occupancy is increasing

2 week National 'firebreak' Lockdown implemented in Wales from 23rd October

Essential services largely maintained, however activity remains significantly reduced

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The committee are asked to note the following:

Covid-19 Update

At the time of writing, to date over 465,440 tests have been carried out, of which 20,638 were positive for Covid-19. The turnaround from Test to Result is now averaging at 100% completed within 24 Hours.

The Covid-19 vaccination programme has commenced across North Wales with 10,283 1st doses having been given to date. In coming weeks the Oxford vaccine will also be rolled out. In the February 2020 report we also will report on vaccination roll out performance.

Essential Services

Whilst routine referrals remain relatively low in comparison to pre-Covid-19 rates, urgent, suspected cancer referrals have recovered. There have been improvements across areas of planned care however as the prevalence of Covid-19 infections rises, there is increasing pressure on maintaining essential services.

Quadruple Aim 1: Prevention

Despite the impact of the Covid-19 pandemic on most planned care services, it is encouraging to see that our immunisation of children programmes have continued to deliver throughout quarter 2, 2020/21 at 96.5% of eligible children receiving 6 in 1 Hexavalant and 93.4% of eligible children receiving 2 doses of MMR vaccinations by age 5.

Our seasonal flu campaign began in late September and by the end of November we have already exceeded the 75% target for over 65's at 76% and the 60% target rate for Staff at 69.96%.

Quadruple Aim 2: Infection Prevention

In comparison to the same period of 2019/20 there has been a fall in the number of most infection types across Wales and the Health Board. However, there has been a rise in the rate of C.difficile infections across Wales.

This month's report includes data and graphs that demonstrate that the Health Board is one of the best performing in Wales in terms of Infection Prevention and Control. The Infection Prevention

and Control teams continue to work on reducing the number of infections alongside their work on Covid-19.

Quadruple Aim 2: Mental Health

Both Adult and Children's Mental Health services have begun to recover as services have been re-established after the initial outbreak of the Covid-19 Pandemic.

For Adult Mental Health there was a slight dip in performance compared to last month, however the number of patients starting therapy within 28 days of assessment remains above the 80% target at almost 90%.

The number of patients experiencing delayed transfer of care (DToC) within our mental health and the length of stays has decreased in November. The service is continuing to resolve issues that lead to DToC, and it is expected that the number and length of DToC's will continue to fall over the coming months.

Whilst performance against the 26 Week target or children awaiting Neurodevelopment assessment remains

challenging at 22.65%. However, plans, recently approved, will enable us to increase capacity to see 120 children per month.

Quadruple Aim 2: Unscheduled Care

Whilst the rate of patients seen within 4 hours in our Emergency Departments have fallen again this month, there have been improvements with less patients waiting over 12 hours in November. The number of patients experiencing ambulance handover delays of over one hour fell for the first time since April 2020.

Work to reduce the number of non-mental health delayed transfers of care (DToC) continues to deliver a reduction in the number of patients and the length of time those patients remain in hospital beyond their planned discharge dates.

Performance against three of the four national measures for Stroke Care has improved for the third consecutive month in November. However, performance against the admitted within 4 hours measure has fallen

The committee are asked to note the following:

Quadruple Aim 2: Planned Care

In North Wales, like all the other Health Boards in Wales, Covid-19 continues to severely impact upon our capacity to safely deliver planned care services at the pre-Covid-19 rates and as a result waiting times are increasing. However, the Health Board has seen the number of people waiting over 8 weeks for diagnostic tests, and the number waiting for therapy fell in November.

Performance against the 31 Day cancer target remains strong at 100%. Despite the capacity issues leading to delays in radiology and endoscopy continuing to impact upon performance against the 62 day measure, performance improved to 84% in October 2020, 1% below the 85% target.

The total number of patients waiting on the Follow Up waiting list fell for the first time in November. Also falling for the first time is the number of those patients that are more than 100% overdue their follow up date.

Unfortunately, performance against the Eye Care Measure continues to deteriorate and details of the issues and resolutions for improving performance on this measure can be seen on page 15.

Quadruple Aim 3: Workforce

Staff sickness rates continued to fall for the fourth consecutive month in November. The second wave of the pandemic has now begun and as predicted in the previous report, Covid-19 related sickness has begun to increase.

PADR Rates remain high and the Health Board remains the second best performing Health Board in Wales in terms this measure.

Quadruple Aim 4: Agency /Locum Spend

Reducing the spend on agency and locum staff continues to be a priority for the Health Board and this month sees a reduction to 6.89% of our staffing budget being spent on agency and locum staff.

Quadruple Aim 4: Mortality and Timely Interventions

Crude Mortality (under 75 years old has increased 0.5% to 0.97%.

Previous improvement upon the rate of provision of Sepsis Six bundles to eligible patients within our emergency departments has not carried on into November, falling to 47.56% compared to 56% in September 2020.

Covid-19

Key Messages

Second wave of
Covid-19 is
affecting North
Wales

National
Lockdown in
place to help
prevent spread
of Covid-19

Covid-19
Vaccination
programme
underway

Measure	at 4th January 2021
Total number Covid-19 Vaccinations given BCU HB**	10,283
Total number of tests for Covid-19 (cumulative)	465,443
% Tests turned around within 24 Hours (Last 7 days)	100%
Number of results: Positive (cumulative)	20,638
% Prevalence of Positive Tests (cumulative since 30 th January 2020)	4.4%
Rate of positive cases per 100,000*	2,940.3
Number of (PHW) Deaths - Confirmed Covid-19*	595

Source: BCU IRIS Coronavirus Dashboard, accessed 4th January 2021

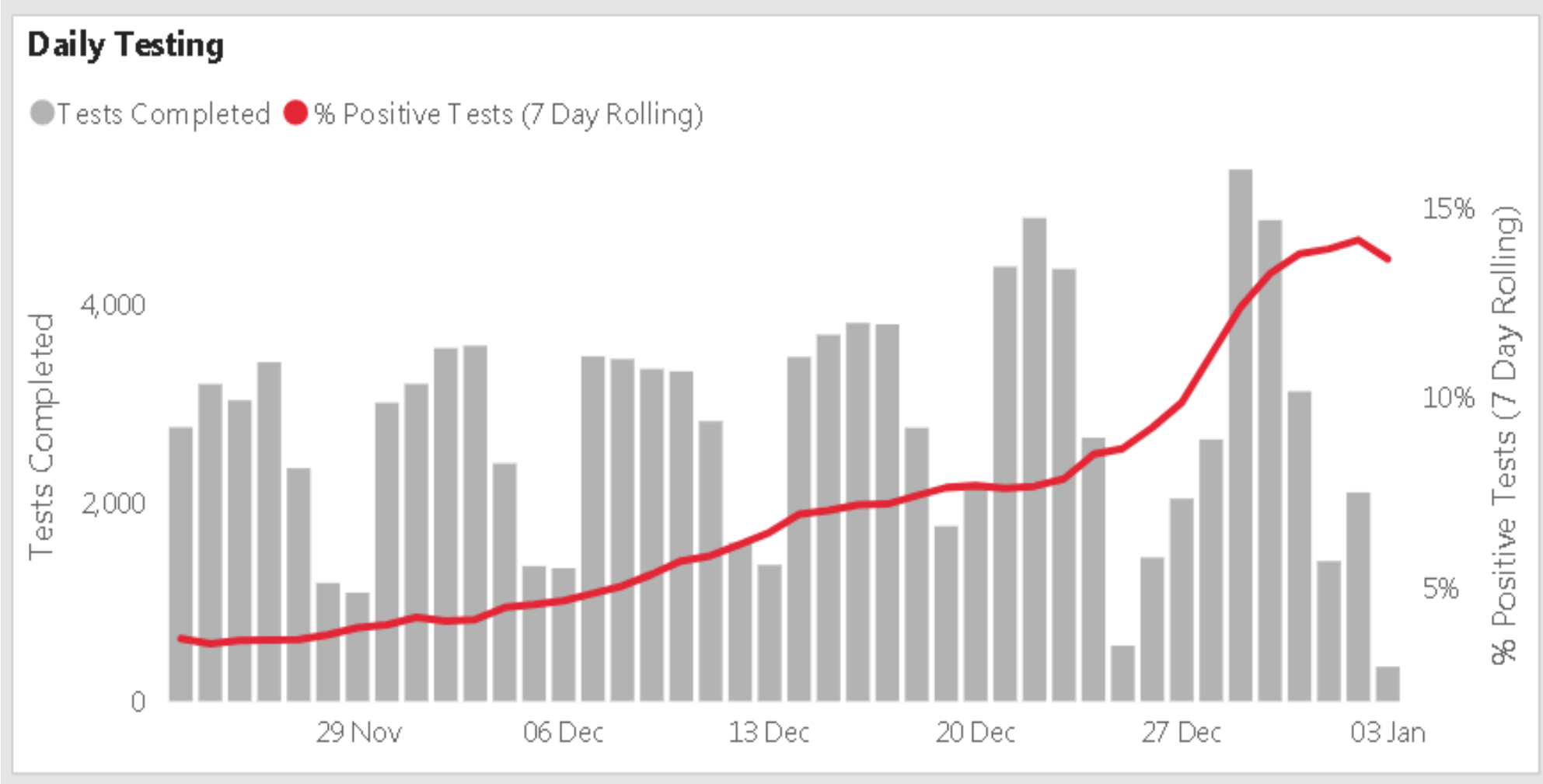
* PHW Coronavirus Dashboard Accessed 4th January 2021

** at 6th January 2020

Quality & Performance Report
Health Board



Covid-19 Test Information



Cumulative number from 22nd November 2020
Source: BCU IRIS Covid-19 Dashboard. Accessed 4th January 2021



Essential Services

Key Messages

Essential Services are those which need to continue throughout the pandemic to reduce risk of harm

Essential services covers a wide range of Primary, Community, Secondary and Tertiary care Pathways

Re-start of planned care impacted by second wave of pandemic

Average Number comparison:	Pre Covid-19	Post Covid-19
Referrals into Secondary Care (average per week) w/e 6th December	5,022	3,988
Referrals Urgent, suspected Cancer (average per week) w/e 6th December	542	523
New Outpatient Attendances (Year to Date includes Virtual) April to November	177,087	110,337
Follow Up Outpatient Attendances (Year to Date includes Virtual) April to November	367,867	244,555
Diagnostic 8 Weeks Breaches (Per Month) - November 2020	2,233	13,418
Patients over 62 Days open on Urgent, suspected cancer pathway (at 10th December 2020)	103	254
Elective Inpatient/ Daycase Procedures (Year to Date compared to same period 2019) to 30th November 2020	31,653	16,463

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

People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

Key Messages

Despite the pandemic, uptake levels of childhood immunisations have remained high in North Wales

Successful flu Vaccination campaign with targets already achieved at end of November

1st doses of Covid-19 vaccinations commenced

Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Q2 20/21	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	>= 95%	96.50%	↑
QSE	Q2 20/21	Percentage of children who received 2 doses of the MMR vaccine by age 5	>= 95%	93.40%	↓

On 8th September 2020, Welsh Government announced that the measure 'Percentage smokers CO-validated as quit' has been discontinued in light of safety concerns in carrying out the test due to Covid-19. Work is underway to develop a new, safer testing process.

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

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

Key Messages

Planned Care delivery developed a new approach to address clinical risk and service capacity

Bed Occupancy on acute sites is high and Covid-19 positive admissions increasing

Significant challenges becoming evident with ambulance handovers delays and 12 hour waits

Top 5 Measures (based on movement up or down)






Period	Measure	Target	Actual	Trend
Nov 20	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>95%	72.73%	↓
Nov 20	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	1,302	↑
Nov 20	Number of Ambulance Handovers over 1 Hour	0	925	↓
Nov 20	Number of patients waiting more than 8 weeks for diagnostic test	0	13,418	↑

Quadruple Aim 2 Measures: Infection Prevention

Committee	Period	Measure	Target	Actual
QSE	Nov-20	Cumulative numberof MRSA cases	0	5
QSE	Nov-20	Cumulative number of C.difficile cases	0	148

- We are performing quite well in all infections compared with other Welsh Health Boards (see slide 11).
- In 2019/20 we had a reduction in Clostridium Difficile Infections (CDI) trajectory, but have been unable to improve our position this year as much as we would have liked. This year to date we have seen 148 CDI cases, with East reporting 44 at the end of November (against trajectory of 42), Central reporting 62 (against 30) and West reporting 42 (against 27). All Welsh Health Boards have seen increases in Clostridium Difficile Infections (CDI).
- Methicillin Resistant Staphylococcus Aureus (MRSA) five cases year to date all from samples collected in the Emergency Department and considered to be of community onset. In comparison to last year to date BCU has had 17% fewer infections. Second position across Wales.

Quadruple Aim 2 Measures: Unscheduled Care

Committee	Period	Measure	Target	Actual	Trend
F&P	Nov-20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	62.30%	
F&P	Nov-20	Number of Ambulance Handovers over 1 Hour	0	925	
F&P	Nov-20	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>95%	72.73%	
F&P	Nov-20	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	1302	
F&P	Nov-20	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>= 50%	30.60%	

Quadruple Aim 2: Narrative - Unscheduled Care

Emergency Department (ED) Performance

BCUHB combined ED performance for November 2020 was 72.8% (comprising 88.8% West, 65.9% East, 66.3% Centre). This is a slight reduction compared to 73.6% in October. ED only performance in November was 66.2% comparable with 67.2% in October. There was reduction in the total number of delays for both >12 and >24 hours during November of 1,302 and 388 respectively, however the delays are largely attributable to Central and East sites with West reporting considerably lower delays for these two targets. There was a slight reduction in the number of attendances overall for BCUHB from 11,629 in October to 11,299 in November, with YG and YWM seeing slight reductions and YGC a slight increase. Ambulance handover performance for >60 minute delays reported an improved position of 925 reported in November compared to 1,002 in October. YGC is reporting the highest number of these delays (585) followed by YWM, (249) and YG (91).

Key drivers for performance include; lack of flow out to base wards; high ED occupancy; ED crowding and capacity issues; and, at Wrexham, long doctor waits largely due to lack of available capacity to review and treat patients quickly and high locum reliance. Challenges with emerging positive patients identified in 'green' patient areas creating 'contact' issues that require cohorting. YG have made good progress with Medically Fit For Discharge (MFFD), and a reduction in lost days supporting flow and the site are also seeing a reduction in lost ambulance hours for the month compared to last year.

Actions identified – across all sites include: ambulance handover improvement plans & escalation processes; working with WAST to explore intelligent conveyancing; continue to develop Same Day Emergency Discharge (SDEC) models; continue and monitoring of revised site escalation processes / action cards; rapid swabs for admissions leading to earlier decision making in the pathway; implementation of phase 1 of Phone First model to book appointment slots in ED/MIU for appropriate clinically assessed patients from Single Integrated Clinical Assessment and Triage (SiCAT).

Site specific actions include: (YWM) focus on maintaining operational communications between ED and WAST Operational Delivery Unit (ODU) and ensuring HAS screens are operational (to address software / hardware issues) and installation of additional screens; responding to cessation of Paediatric streaming; reduction in hours available for Minor Injuries / Fracture Clinic; responding to revised Infection Prevention & Control guidance which has prevented egress from the department until a Covid-19 status is confirmed. Stabilisation of Medical (SHO) workforce with a number of new starters coming off supernumerary status and decisions awaited for further investment. (YGC) – continued implementation of SAFER Framework & Red2Green principles – lead appointed; refurbishment of void areas on wards 6 & 10; Embed Ambulance Triage Nurse role and handover Standard Operating Procedure (SOP); implement Patient Flow Co-ordinator across Emergency Quadrant (EQ) to co-ordinate access to beds and more timely pull of patients. Review findings of a joint WAST audit to identify alternative care pathways. Further strengthen focus on patients with long lengths of stay. (YG) Ongoing development of MFFD reviews with Multi Disciplinary Teams (MDT) communication to support patient flow; Development of single front door to ensure patients are swabbed/managed prior to coming into the hospital footprint; Additionally and potentially the ability to utilise the whole system in the West to support ED demand through the re-consolidation of Out of Hours (dispersed during Covid-19) and take forward the introduction of EDOU (space utilised as a priority for Same Day Emergency Care (SDEC)) if capital slippage presents.

YG = Ysbyty Gwynedd; YGC = Ysbyty Glan Clwyd; YWM = Ysbyty Wrecsam Maelor; MIU = Minor Injuries Units; WAST = Welsh Ambulance Service NHS Trust

Quadruple Aim 2: Narrative - Unscheduled Care

Stroke Care Performance

Key drivers for Stroke performance:








- Access to Stroke Co-ordinators – due to staff shortages Stroke coordinators (East) have been included in the ward numbers and therefore unavailable to respond to the stroke bleep.
- Timeliness of referrals for CT scan – impacted by access to stroke co-ordinators
- Availability of beds on Acute Stroke Unit (ASU) – due to site pressures driving bed capacity and usage protection is undermined (this is a problem due to site pressures for general medical beds and having to wait for Covid-19 result in Emergency Department (ED) if side room on ASU not available)
- Swabbing delays increasing pressure

There is recognition that there is more to do to improve the delivery of stroke services across the Health Board. Areas of work being taken to improve performance include:

Actions being taken:

- Pathway work with ED to raise awareness on targets which include timeliness to CT scan, thrombolysis, swallow assessments (ensuring all ED nursing staff are trained) and time to ASU
- Work on referral pathways when Stroke Co-ordinators not available - working with wards to raise awareness of importance of the targets
- Work with Site Management re adherence to retaining beds on ASU – 2 vacant beds required to support stroke targets
- Recruitment to band 5 vacancy in Speech & Language Therapy (SALT) (East) in September should see an improved performance once fully trained.
- Presenting business plan 11.12.20 to Strategy, Partnership & Population Health Committee for funding to support service improvement and early supported discharge to support ASU

Quadruple Aim 2 Measures: Planned Care

Committee	Period	Measure	Target	Actual	Trend
F&P	Oct-20	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	TBA	82.30%	
F&P	Nov-20	Number of patients waiting more than 8 weeks for a specified diagnostic	0	13,418	
F&P	Nov-20	Number of patients waiting more than 14 weeks for a specified therapy	0	2,493	
F&P	Nov-20	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	>= 95%	43.70%	
F&P	Nov-20	Number of patients waiting more than 36 weeks for treatment	0	52,719	
QSE	Nov-20	Percentage of children and young people waiting less than 26 weeks for neurodevelopment assessment	>= 80%	22.65%	
F&P	Nov-20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	34,721*	63,575	

Quadruple Aim 2: Narrative - Planned Care (Page 1)

Referral to Treatment (RTT) Performance

Overall waiting list size stands at 114,472, compared to 109,567 last month.

Long waiters continues to rise with 52,719 over 36 week waiters, The over 52 week waiters has increased to 25,026, showing a continuing worsening position we should expect the length of wait for P4 patients to continue to increase due to the limited capacity available.

The Q3/Q4 plan is indicating approximately 63% of the pre-Covid-19 activity will be delivered.

Theatre activity on all sites has increased but the average case per session is approximately 1 case lower than in pre-Covid-19 and is currently 1.67 cases per list. Work is on-going to identify solutions to these issues.

The P risk stratification is continuing to be a risk for the organisation despite the upgrades of the PAS system and is being mitigated by manual counts and reconciliation. It is difficult to implement the Once for North Wales approach whilst this is on-going.

Diagnostics Performance

Radiology: The number of patients waiting for radiology diagnostics is currently 9,479, that's is a slight improvement from last month. Further imaging capacity is now on-line and we are continuing to use a combination of additional hours and insourcing to help address the capacity gap. The additional capacity in ultrasound Although future referral rates are uncertain, we anticipate the upward trend in waiting list size to continue through November but hope to see reductions commencing thereafter, as the radiology recovery plans continues.

Endoscopy waiting list size is 2,625 and the Once for North Wales approach continues. The insourcing tender is now complete and Endoscopy are now planning the mobilisation of the Insourcing

Cancer Performance*

October 2020 performance against targets:

- 84% of patients referred as urgent suspected cancer (USC) treated within 62 days of referral (target 95%)
- 100% of patients not referred as USC treated within 31 days of decision to treat (target 98%)
- 77% of patients treated within 62 days of suspicion of cancer (single cancer pathway measure – no target)

October 2020 Activity v pre Covid-19 levels:

- GP USC referrals – 100%
- New diagnoses – 92%
- First treatments – 96%

Issues:

- GP USC referrals have returned to pre-Covid-19 levels but cumulatively remain approximately 4,000 lower than last year to end of October
- Cumulatively new diagnoses are approximately 400 lower than last year with a reduction in early stage diagnoses due to the temporary cessation of screening services
- Screening services and diagnostic services are now back up and running

*Cancer performance is reported 1 month in arrears

Ophthalmology Performance

Eye care (secondary care component) continues to contribute to long waits within the organisation, with currently 7,844 patients above 36 weeks and 4,176 of that number waiting over 52 weeks.

At stage one - 5,266 patients are waiting over 36 and 2,349 at stage 4.

The Managing Director of West has been asked to take over the leadership and progression of eye care by the Planned Care Transformation Group and to report on a regular basis.

The Optometry Advisor has now commenced post and the Eye Care Collaborative governance structure is back in place. The eye collaborative recommenced on the 14th December 2020 with robust reporting across North Wales, with commentary into Access and the Planned Care Group. Challenges in many of the pathways regarding waiting times, especially cataract, Diabetic Retinopathy and Glaucoma pathways due to Covid-19 continues. Risk stratification is in place and insourcing for Ophthalmology commences in late December until the end of the financial year. Although focusing on cataracts this will allow internal capacity to focus on the other conditions described above.

Opportunities to improve utilisation of Ophthalmic Diagnostic Treatment Centres (ODTCs), recently picked up again after Covid-19 issues and being initiated across North Wales with the 6 Optometry practices

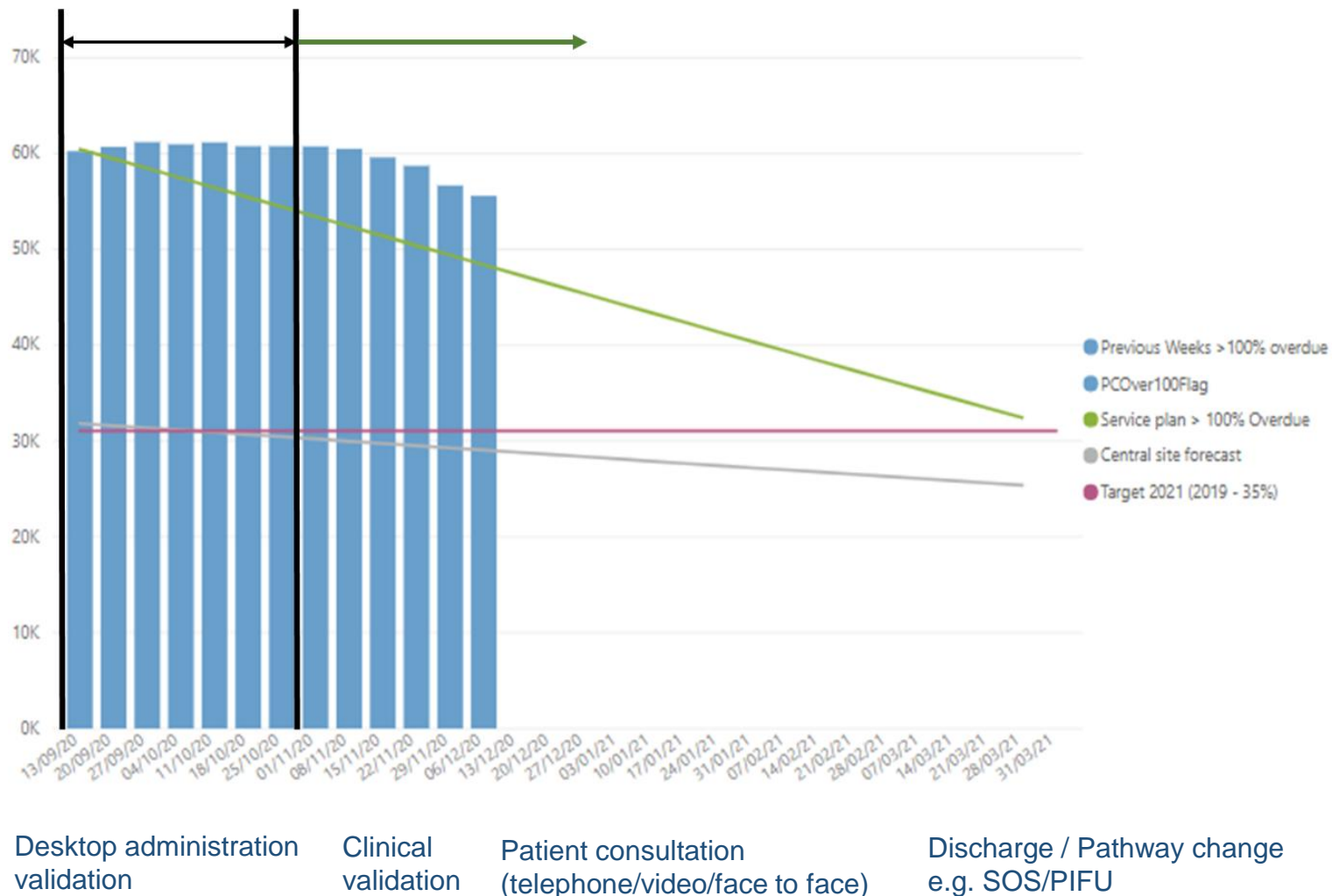
Ophthalmology stage 4 is still being worked on a Once for North Wales approach and an audit is being undertaken to establish its impact from a quality and activity perspective.

Quadruple Aim 2: Narrative - Planned Care (Page 3)

Follow-up Backlog Performance

The Follow-up backlog has been translated into a new dashboard. This dashboard splits the backlog dividing it by directors that manage the specialties so they can see the performance for those specialties they manage. The directors were then asked to provide a commitment of reduction of the >100% overdue and the ask was to meet the 2019/2021 Welsh Government target of reduction. This commitment is then displayed as a reduction trajectory and this (Backlog Actual v Trajectory) being discussed weekly in the Planned Care Performance Review Meetings where the directors are invited to discuss their delivery performance, providing assurance of delivery in line with their proposed commitment (trajectory) where any slippage is supported by recovery plans that are also discussed.

The outcome of this impacts all follow-up backlogs as not only do the services need to meet their reduction target but also in order to achieve this need to manage the follow-ups that will tip into an overdue status, therefore, the challenge being reducing the flow of follow-up backlogs into an overdue status while reducing the already overdue. Since the implementation of this approach with the OP Project Manager and the Performance Team, there has been a week on week trend of reduction, and as said this being a reduction as well as managing the follow-ups that are at risk of falling into an overdue status preventing the growth of overdue follow-ups.



Neurodevelopment

Current Position:

As of December the waiting list for an neurodevelopment assessment stands at 2,086 patients, of which 1,360 (East 1,081, Centre 35, West 244) have waited in excess of the 26 week target. Referrals have increased upon the levels seen during the initial part of the pandemic by 70% over the average Apr-Sep and are now at 95% of 2019/20 levels. Although the level of referrals accepted has decreased by 30% which we are going to monitor if this pattern is maintained over the quarter. The previous prediction regarding the continue waiting list growth remains (Quarter 3 WL of approx. 2,300, of which 1,700-1,750 will be in excess of the 26 week target) which suggest our demand is likely to be in the middle of our expectations if this continues .

Re-start Position:

All teams have begun the Re-start program including adaptation of social observation and engagement in our current Social Distancing environments. Clinical Room capacity and resources have been identified as a challenge to achieve pre pandemic levels of activity and options are being explored to seek solutions to this challenge







Recovery Position:

Recruitment of staff for the expansion of service had gone well however in September several candidates withdrew from the job offers to some key positions. We have begun the recruitment process to replace. This combined with the clinical room availability raises the risk of the service achieving our previous aim of being at full capacity in Quarter 2.

The tender for additional assessment capacity has been completed and one supplier achieved the required standard and contracts are being exchanged. They will offer in the first 12 months double the amount of external capacity we have had access to previously and in the second year this has the potential to double again to over 1,000 assessments. Recovery bids to fund the lost assessment capacity during service restrictions (an approx. 370-400 assessments) were supported however due to the time limited element of the funding (month 12, 20/21) and some delay in the contract exchange the opportunity to utilise this fully in the time frame will be challenging. If further funding becomes available going into the next financial year to enable these bids to be supported, and the potential to seek additional suppliers, support/approval will be required.

The prediction regarding achievement of the WL target is unchanged (Quarter 2 2022/23 or Qtuarter 3 2023/24 using our Best/Worst case scenario) however once we are able to identify value of this years additional funding we can utilise and availability of replacement next year we can produce an updated projection .

Quadruple Aim 2 Measures: Mental Health

Committee	Period	Measure	Target	Actual	Trend
QSE	Oct 20	Percentage of mental health (Adult) assessments undertaken within 28 days of referral	>= 80%	79.00%	
QSE	Oct 20	Percentage of therapeutic interventions (Adult) within 28 days of assessment	>= 80%	90.30%	
QSE	Nov 20	Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy	>= 80%	32.93%	
QSE	Nov 20	Total Number of mental health delayed transfer of care (DToC) patients	Reduction	13	
QSE	Nov 20	Total Number of mental health delayed transfer of care (DToC) bed days	Reduction	2,312	
QSE	Oct 20	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged 18 years & over)	90%	91.39%	

Quadruple Aim 2: Narrative – Mental Health

Adult Mental Health

The MH&LD Division have continued to improve the MHM position for assessments within 28 days. The Division are delivering assessment and therapeutic interventions within 28 days, above the national target rate, and part 2 and 3 continue to be compliant

Part 1 →

1,115

Total Referrals



875

Total Discharges

Patients Currently Waiting (Latest Snapshot)

842

Assessment →

534

Intervention →

Part 2 - Latest Snapshot →

5,131

Total Caseload



Part 3 →

38

Total Reassessments



Psychological Therapy

The divisional SLT together with the executive lead for MHLD arranged to meet with the heads of specialities in Psychology (30.11.2020) in order to agree and progress the appointment of a Divisional Head of Psychology/professional lead. This step is in order to begin the engagement with the profession.

Unfortunately the meeting was poorly attended and the division is reconsidering how to better engage with the psychology teams.

Once there is engagement with the professional leads, the division may then begin to agree and implement the actions and intentions within the psychological therapies review, together with the stakeholders within the division.

Mental Health Delayed Transfers of Care (DToC)

East: 11 – ↑ 9

Centre: 7 - ↑ 5

West: 3 - ↓ 2

Rehab: 2 – ↓ 3

LD: 2 – no change

Of the 25 patients across Mental Health & Learning Disabilities awaiting discharge, appropriate placements have been identified for 5 patients and dates for discharge are being confirmed. 4 Patients are awaiting a bed, 5 patients due to Covid-19 on the ward, 2 due to Covid-19 at care home, 1 patient is awaiting Housing accommodation, 3 patients awaiting nursing assessment to be completed, 3 awaiting Open Rehab placement, 2 funding requests presented at CHC panel and awaiting decision

Action taken – Divisional Senior Leads continue to monitor and review through daily safety huddles all patients who have a delayed discharge. A weekly DToC briefing is completed for all area identifying any barriers to discharge, and actions being taken to progress.

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

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals. Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.

Key Messages

Staff health and well-being is a key priority for the health board

Staff have responded well to the demands placed upon them

Continued reduction in Agency/ locum spending in a challenging environment

Measures

Committee	Period	Measure	Target	Actual	Trend
F&P	Nov-20	Percentage of sickness absence rate of staff	< 5%	5.45%	↓
F&P	Nov-20	Personal Appraisal and Development Review (PADR)	>= 85%	70.53%	↑
F&P	Nov-20	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework	>= 85%	83.56%	↑
F&P	Nov-20	Agency spend as a percentage of total pay bill	Reduce	6.89%	↑

Quadruple Aim 3: Workforce

Sickness Absence

The BCU overall total sickness absence rate (12 month rolling) has fallen for the fourth consecutive month to 5.51%.

Non-Covid-19 related sickness absence has increased marginally this month, however the November 2020 figure of 4.9% is nearly ¾ of a percent better than the same period last year (5.7% November 2019).

Covid-19 related sickness has increased by 0.1% from last month but is still low compared to the high of 2% in May and now stands at 0.5% in November 2020.

Workforce & OD teams continue to focus support to hotspot areas with staff testing.

The Staff Flu vaccination programme has seen 71.45% of Direct patient contact staff and 69.61% of all staff take up as at end of November.

The Staff Wellbeing Support Service (SWSS) amongst other service continues to support wellbeing throughout the Covid-19 period.

PADR

PADR compliance has sustained over 70% during November. Support offered to North Wales wide hospital services during October and November has had a positive impact as the division has seen an increase of 5.1%. Further support sessions around conducting PADR's are also being arranged with managers within the division.

Managers from 2 cohorts who are enrolled onto A Step Into Management (ASIM) programme attended the PADR module during November. The virtual space provided them with the opportunity to reflect on the PADR process, to discuss any barriers or issues they encounter and to share best practice with other delegates.

Support has also been offered to Pharmacy in Area West as a direct impact of feedback from the local Workforce Improvement Group.

Mandatory Training

Mandatory training compliance this month saw an increase in every subject at level 1 with an overall compliance increase reported at 83.5%.

Following communication sent to all staff reminding them about the requirement to complete Mental Capacity training, we have seen an increase of 1.5%.

Compliance within all staff groups is also reporting an increase on the previous month. The biggest increase of 1% is reported within Nursing and Midwifery.

Reports detailing projected compliance timelines have been forwarded to all Subject Matter Experts (SME's). This will update all SME's on particular months where non-compliance projections will increase.

Quadruple Aim 4: Agency Spend

Key points are:

Agency spend has reduced slightly in November compared to October and the majority of months since April 2020. M&D agency and locum/bank spend has remained static for the last few months at around £3.2m, Nursing & Midwifery (N&M) agency, bank and overtime has remained static again this month at around £2.2m.

- Overall Agency spend as a percentage of total spend has decreased overall by 0.3% with Bank spend percentage also decreasing by 0.1% this month.
- Overall Agency spend percentage is 0.3% lower than the comparable period last year.
- Agency Medical & Dentist (M&D) is up by 0.2% on last month which is second highest month in the previous 5 months. Most divisions have seen increases in agency spend, in particular East area and Wrexham Maelor Hospital (WMH), with the exception of Ysbyty Gwynedd (YG) and West area.
- N&M bank percentage spend has remained static this month which has seen a corresponding decrease in N&M Agency percentage spend.

Actions to address:

a) Filling substantive vacancies

BCU overall vacancy rate has reduced again this month to 7.7% (reduced by 0.1%), however there are still shortages in key staff groups. Most significantly BCU has 56fte consultant vacancies. The COVID vaccination campaign is taking priority with over 100 vaccinator applications being processed in December. Actions taken to speed M&D recruitment have seen time to hire reducing over the last five months. Support is being focussed on hard to fill vacancies including wide reaching social media campaigns. N&M vacancies are still of concern with 459fte Band 5 vacancies. A dedicated N&M Recruitment and Retention working group is now operating a comprehensive work plan, sub-groups are supporting this with progress being reported monthly to the steering group.

a) Reducing sickness absence

BCU sickness rate (12 month rolling) fallen for the third month. Non-Covid-19 sickness absence (November 2020) at 4.9% is better than the same period last year. Covid-19 related absence is 0.5% which is considerably lower than the peak of 2% in May 2020. Workforce & OD teams including HR managers continue to focus on hotspot areas and on complex cases. Staff Wellbeing Support Service (SWSS) is in place to support mental wellbeing throughout the Covid-19 period

a) Increasing supply of internal temporary staff

Particularly in nursing and medical & dental staff groups to provide a more cost effective alternative to Agency. N&M - Focussed recruitment of N&M staff this year has seen large increase in 'bank only' workers with 416 'bank only' N&M registered staff now registered to internal bank, up from 307 in March. Recruitment to Medical Staff Bank (MSB) has seen increases in 'bank only' workers with 246 'bank only' Medical Staff Bank registered staff, up from 138 in March. Although in November 2020 MSB reported the highest overall fill rate since introduced last year (99.9%), the bank fill reduced compared to agency; in terms of the reasons for booking M&D shifts, annual leave appeared to be a larger factor this month compared to summer months during the Covid-19 first phase.

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

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people centred, timely, efficient and equitable. This will bring individuals to the fore and consider the relative value of different care and treatment options, in line with Prudent Health. Research, innovation and improvement activity will be brought together across regions - working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

Key Messages

0.5% Increase in Mortality Rate, from 0.92% to 0.97%

Increased system working to link Health and Social Care Data

North Wales Covid-19 Protection and Response Plan Produced

Measures

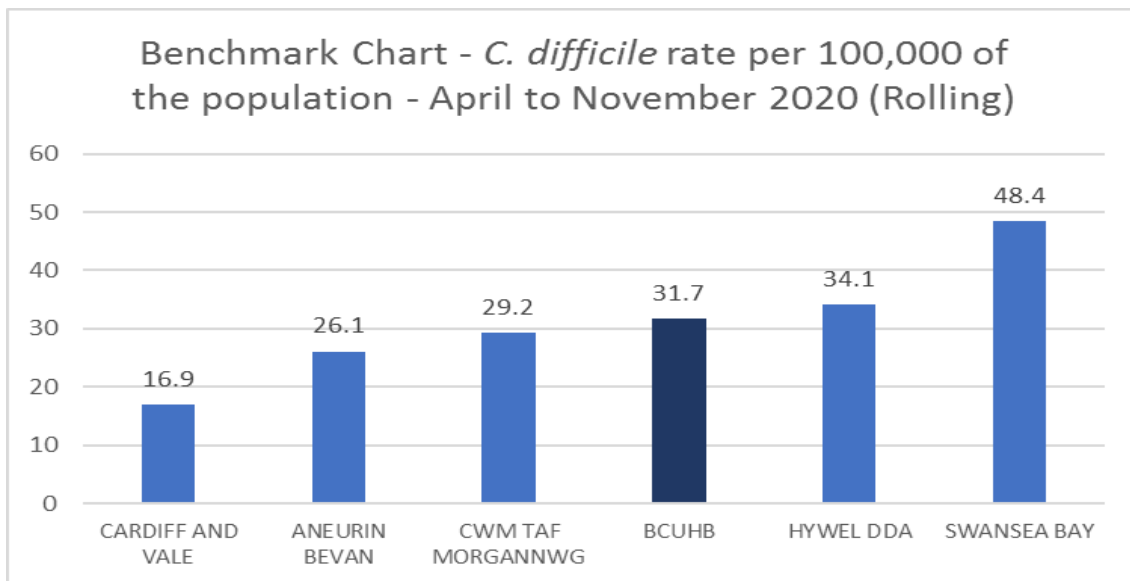
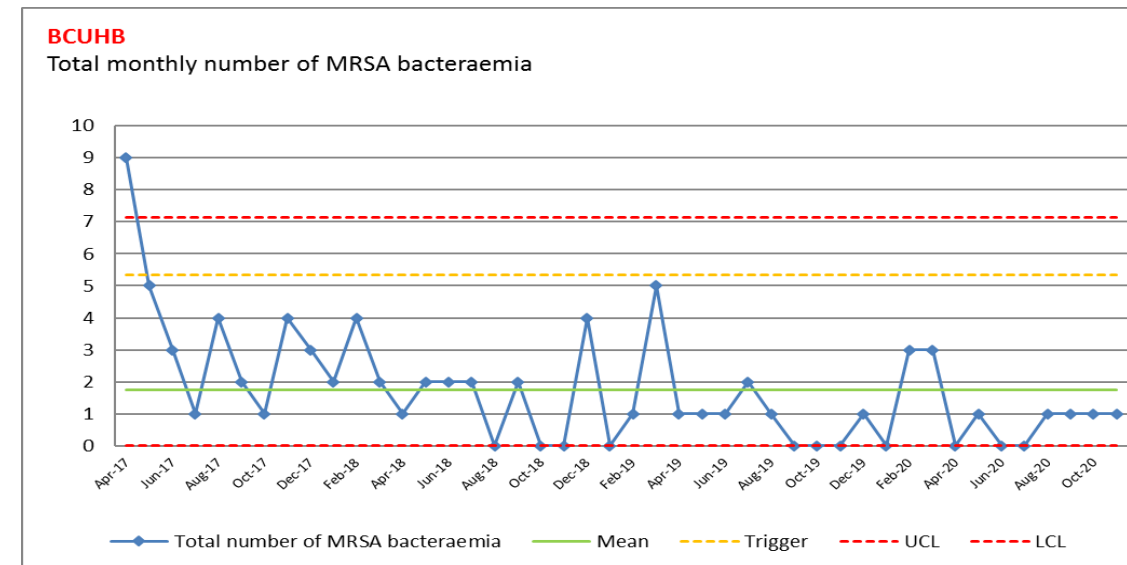
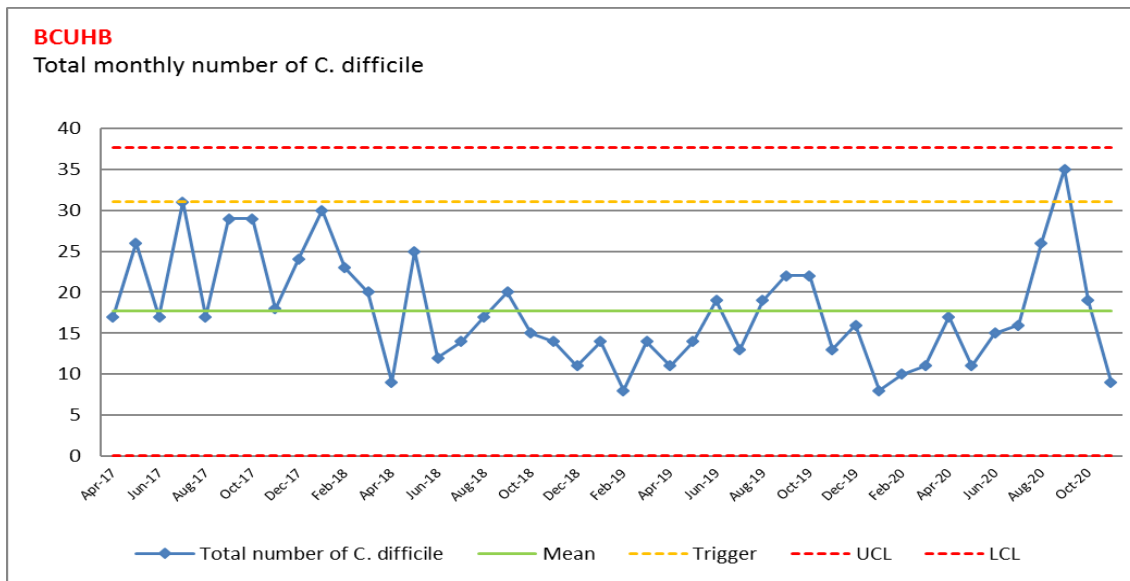
Committee	Period	Measure	Target	Actual	Trend
QSE	Oct 20	Crude hospital mortality rate (74 years of age or less)	Reduction	0.97%	↓
QSE	Nov 20	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	Improve	47.56%	↓

Quadruple Aim 4: Narrative

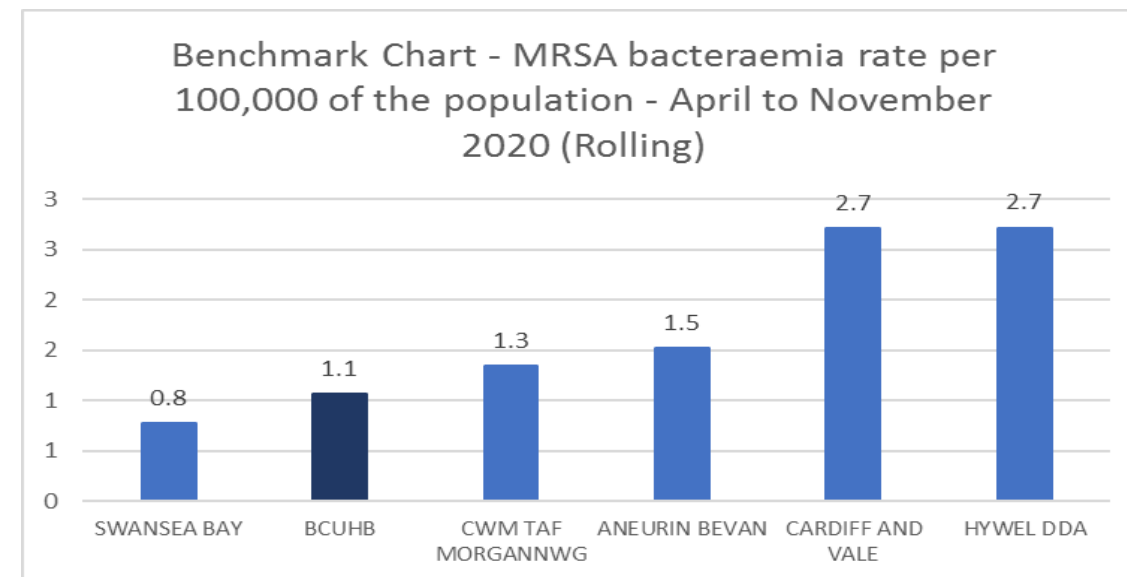
Outcome	Actions	Timeline	Lead	Progress
1. Develop a reducing avoidable mortality strategy	<ol style="list-style-type: none"> 1. Establish a Reducing Avoidable Mortality Steering Group (RAMSG) 2. Develop a surveillance report to identify potential areas for action 3. Develop a strategy 	<ol style="list-style-type: none"> 1. Completed 2. Completed 3. March 2021 	Melanie Maxwell	<ol style="list-style-type: none"> 1. Established Summer 2019 2. Regular report to Reducing Avoidable Mortality Steering Group (RAMSG) 3. In discussion with the interim Medical Director - agreed this will be embedded within the Quality strategy and the focus will be on the policy - CLOSED
2. Redevelop Learning from Deaths policy.	<ol style="list-style-type: none"> 1. Hold workshops with primary & community and secondary care to review and update current process 2. Revise existing policy and process; complete approval process 3. Monitor implementation through the QSE quarterly assurance report 	<ol style="list-style-type: none"> 1. Completed 2. March 2021 3. Quarterly 	Melanie Maxwell	<ol style="list-style-type: none"> 1. Workshops held with all divisions to agree principles for new process 2. Draft to be prepared for RAMSG in Jan 2021 3. Monitoring tool agreed with QSE requires further
3. Ensure BCU processes are aligned with the introduction of the Medical Examiners Service (ME) piloting form Sept 2020 in YGC)	<ol style="list-style-type: none"> 1. Pilot Datix Mortality Module 2. Roll out electronic Datix Mortality Review module 3. Working with ME Officers to agree processes 	<ol style="list-style-type: none"> 1. Completed 2. Mar 2021 3. Mar 2021 	Mel Baker	<ol style="list-style-type: none"> 1. Piloted and developed 2. YGC Completed; YG in progress; WMH training from Nov 2020; Areas - to be agreed 3. Series of ME/Clinician awareness sessions held <ul style="list-style-type: none"> • Process to receive ME reports developed • Meeting to explore paperless transfer of case notes to ME to enable centralised working held; paper being produced
4. Reduce mortality through specific improvement collaboratives	<ol style="list-style-type: none"> 1. Sepsis collaborative to improve ED delivery of Sepsis (Sponsor Kate Clark) 2. Consider other areas for action 	<ol style="list-style-type: none"> 1. Delayed 2. Delayed 	Melanie Maxwell	<ol style="list-style-type: none"> 1. Sepsis collaborative ran 2018/19 – changes made have not embedded. Unable to release ED staff/resource a further collaborative. Exploring alternative methods to support improvements. 1. CHKS presentation to RAMSG –Divisions to identify those who need access to the system. To consider how the surveillance report can be enhanced <p><i>This work is delayed due to limited resources during Covid pandemic</i></p>

Additional Information

Quadruple Aim 2: Charts Infection Control page 1

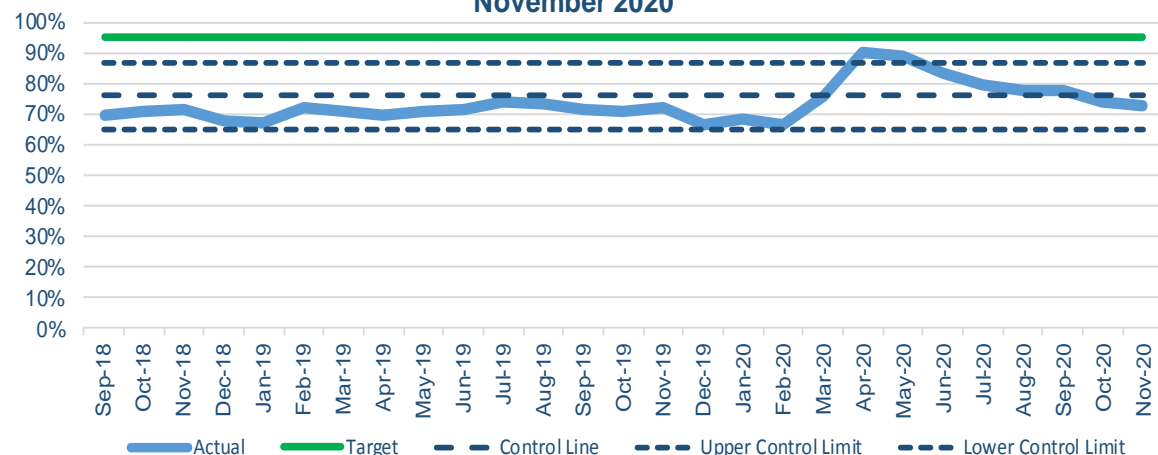


Data to end of November 2020



Quadruple Aim 2: Charts Unscheduled Care

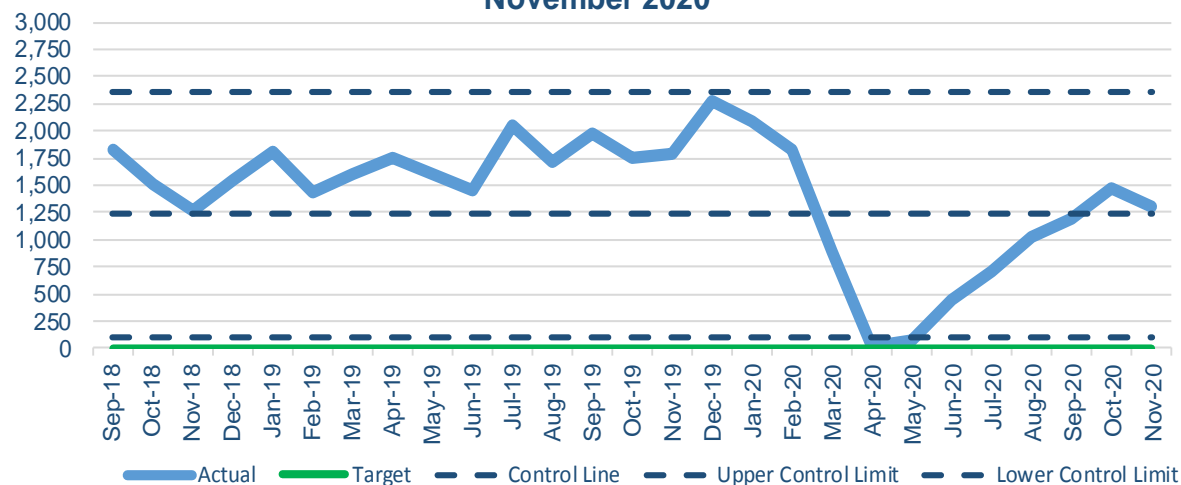
BCU Level - Emergency Department (inc MIU) 4 Hour Waits:
November 2020



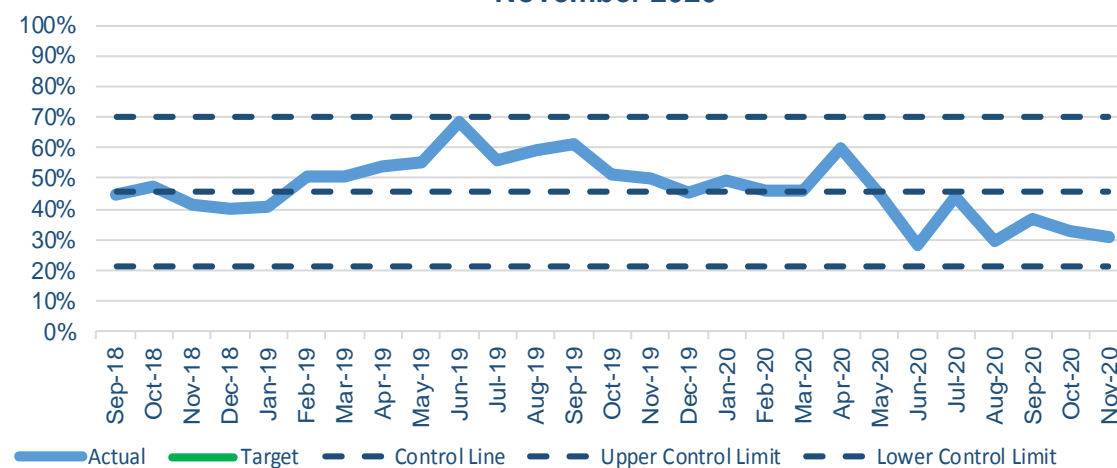
BCU Level - Ambulance Handovers over 1 Hour:
November 2020



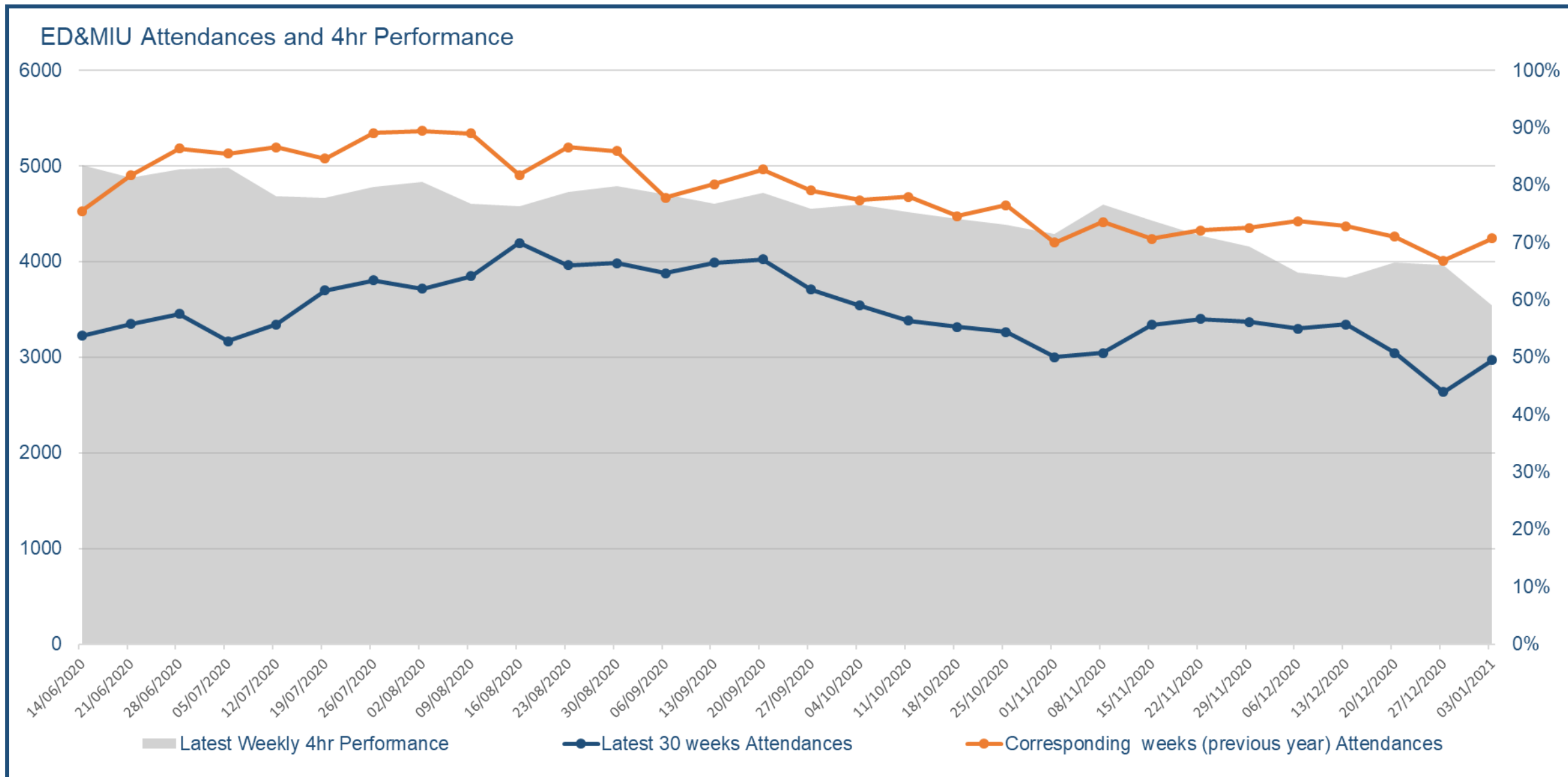
BCU Level - Emergency Department 12 Hour Waits:
November 2020



BCU Level - Stroke Care - Admissions within 4 Hours:
November 2020

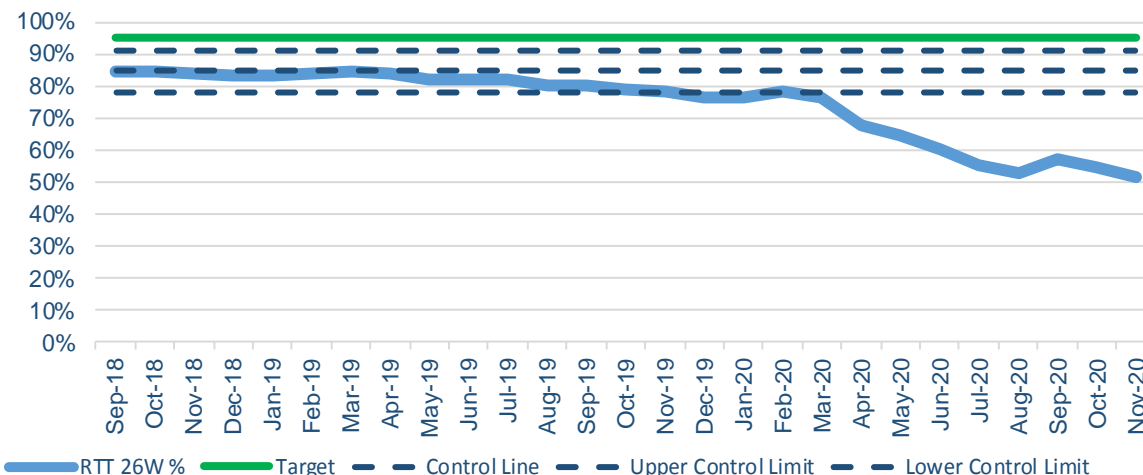


Quadruple Aim 2: Unscheduled Care: Attendances

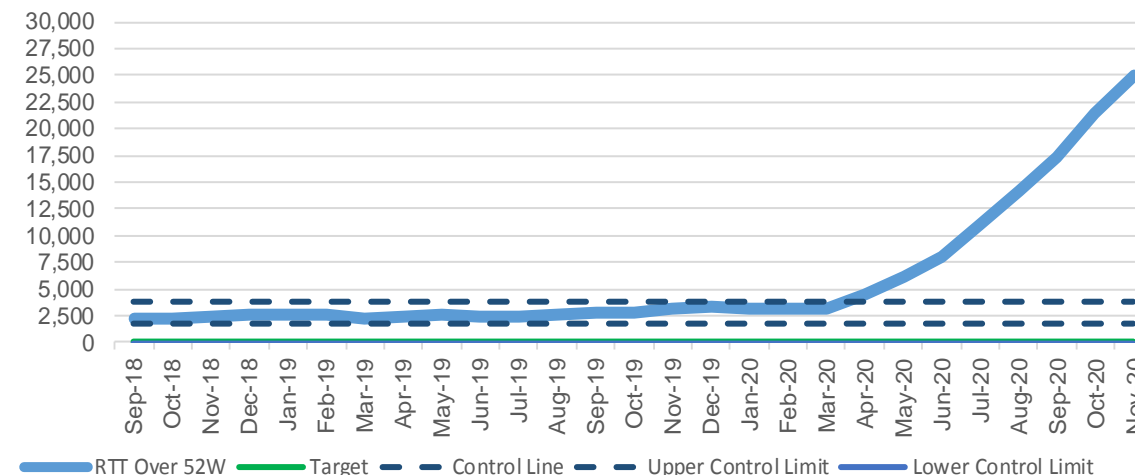


Quadruple Aim 2: Charts Planned Care page 1

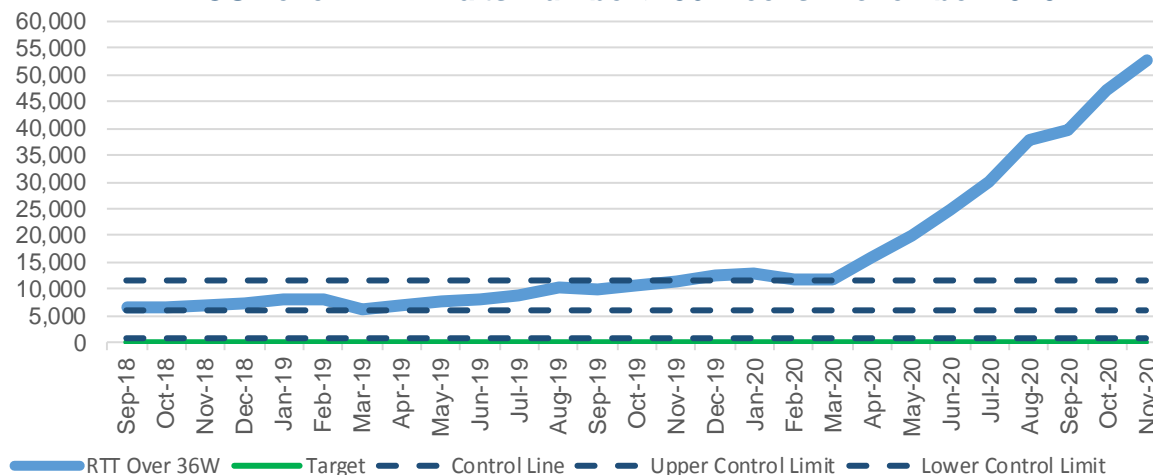
BCU Level - RTT Waits % <= 26 Weeks: November 2020



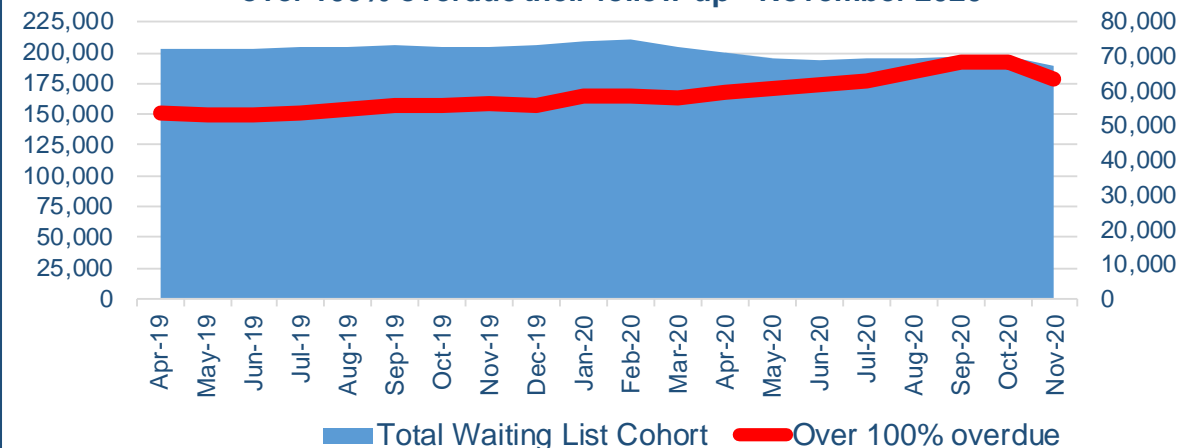
BCU Level - RTT Waits Number > 52 Weeks: November 2020



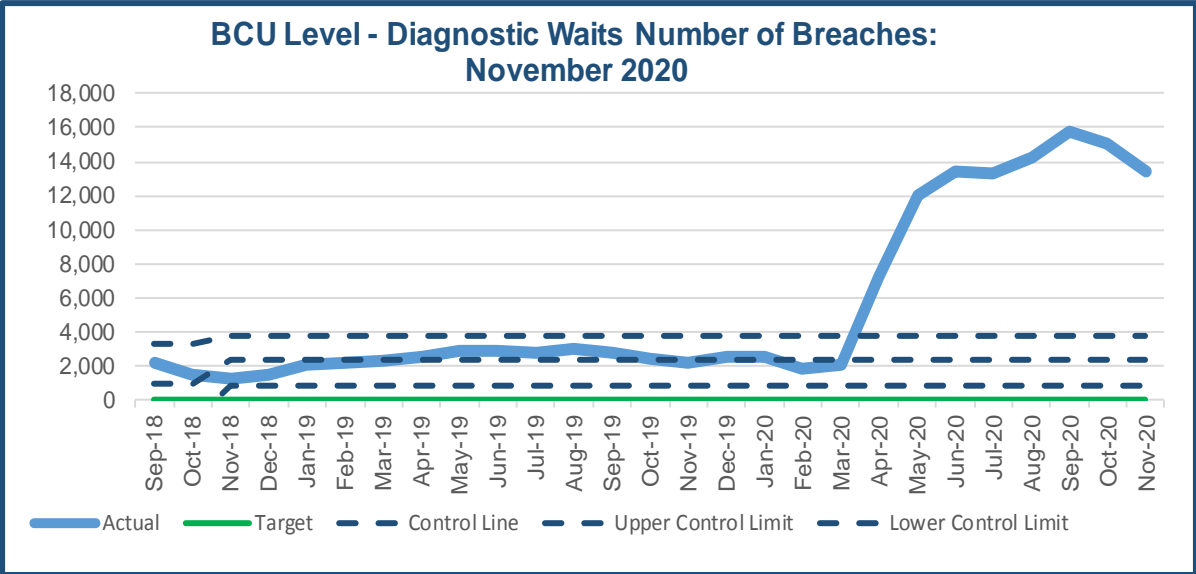
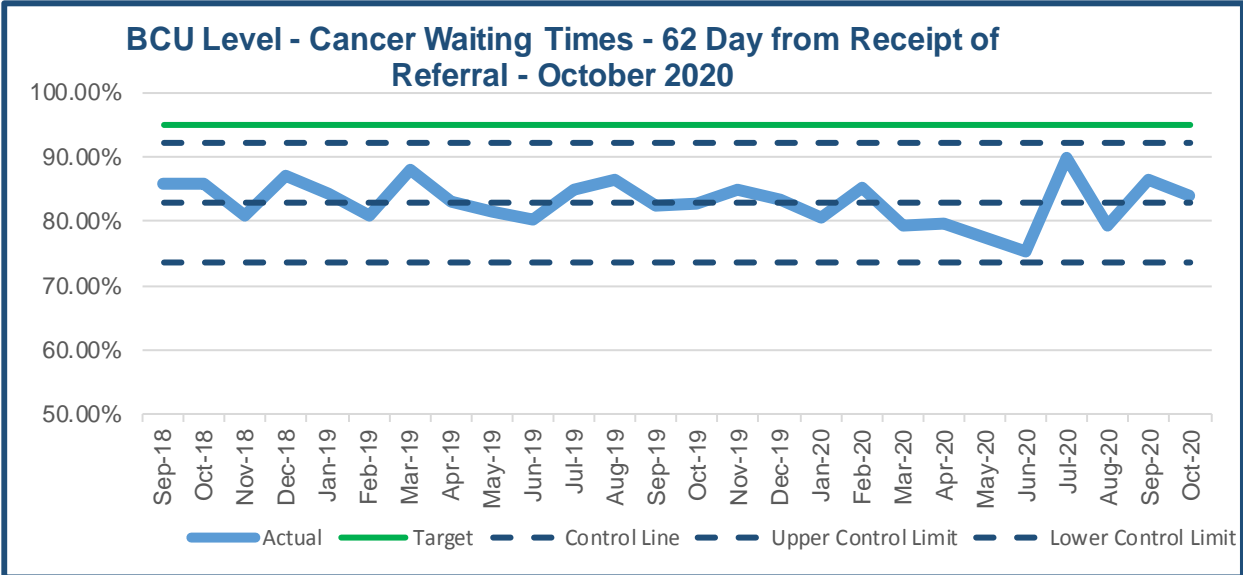
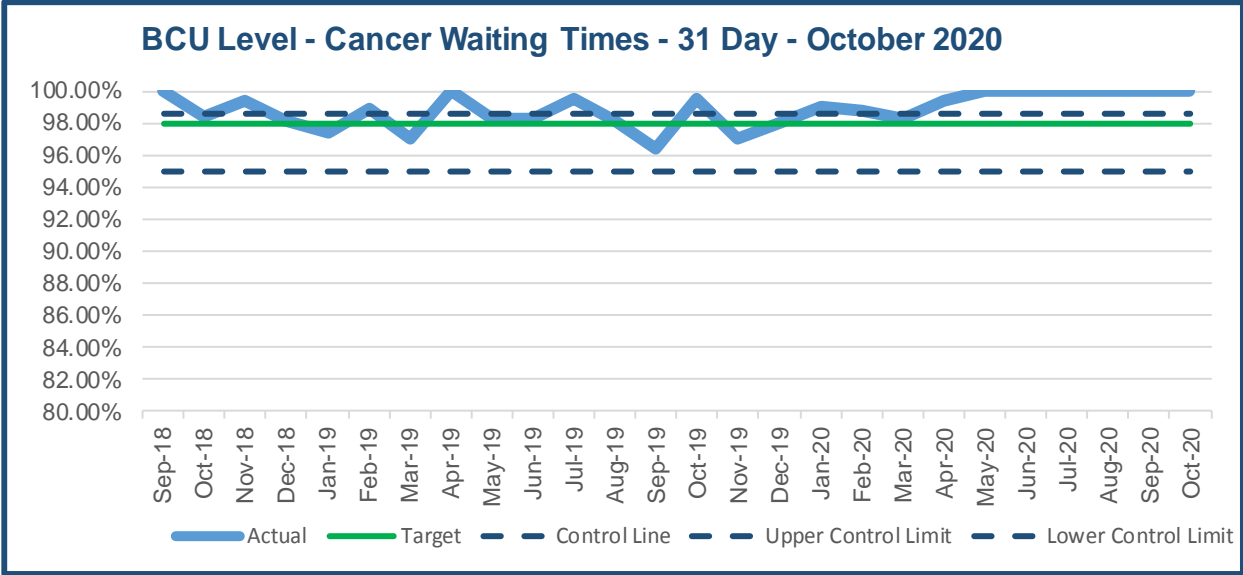
BCU Level - RTT Waits Number > 36 Weeks: November 2020



BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - November 2020

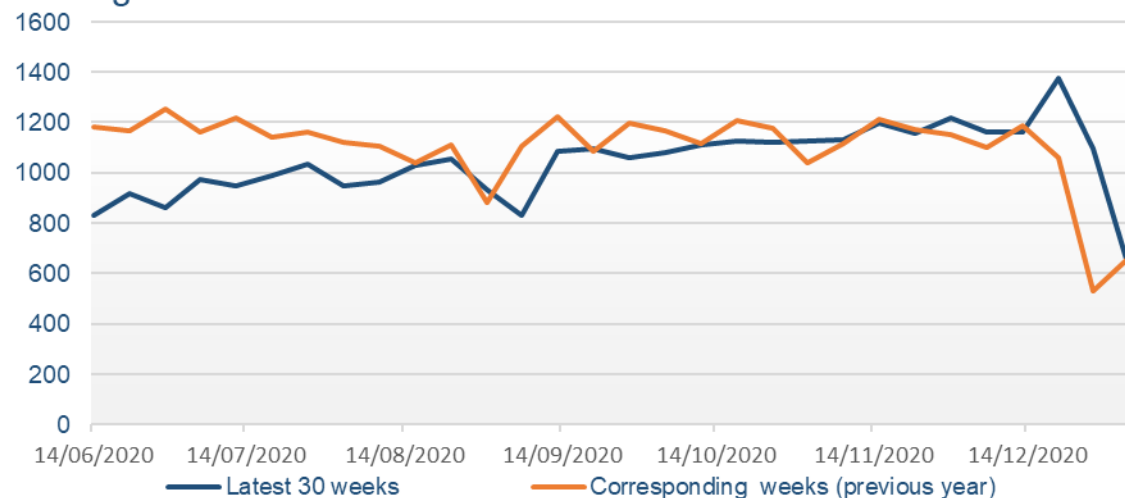


Quadruple Aim 2: Charts Planned Care page 2

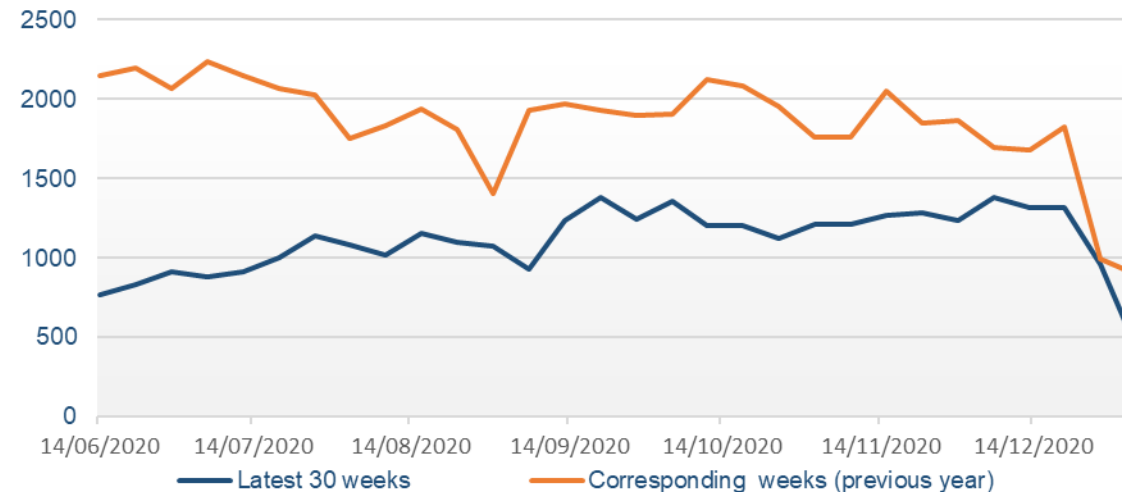


Covid-19 Impact on Planned Care Referrals and Out Patient Activity

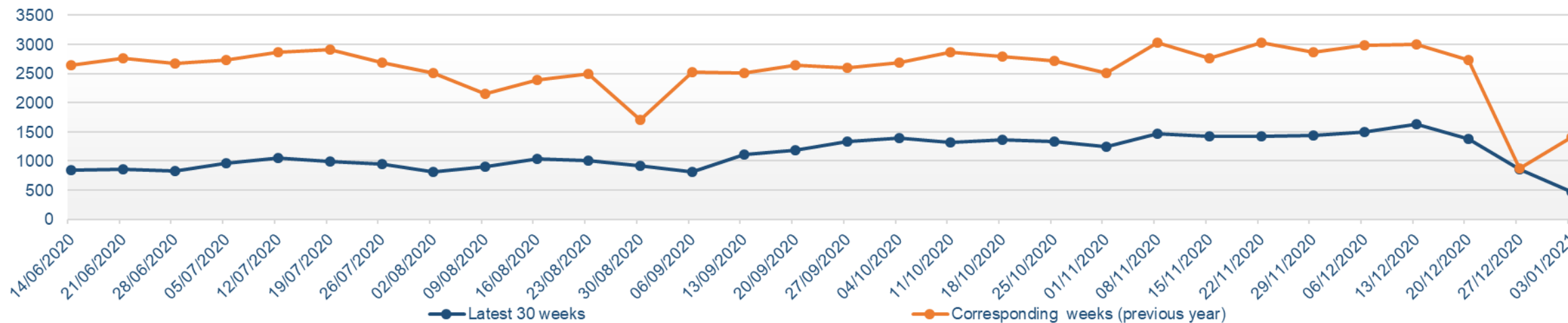
GP Urgent



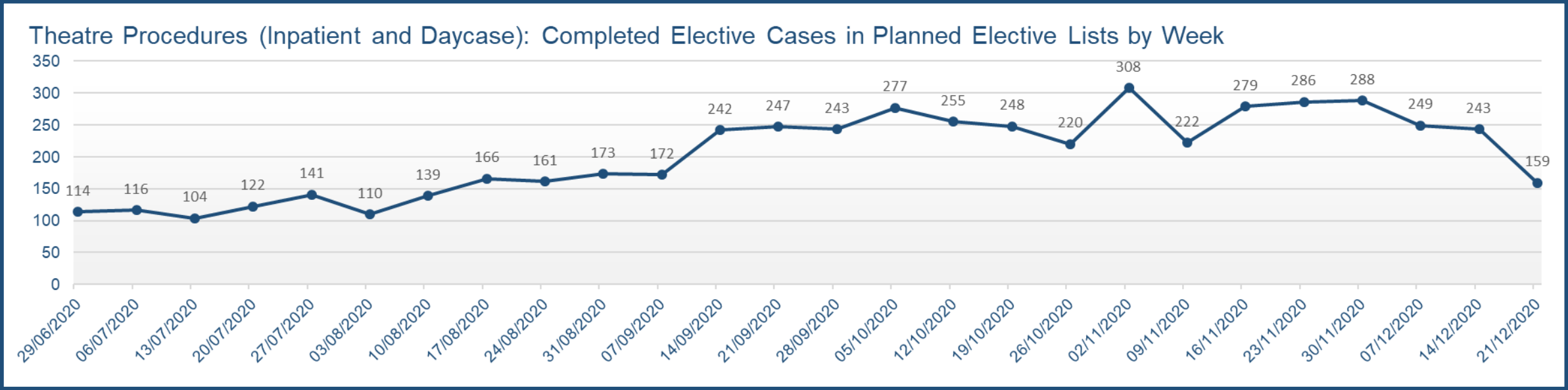
GP Routine



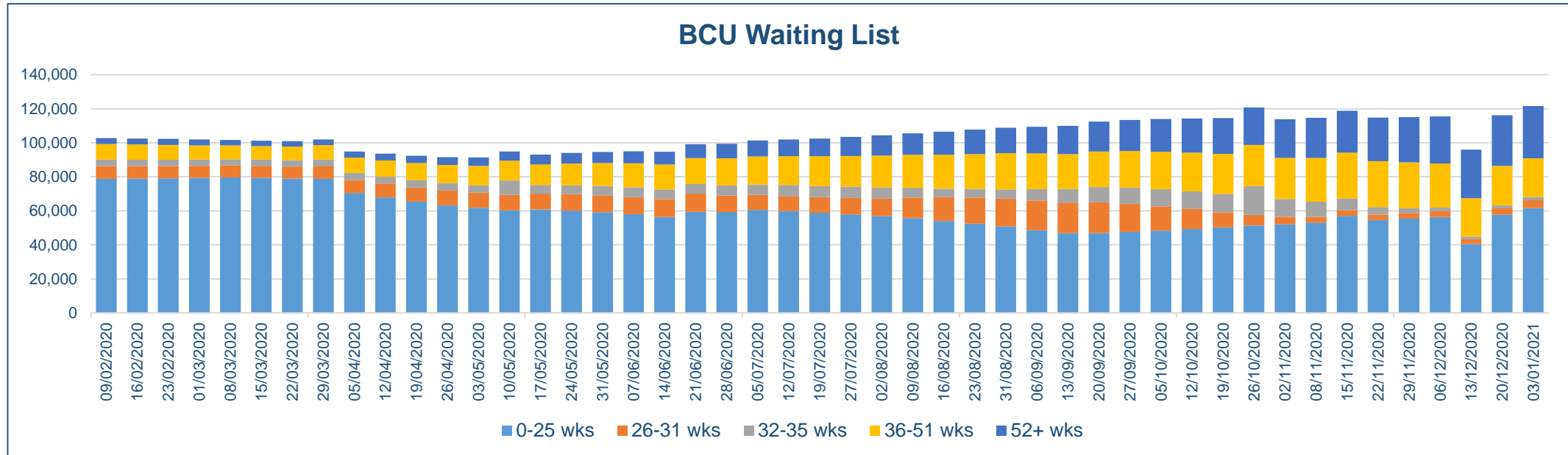
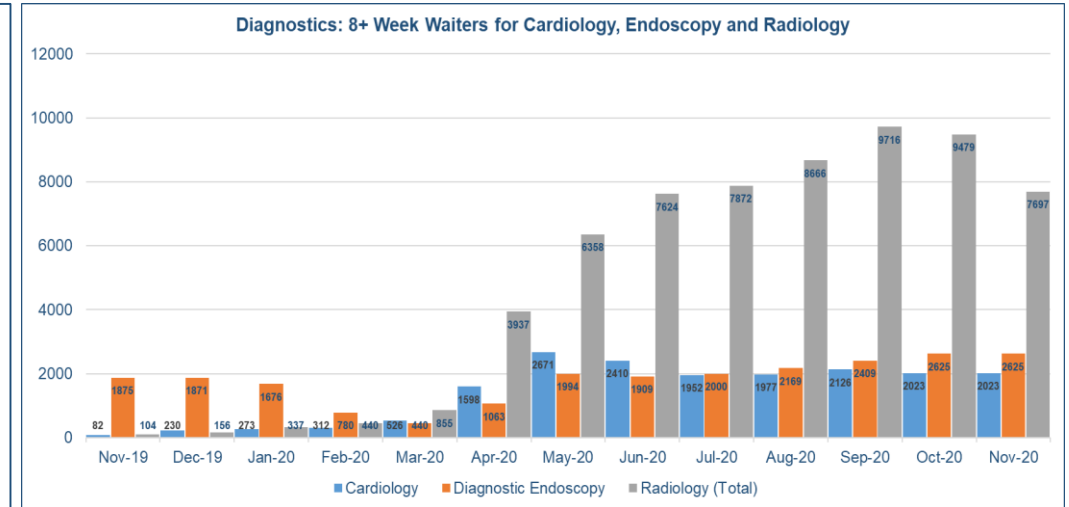
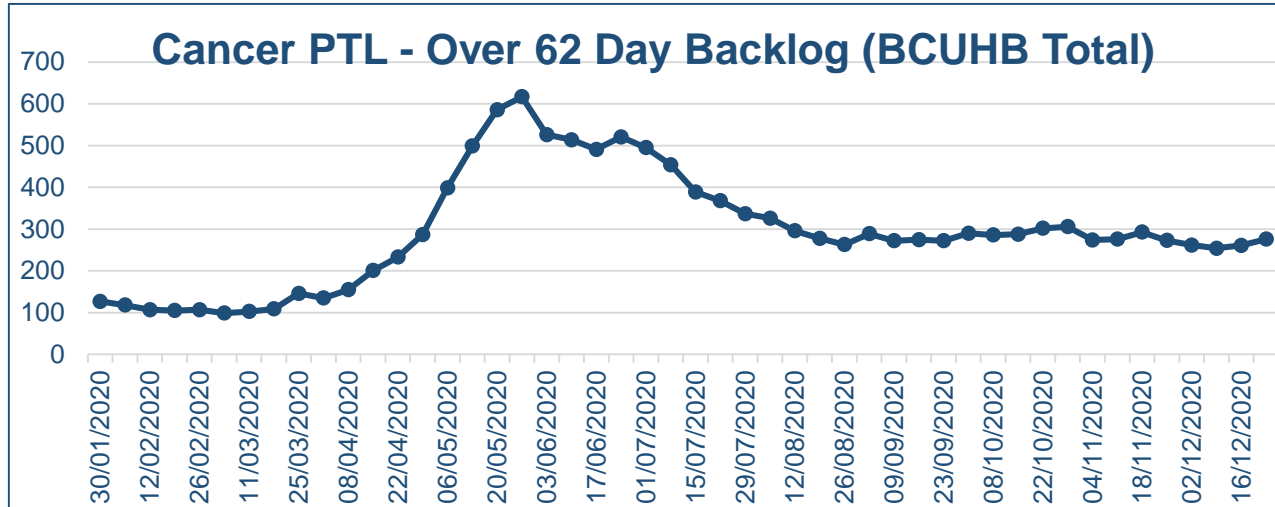
Core Outpatient Activity



Covid-19 Impact on Planned Activity

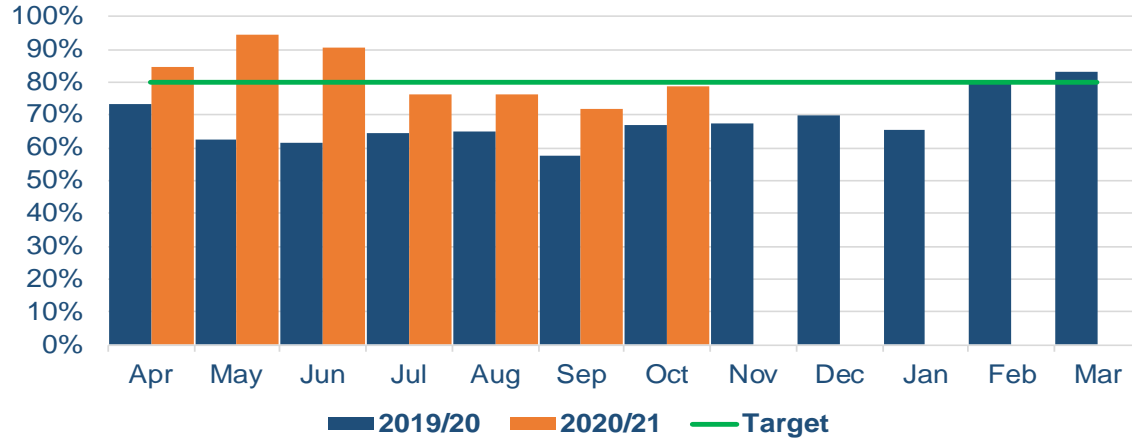


Covid-19 Impact on Waiting Lists

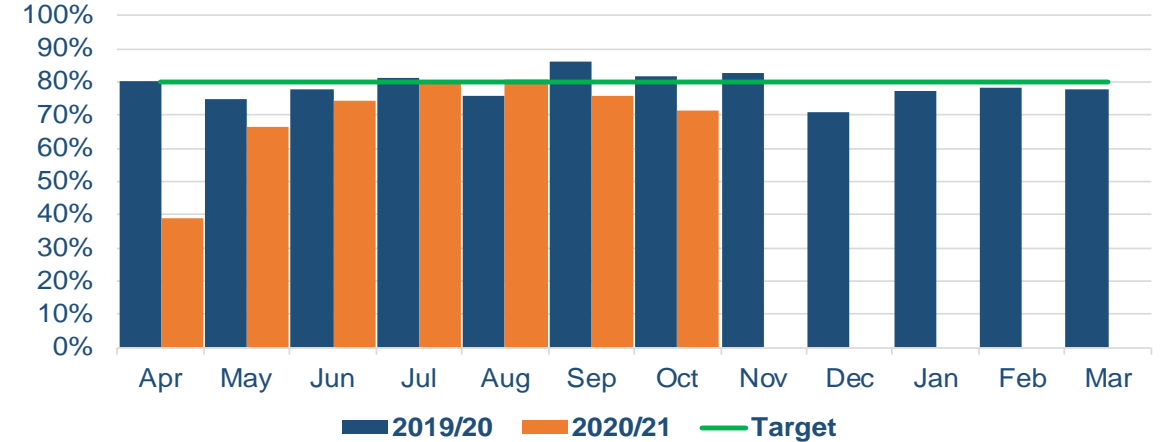


Quadruple Aim 2: Charts Mental Health

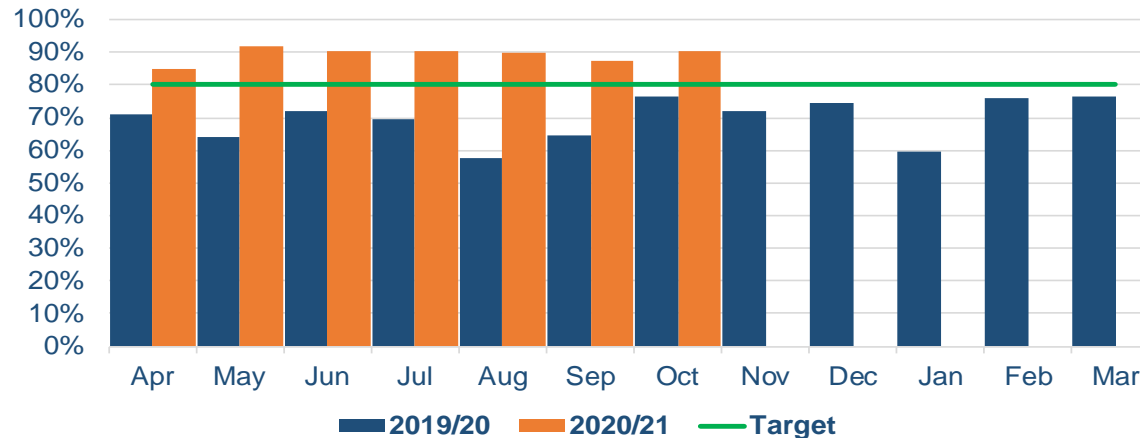
Percentage Mental Health Assessments (Adult) within 28 days of Referral
 2019/20 vs 2020/21 (October)



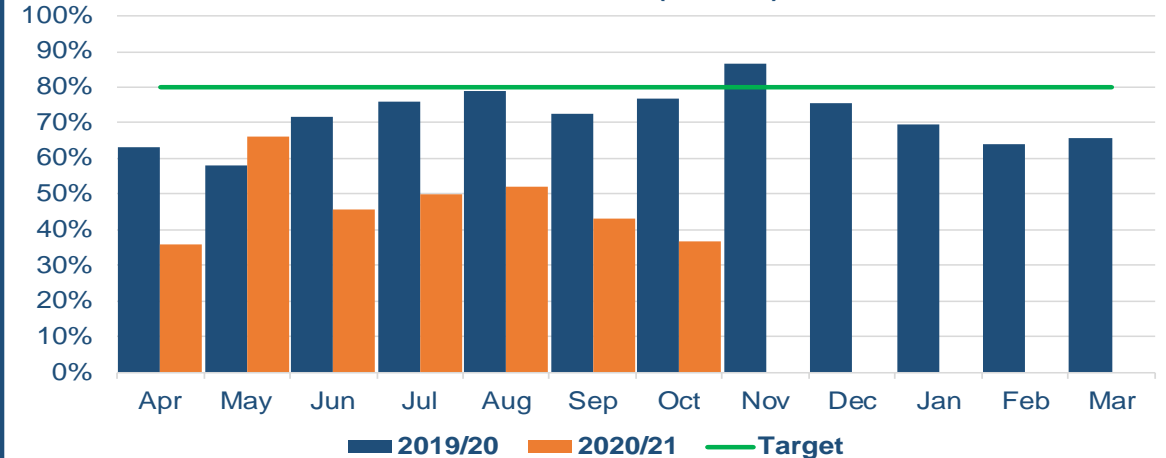
Percentage Mental Health Assessments (CAMHS) within 28 days of Referral
 2019/20 vs 2020/21 (October)



Percentage Mental Health Therapeutic Interventions (Adult) within 28 days of Assessment
 2019/20 vs 2020/21 (October)



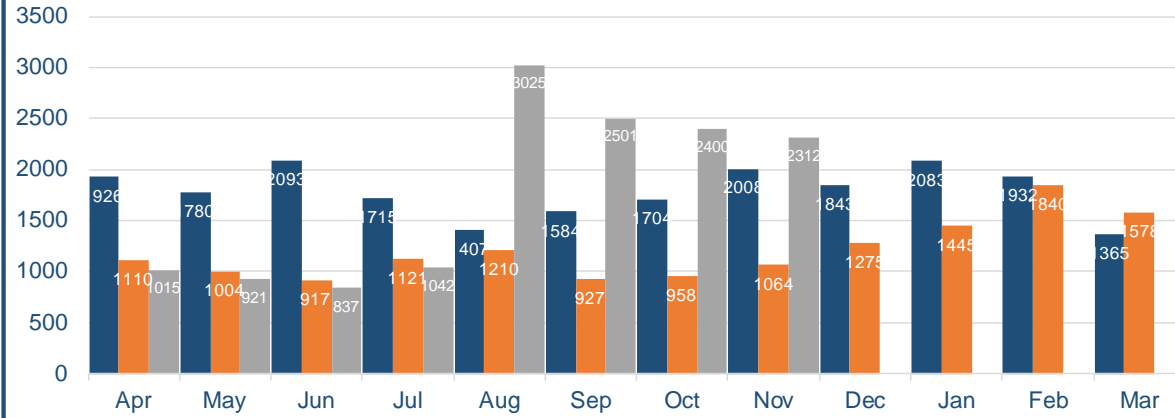
Percentage Mental Health Therapeutic Interventions (CAMHS) within 28 days of Assessment
 2019/20 vs 2020/21 (October)



Mental Health Measures are reported 1 month in arrears

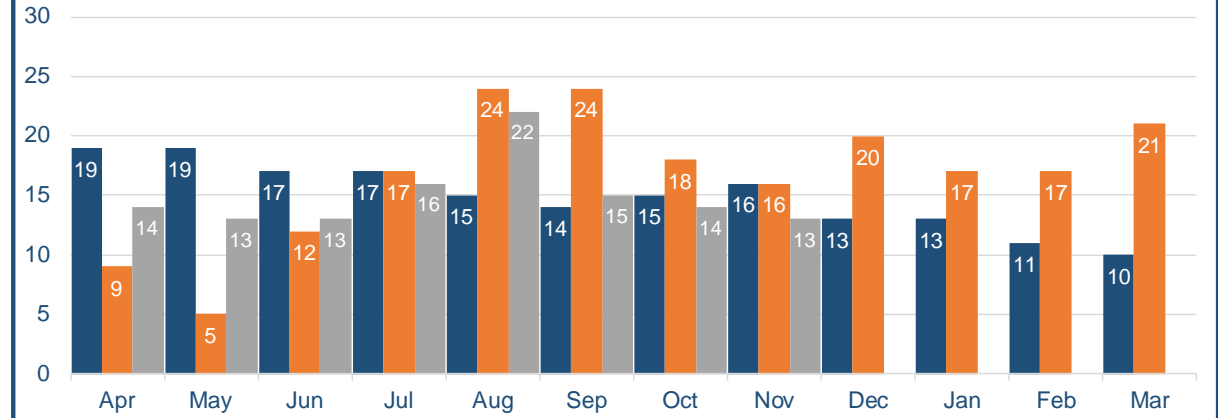
Quadruple Aim 2: Charts Mental Health and CAMHS

Number of Delayed Bed Days (BCU Mental Health)
 2020/21 comparison to 2018/19 and 2019/20
 November 2020



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	1926	1780	2093	1715	1407	1584	1704	2008	1843	2083	1932	1365
2019/20	1110	1004	917	1121	1210	927	958	1064	1275	1445	1840	1578
2020/21	1015	921	837	1042	3025	2501	2400	2312				

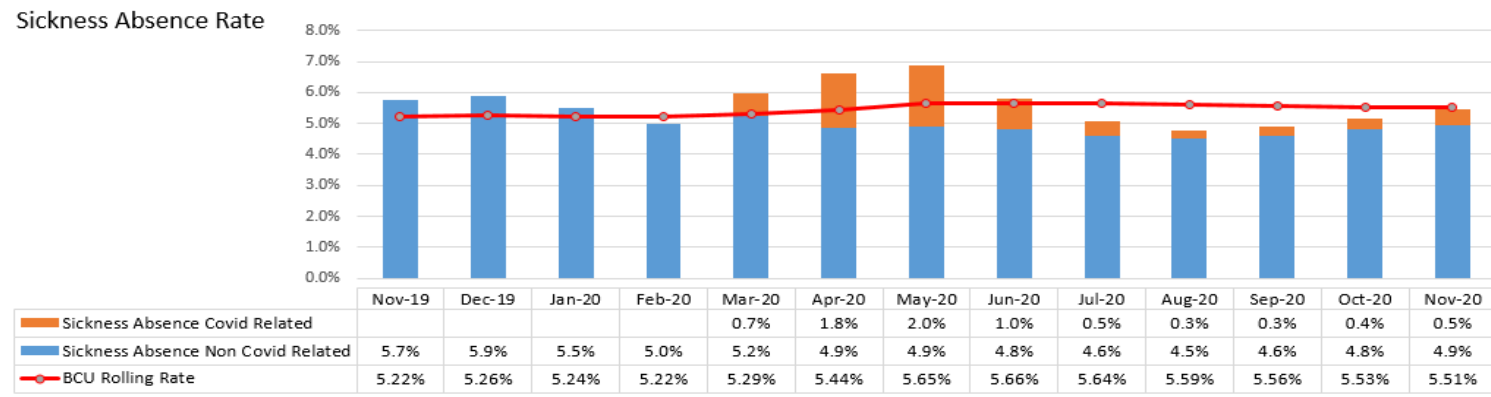
Number of Delayed Patients (BCU Mental Health)
 2020/21 comparison to 2018/19 and 2019/20
 November 2020



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	19	19	17	17	15	14	15	16	13	13	11	10
2019/20	9	5	12	17	24	24	18	16	20	17	17	21
2020/21	14	13	13	16	22	15	14	13				

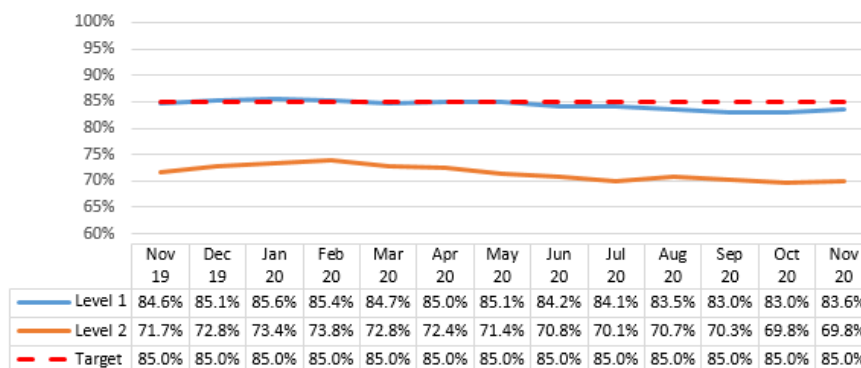
Quadruple Aim 3: Charts Workforce

Sickness absence Rates

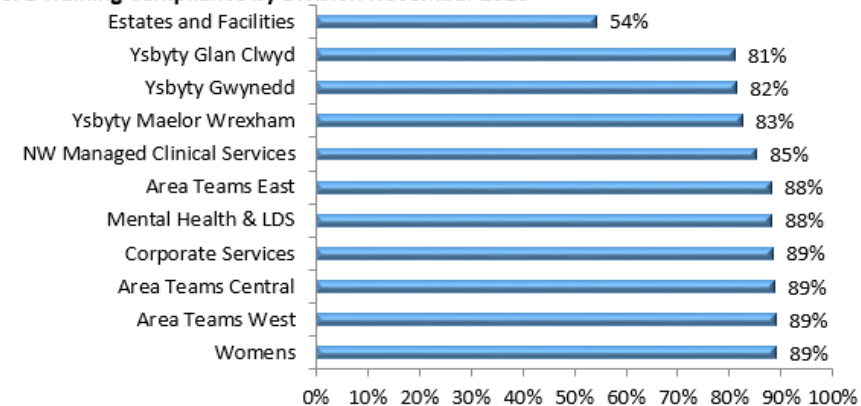


Core Mandatory Training Rate

Training Compliance November 2020

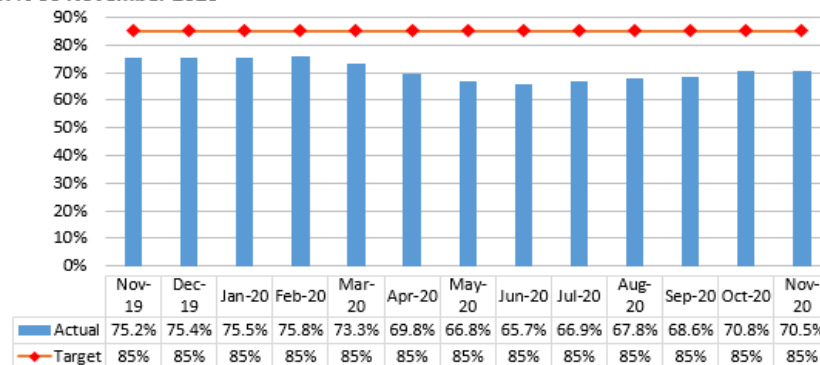


Level 1 Training Compliance by Division November 2020

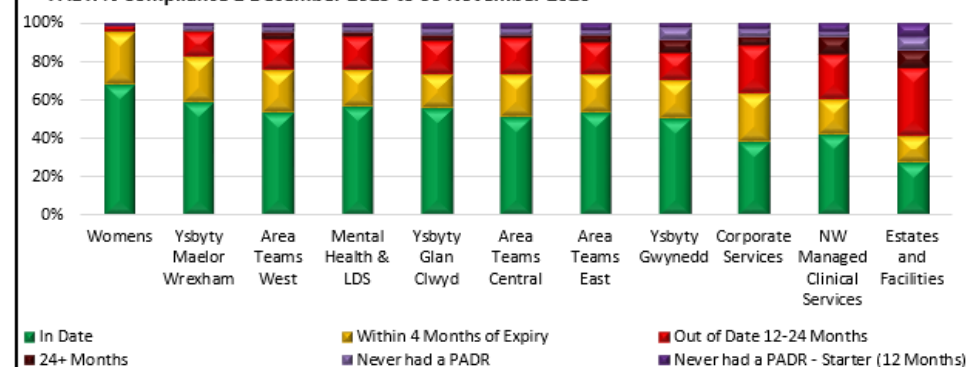


PADR

PADR % 30 November 2020

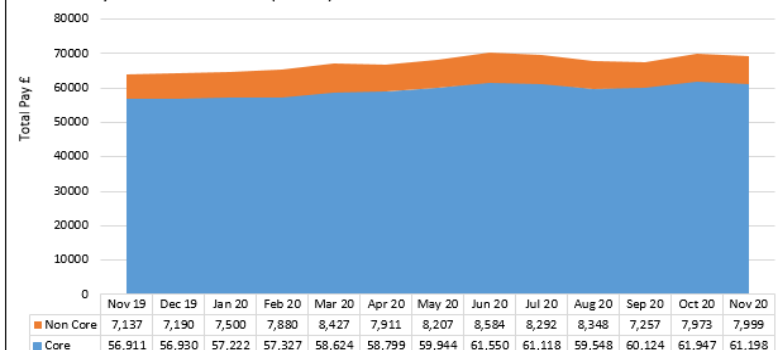


PADR % Compliance 1 December 2019 to 30 November 2020

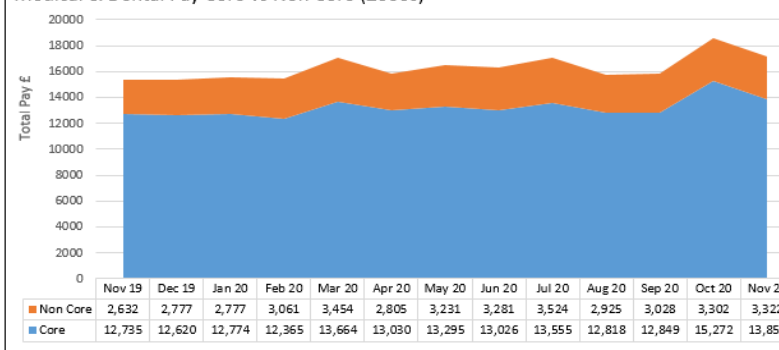


Quadruple Aim 4: Charts Agency and Locum Spend

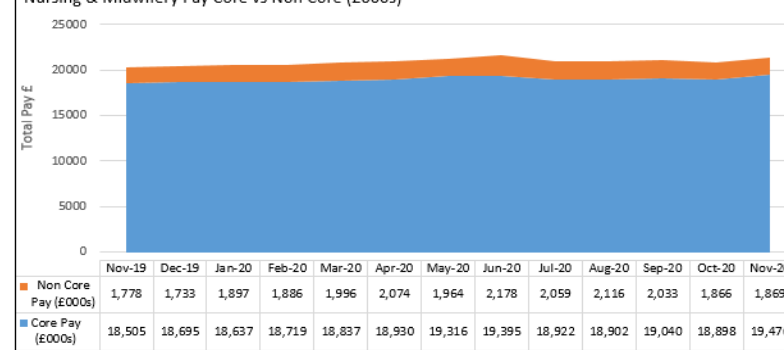
BCUHB Pay Core vs Non Core (£000s)



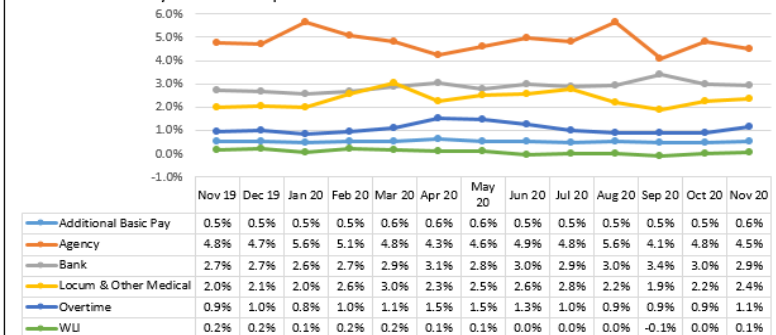
Medical & Dental Pay Core vs Non Core (£000s)



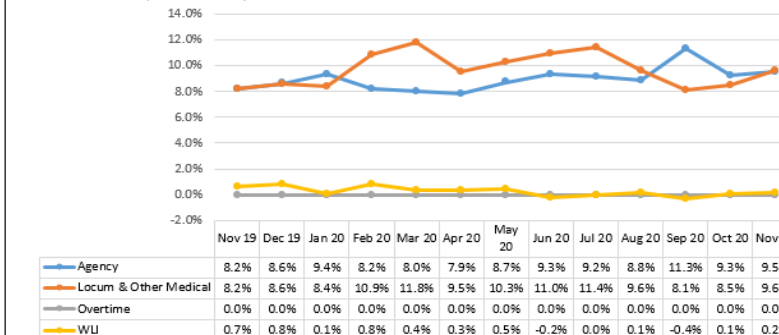
Nursing & Midwifery Pay Core vs Non Core (£000s)



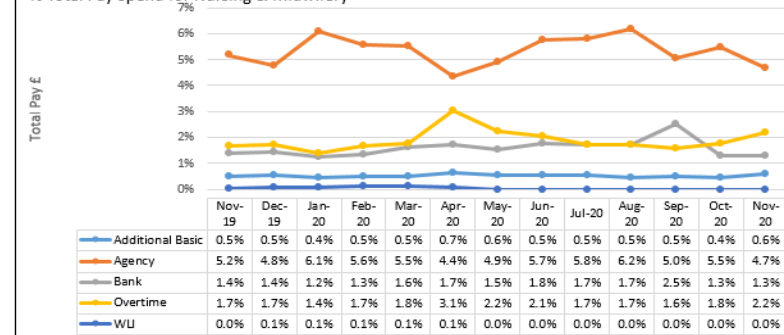
BCU Non Core Pay % of Total Spend



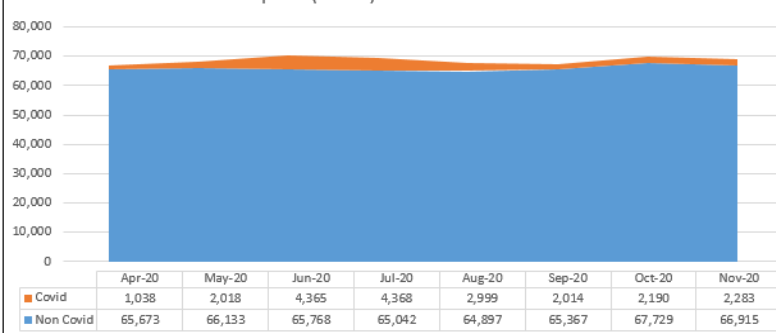
M&D Non Core Pay % of Total Spend



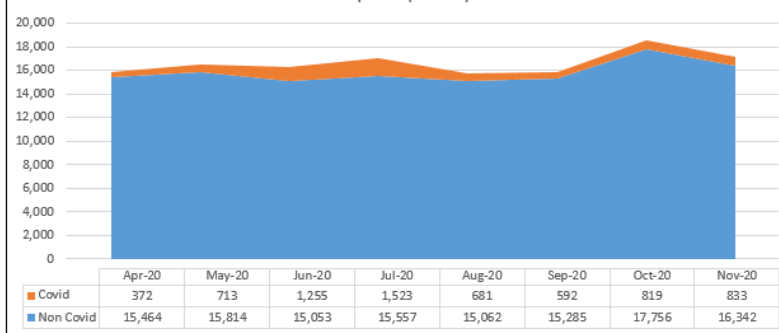
% Total Pay Spend for Nursing & Midwifery



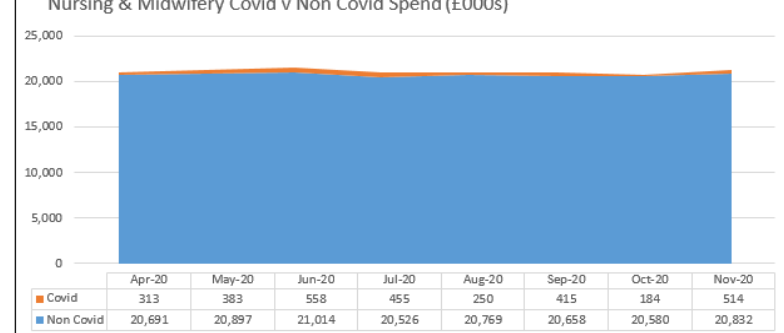
BCUHB Covid v Non Covid Spend (£000s)



Medical & Dental Covid v Non Covid Spend (£000s)



Nursing & Midwifery Covid v Non Covid Spend (£000s)



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
www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

 follow @bcuhb

 <http://www.facebook.com/bcuhealthboard>



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Finance Report Month 7 2020/21				
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance				
Awdur yr Adroddiad Report Author:	Eric Gardiner, Finance Director - Provider Services				
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance Finance and Performance Committee				
Atodiadau Appendices:	<u>Appendix 1</u> : Finance Report Pack				
Argymhelliad / Recommendation:					
It is asked that the report is noted.					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>
				Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:					
The purpose of this report is to provide a briefing on the financial performance of the Health Board as at 31 st October 2020 and reflects the financial impact of the continuing response to the COVID-19 pandemic.					
Cefndir / Background:					
<p>The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m, based on achieving savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance. For the year to date, expenditure has been significantly different to that planned due to the pandemic response and as a consequence, savings delivery has continued to be considerably impacted as the Health Board prioritised the clinical and operational response to the pandemic.</p> <p>The Health Board's consolidated plan for the second half of the financial year was submitted in October and the expected clinical activity has been incorporated into the Month 7 return. The Quarter 3 / 4 plan focuses on increasing planned care and dealing with winter escalation plans. However, we anticipate that fluctuations in COVID-19 infection rates across our population over the winter months may impact on delivery of the plan, potentially reducing activity and increasing costs. This uncertainty about the potential resurgence of COVID-19 and the essential infection prevention measures that have been implemented will continue to affect expenditure forecasts and savings delivery will be significantly reduced for the remainder of the year.</p>					
Asesiad / Assessment:					
1.0 Strategy Implications					
This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.					

2.0 Options considered

Not applicable – report is for assurance only.

3.0 Financial Implications

	Month 7	Cumulative
	£m	£m
Actual Position	(20.0)	(0.2)
Planned Position	3.4	23.4
Variance	23.4	23.6

The Month 7 position is a £20.0m surplus against a planned position of a £3.4m deficit. This gives a Month 7 variance of £23.4m under the planned position and therefore better than expected. The cumulative year to date position is a £0.2m surplus, which is £23.6m less than the planned deficit of £23.4m.

The impact of COVID-19 in October is £6.3m, with a year to date cost of £74.1m and a forecast of £155.7m. COVID-19 forecast expenditure will be fully reviewed during November, in line with the revised and evolving plans for managing the pandemic. The original forecasts were based upon the reasonable worst-case scenario for COVID-19 cases and these have been significantly improved by the Welsh Government and UK preventative actions.

In Month 6, the Health Board was forecasting to achieve a £40.0m deficit, in line with the financial plan for 2020/21. The transformation package of support notified to the Health Board by Welsh Government in October included £40.0m of funding to cover the planned deficit. Therefore, the forecast financial position at Month 7 has been amended to a balanced position to reflect this funding.

4.0 Risk Analysis

There are opportunities to improve the financial position by £2.5m, which relate to the savings schemes that are in the pipeline and are anticipated will move into green or amber in November. In addition, there is a potential opportunity if the current block contract arrangement with NHS England is changed, although a value cannot be determined until any changes are agreed. There are five risks to the financial position, but the value of these cannot be currently quantified. The opportunities and risks are detailed on page 6 of the report pack.

5.0 Legal And Compliance

Not applicable.

6.0 Impact Assessment

Not applicable.



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Betsi Cadwaladr
University Health Board

Finance Report

October 2020 – M07

Sue Hill

Director of Finance

Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Key Assurances

- ✓ Current month and YTD surplus positions reported against plan.
- ✓ Balanced position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.
- ✓ In month increase in savings forecast of £0.7m.
- ✓ Full cost impact of COVID-19 funded by WG.

Areas for Action

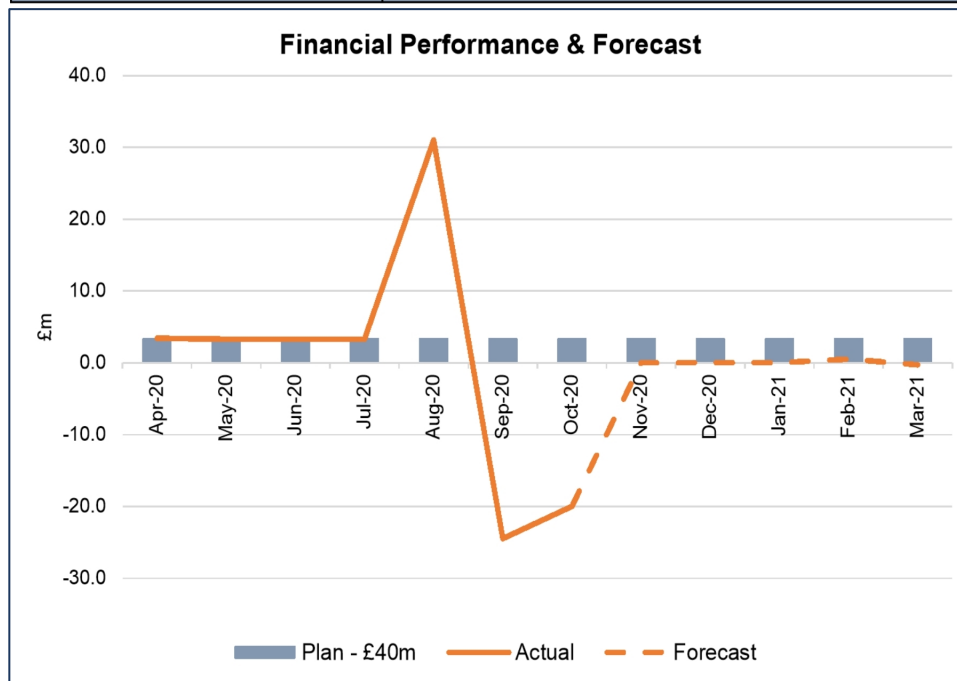
- Review of COVID-19 expenditure forecasts, in line with the revised and evolving plans for managing the pandemic
- Conversion of £2.5m of savings schemes in pipeline into green/amber schemes.
- Move into delivery plans for unscheduled care, planned care and schemes from the Quarter 3 / 4 plan.
- Continue discussions with WG on potential annual leave carry over and cost implications.

Summary of Key Numbers

<div>Month 7 Position</div> <div>£20.0m surplus against plan of £3.4m deficit</div> <div>➡️ £23.4m favourable</div>	<div>Year to Date Position</div> <div>£0.2m surplus against plan of £23.4m deficit</div> <div>➡️ £23.6m favourable</div>	<div>Forecast</div> <div>Balanced against plan of £40.0m deficit</div> <div>➡️ £40.0m favourable</div>										
<div>Savings Year to Date</div> <div>£7.2m against plan of £25.8m</div> <div>➡️ £18.6m shortfall</div>	<div>Savings Forecast</div> <div>£15.7m against plan of £45.0m</div> <div>➡️ £29.3m shortfall</div>	<div>COVID-19 Impact</div> <div>£74.1m spend YTD £155.7m forecast Funded by Welsh Government</div> <div>➡️ £nil impact</div>										
<div>Income</div> <div>£73.7m against budget of £80.7m</div> <div>➡️ £7.0m adverse</div>	<div>Pay</div> <div>£466.2m against budget of £474.2m</div> <div>➡️ £8.0m favourable</div>	<div>Non-Pay</div> <div>£589.1m against budget of £611.7m</div> <div>➡️ £22.6m favourable</div>										
<div>Divisional Performance</div> <table><tr><td>Area Teams</td><td>£1.5m adverse</td></tr><tr><td>Secondary Care</td><td>£2.5m adverse</td></tr><tr><td>Mental Health</td><td>£0.3m favourable</td></tr><tr><td>Corporate</td><td>£1.3m adverse</td></tr><tr><td>Other</td><td>£28.6m favourable</td></tr></table>	Area Teams	£1.5m adverse	Secondary Care	£2.5m adverse	Mental Health	£0.3m favourable	Corporate	£1.3m adverse	Other	£28.6m favourable	<div>Key Risks</div> <div>Savings programme Flu / COVID-19 vaccinations Carry over of annual leave</div>	<div>Balance Sheet</div> <div>Cash: Within internal target. Capital: Forecast to achieve CRL. PSPP: Non-NHS invoice target achieved year to date.</div>
Area Teams	£1.5m adverse											
Secondary Care	£2.5m adverse											
Mental Health	£0.3m favourable											
Corporate	£1.3m adverse											
Other	£28.6m favourable											

Revenue Position

	Actual							Cumulative			Forecast
	M01	M02	M03	M04	M05	M06	M07	Budget	Actual	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Revenue Resource Limit	(154.7)	(128.5)	(133.2)	(140.1)	(103.7)	(161.2)	(160.4)	(981.8)	(981.8)	0.0	(1,759.5)
Miscellaneous Income	(9.7)	(9.8)	(9.3)	(9.6)	(12.1)	(11.1)	(12.1)	(80.7)	(73.7)	(7.0)	(122.8)
Health Board Pay Expenditure	65.0	66.1	68.1	67.3	66.0	65.6	68.1	474.2	466.2	8.0	838.3
Non-Pay Expenditure	102.8	75.5	77.7	85.7	80.8	82.2	84.4	611.7	589.1	22.6	1,044.0
Total	3.4	3.3	3.3	3.3	31.0	(24.5)	(20.0)	23.4	(0.2)	23.6	0.0



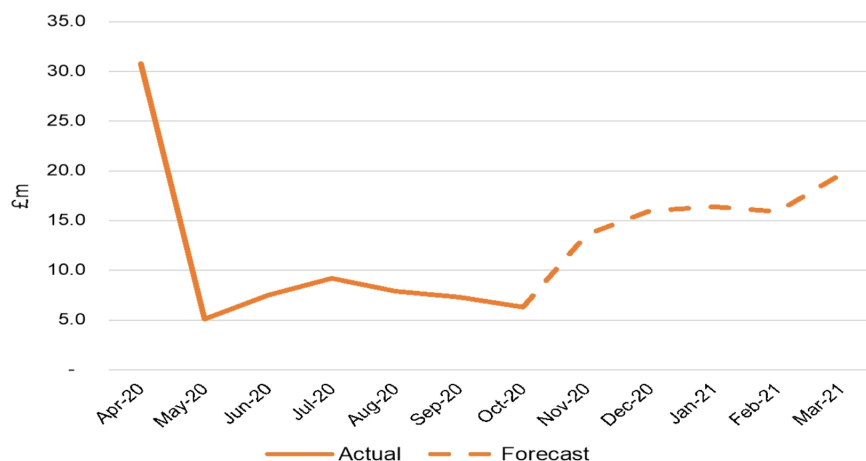
- In-month position is a £20.0m surplus, which is £23.4m under the plan for Month 7.
- Year to date position of £0.2m surplus, which is £23.6m less than the planned deficit of £23.4m.
- Adverse income position relates to COVID-19.
- £51.0m additional transformational funding from Welsh Government received, including:
 - £40.0m to cover the planned deficit;
 - £10.3m for planned care and diagnostics; and
 - £0.7m to improve leadership within Mental Health, governance, delivery and OD support.
- £23.4m of this brought into the position in Month 7 to fund the planned deficit to date, resulting in a significant improvement in the financial position and a balanced forecast for the financial year.
- The remainder has not yet been spent, but is forecast to be fully utilised by the end of the year.

- Forecast expenditure for the remainder of the year shows a significant increase in spend reflecting the cost of plans for unscheduled care, planned care and schemes from the Quarter 3 / 4 plan. The Workforce and Organisational Development team are supporting divisions with their recruitment plans, as it is critical to ensure that staff are in place to deliver these schemes.

Impact of COVID-19

	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	YTD £m	Forecast £m
COVID-19 spend (incl. Field Hospitals)	28.8	3.7	7.3	7.1	6.1	4.8	7.1	64.9	132.9
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	8.4	13.6
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	18.7	31.9
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(15.1)	(19.7)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(2.2)	(2.3)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.6)	(0.7)
ICF Funding	(0.3)	(0.7)	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Total COVID-19 costs	30.8	5.1	7.5	9.2	7.9	7.3	6.3	74.1	155.7
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(1.9)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	0.0	0.0	(0.7)	(0.7)
GMS (DES)	0.0	0.0	0.0	(0.1)	0.0	0.0	0.0	(0.1)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	(71.4)	(152.3)
Total COVID-19 income	(30.8)	(5.1)	(7.5)	(9.2)	19.7	(34.9)	(6.3)	(74.1)	(155.7)
Impact on position	0.0	0.0	0.0	0.0	27.6	(27.6)	0.0	0.0	0.0

COVID-19 Costs



- Cost of COVID-19 in October is £6.3m. Year to date cost is £74.1m. Total forecast cost of COVID-19 is £155.7m.
- Welsh Government funding has been received to fully fund the year to date and forecast impact of COVID-19.
- COVID-19 forecasts were based upon the reasonable worst-case scenario for COVID-19 cases and these have been significantly improved by the Welsh Government and UK preventative actions.
- Expenditure forecasts will be fully reviewed during November, in line with the revised and evolving plans for managing the pandemic.

Risks and Opportunities (not included in the position)

	Issue	Description	£m	Likelihood	Key Decision Point & Summary Mitigation	Risk Owner
1	Opportunity: Red Pipeline Savings Schemes	– Red rated savings schemes that total £2.5m are currently held in pipeline and are due to start delivering over the next month.	2.5	Medium	– Work is progressing to move these schemes into amber / green. It is expected that the £2.5m savings will be delivered by year end.	Sue Hill, Acting Executive Director of Finance
2	Opportunity: Contracting benefit	– There is a possibility that the current block contract arrangement with NHSE will be revised to a reduced % value and this could result in a financial benefit to the Health Board.		Medium	– Discussions with Welsh Government continue.	Sue Hill, Acting Executive Director of Finance
3	Risk: Vaccination Programme for Flu and COVID-19	– An estimate for the cost of the extension of the flu vaccination programme and a potential COVID-19 vaccination programme have been included in the forecast. Welsh Government income to match these costs has also been included in the forecast. However, there is a risk that these costs will be higher than currently forecast.		Medium	– The plan continues to be developed and an updated estimate for the cost of these two programmes has been included in the forecast this month, although this is still subject to further review.	Sue Hill, Acting Executive Director of Finance
4	Risk: Carry over of annual leave	– Discussions are currently taking place around potentially allowing non-medical and dental staff to carry over up to five days annual leave, due to workload pressures from COVID-19 that make taking leave difficult. If agreed, this would have cost implications for the Health Board's annual leave accrual.		Medium	– Discussions with Welsh Government are ongoing.	Sue Green, Executive Director of Workforce & Organisational Development
5	Risk: Savings Programme	– There is a risk that the amber schemes within the savings programme will not deliver to their forecast values.		Medium	– The Executive Team is currently considering options and capacity requirements for the savings delivery and PMO function to be re-established, which will provide dedicated capacity to drive forward the schemes currently identified.	Sue Hill, Acting Executive Director of Finance
6	Risk: Junior Doctor Monitoring	– There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors.		Medium	– It has not yet been determined how this case will impact on the Health Board and what the financial implications may be. Further investigations are being undertaken to quantify any potential impact.	Sue Green, Executive Director of Workforce & Organisational Development
7	Risk: Holiday Pay	– NWSSP Employment law team have confirmed that the holiday pay issues arising from the Flowers judgement are ongoing and the outcome of the Supreme Court appeal is awaited.		Medium	– The Health Board is monitoring the situation and will respond appropriately to any legal decision.	Sue Green, Executive Director of Workforce & Organisational Development

Health Board 21.1.21	 <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:	17/12/20
Name of Chair:	Richard Medwyn Hughes, Independent Member
Responsible Director:	Dawn Sharp, Acting Board Secretary
Summary of business discussed:	<ul style="list-style-type: none"> • Private items from previous meeting reported in public. • Chair's Assurance Report: Risk Management Group. • Board Assurance Framework and Corporate Risk Register. • Internal Audit Progress Report and Internal Audit Plan to Complete. • Internal Audit Limited Assurance Report: Delivery of Savings - Ysbyty Glan Clwyd Hospital. • Internal Audit Limited Assurance Report: NHS Wales Staff Survey. • Internal Audit Limited Assurance Report: Recruitment - Medical and Dental Staff. • Internal Audit Limited Assurance Report: Quality Impact Assessment. • Audit Wales Programme Update • Audit Wales Annual Audit Report • Audit Wales: BCUHB Structured Assessment • Audit Wales: Review of Continuing Healthcare Management Arrangements • Audit Wales: Welsh Community Care Information System • Financial Governance during Covid-19 Update Report • Charitable Funds Annual Report and Accounts • Schedule of Financial Claims • Ablett Redevelopment Report • Performance & Accountability Framework • Clinical Audit Plan • Financial Conformance Report • KPMG Field Hospitals Report and Field Hospital Consequential Losses • Counter Fraud Progress Report • Update on Internal/External Audit Recommendations
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Approved the Terms of Reference for the Remuneration & Terms of Service Committee pending a minor amendment to section 3.1.3.

	<ul style="list-style-type: none"> • Noted that the following Committee Annual Reports were approved by Chair's Action; Mental Health Act Committee (including an overview of the work of the Power of Discharge Sub-Committee); Digital and Information Governance Committee; Local Partnership Forum. • Received and approved the structure/format of the Board Assurance Framework. • Received the Corporate Risk Register and were pleased to note that the Risk Management team had targeted themselves with training 1000 staff members. • Received an update on the North Wales Pooled Fund report and the work being undertaken to address the complexities. • Received the Financial Governance during Covid-19 Update Report and were pleased to note that all actions were on track and being progressed. • Received the Charitable Funds Annual Report and Accounts and concurred that the new look report was improved and user friendly. • Received the Ablett Redevelopment Report and noted the controls in place to address the issues. • Received the Performance & Accountability Framework and agreed to review the impact and effectiveness in September 2021. • Approved the Clinical Audit Plan. • Received the KPMG Field Hospitals Report and Field Hospital Consequential Losses and noted that the recommendations would be taken through the Finance & Performance Committee and the Executive Team. • Received the Audit Recommendation Tracker and were pleased to note that progress continued to be made against implementation, notwithstanding the operational pressures of the pandemic.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Noted that the Risk Management Group was not quorate again and queried why the last meeting had been Chaired by the Executive Director of Workforce and Organisational Development. Members were advised that had been as a result of a number of Acting arrangements and that this would be raised with the Executive team and that the Deputy Chief Executive / Executive Director of Nursing & Midwifery would resume the Risk Management Group Chair in January 2021. • Were concerned to note that a risk (risk ID 3739 currently scored at 8) had been raised that the Risk Management Strategy and Policy may not be timely and robustly implemented. This was due to the number of high-level risks being underestimated. The Risk Management team continue to progress reviews and quality checks. • Noted that the Health Board had still not completed the identification of corporate objectives, only priorities. Members noted that objectives had been set for quarter three and four.

	<ul style="list-style-type: none"> • Noted the EU Exit risk on the Board Assurance Framework. Members received an update on the work and oversight taking place and were advised that Welsh Government would be advising on reporting requirements shortly. • noted that recommendations emanating from the limited assurance reports (Delivery of Savings - Ysbyty Glan Clwyd Hospital, NHS Wales Staff Survey, Recruitment - Medical and Dental Staff and Quality Impact Assessment) and the Audit Wales report (Structured Assessment, Continuing Healthcare Management Arrangements) would be monitored by the Team Central tracker. • Noted that a number of Internal Audit deferrals had been necessary due to the demands placed upon operational teams as the Health Board managed a second wave of the pandemic. However, Members were advised that any further deferments or reviews taken off the Internal Audit Plan would impact on the Head of Internal Audit's ability to deliver a full assurance opinion. • Noted an increase in single tender waivers and agreed that a review of Purchase Orders by supplier should be undertaken to establish whether further investigation was necessary. • Noted an increase in the volume and value of salary overpayments. Members agreed that further information be brought back to the Audit Committee to establish the proportion that related to staff that had left the Health Board.
Issues to be referred to another Committee	<ul style="list-style-type: none"> • Limited Assurance reports as appropriate.
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • Terms of Reference for the Remuneration & Terms of Service Committee – for endorsement. (pending the amendment to section 3.1.3 that 'allied professionals' be replaced with 'registered professionals'). • Board Assurance Framework (note this is on the Board's agenda) • Schedule of Financial Claims – to note the schedule of approved claims • Clinical Audit Plan – to endorse approval of the plan.
Well-being of Future Generations Act Sustainable Development Principle	<p>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.</p>

Planned business for the next meeting:	Range of regular reports plus <ul style="list-style-type: none"> • Risk Management Strategy review • Legislation Assurance Framework • Agree the Audit Committee cycle of business
Date of next meeting:	18/03/21

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Health Board 21.1.21	 <div data-bbox="927 210 1171 295"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p data-bbox="678 315 1321 349"><i>To improve health and provide excellent care</i></p>
<h2 data-bbox="564 394 1029 434" style="text-align: center;">Committee Chair's Report</h2>	

Name of Committee:	Quality, Safety & Experience Committee
Meeting date:	3 November 2020
Name of Chair:	Mrs Lucy Reid
Responsible Director:	Mrs Debra Hickman, Acting Executive Director of Nursing & Midwifery
Summary of business discussed:	<p>The Committee received the following reports:</p> <ul style="list-style-type: none"> • Quarter 2 Plan Monitoring Report dated September 2020 • Quality Performance Report dated September 2020 • Essential services and progress on planned care and the risk stratification work • Infection Prevention Report for the period July – September 2020 • Hospital Acquired Covid-19 Infection Review on the Wrexham Maelor outbreak and the Delivery Group report along with the work programme developed • Patient Safety Quarter 2 update • Serious Incident Report for the period August to September 2020 • Patient and Carer Experience Report for the period August to September 2020 • Clinical Audit Plan for 2020/21 • Mortality Review for quarter 2 • Vascular Services Update dated November 2020 along with the Task and Finish Group's action tracker • An update on the review of the Holden Report work • An update on the Mental Health and Learning Disabilities Division focusing on the Division's four priorities • An update on the Quality Governance Review including proposed terms of reference for subgroups • A summary of the work of the Steering Group for the Speech and Language Therapy Whistleblowing Investigation including the terms of reference for the group, recommendations arising from the review and the action plan • Healthcare Inspectorate Wales Reports for Heddfan Psychiatric Unit and planned Tier 1 quality check reports for: <ul style="list-style-type: none"> ○ Moelwyn Ward, Ysbyty Gwynedd, ○ Ward 11, Ysbyty Glan Clwyd, ○ Bonney Cohort Ward, Wrexham Maelor • Clinical Audit Policy and Procedure • Nurse Staffing Levels and correspondence from the Chief Nursing Officer for guidance during Covid-19

	<ul style="list-style-type: none"> • Health and Safety Update for quarter ; • Annual Report for HMP Berwyn • Patient Safety and Quality Group Chair's Report for 9 October 2020 • Clinical Effectiveness Group Chair's Report for 15 October 2020 • Audit Committee update <p>The Committee also received the Internal Audit Report on Decontamination for information.</p>
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The review of the Healthcare Acquired Covid-19 infection outbreak in Wrexham Maelor identified learning and had also provided staff with the opportunity to discuss their experiences and concerns. The Covid-19 Delivery Group had drafted supporting workplans to take forward the learning from the review and the outbreak and this is being shared across the Health Board. • The Committee noted the significant timescales relating to the Speech and Language Therapy investigation and subsequent actions. The Committee supported the plans to centralise investigations into the corporate team and standardise the process for commissioning investigations with the aim of ensuring that concerns raised by staff would be investigated thoroughly, independently and on a timelier basis. • The Committee received an update on the risk stratification work for planned care, recognising that capacity is 40% less than before Covid-19. The report provided the Committee with progress on the prioritisation of patients according to their clinical risk and using the "Once for North Wales" approach.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • The Committee noted capacity issues with the Infection Prevention and Control team and the impact that the pandemic has also had on the team. A business case to increase resource and capacity within the team had received Executive support and recruitment would be progressed.
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 adequate consideration to the sustainable development principles across the breadth of the agenda.

Planned business for the next meeting:	The agenda for the next QSE Committee meeting has been refocused due to the increased resource demand and priorities as a result of an escalated level of Covid-19 cases in North Wales. As a result a number of items have been deferred.
Date of next meeting:	15 January 2021

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Health Board 21.1.20	 <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 and Performance Committee
Meeting date:	21.12.20
Name of Chair:	Mark Polin BCUHB Chairman
Responsible Director:	Sue Hill Executive Director Finance
Summary of business discussed:	<p>The following items were discussed at the Committee meeting held on 21.12.20</p> <ul style="list-style-type: none"> • Quarters 3 & 4 Operational Plan monitoring • Quality and Performance report • Revised Performance Management Framework and update on accountability reviews • Planned Care update • Unscheduled Care update • Capital Programme report Month 7 • Combined Post Project Evaluation of the Integrated Health, Social Care and Third Sector Centres in Blaenau Ffestiniog, Flint and Llangollen • Finance report Month 7 • Savings report Month 8 • Development of the 2021/24 Plan • Business case tracker for revenue and capital business cases • Transparency in supply chains consultation Government response • Monthly monitoring report Month 8 • External contracts update <p><i>Private session:</i></p> <ul style="list-style-type: none"> • Residential Accommodation Strategic Outline Case • Contract awards: <ul style="list-style-type: none"> ▪ Water Hygiene Compliance Services ▪ Recyclable, Domestic & General Waste Collection ▪ IT System Renewal for Urgent Primary Care and Contact/Phone First • Commencement of tender process: Flow Cytometry • WG Strategic Financial Support • Progress on delivery of PWC Recommendations update

<p>Key assurances provided at this meeting:</p>	<ul style="list-style-type: none"> • Performance against the cancer targets remained positive with 100% of patients on the 31 day pathway being treated within the 31 days and 84% (1% off the 85% target) of patients on the 62 day pathway being treated within the 62 days • The number of patients experiencing delays of over 8 weeks for a diagnostic test, or 14 weeks for therapy, had fallen • With the second wave of the pandemic underway, Essential Services remained available, however there was increased pressure on the system • The new Performance Accountability Framework had been implemented • Work was being moved forward to improve ambulance handovers with the Welsh Ambulance Service Trust and WG was assisting in the provision of a POD on site from 23.12.20 • The Clinical Director YGC O&T stated the need for more capacity and commended progress of DTCs in order to move forward innovatively from secondary care sites and which was supported by clinicians within this area • The Consultant Ophthalmologist provided an insight into the services' challenges during the pandemic including greater utilisation of optometry practitioners for some procedures albeit with inherent expenditure increases. • Following discussion on harm, demand management and the need to maintain communication with patients during their wait in order to ensure effective monitoring and improve the quality of their journey, it was confirmed this was being moved forward via a patient hub approach • Confidence was expressed in meeting the Capital Resource Limit (CRL) <p>Key assurances in respect of the Finance report:</p> <ul style="list-style-type: none"> ▪ Current month and year to date surplus positions reported against plan ▪ Balanced position forecast for the year ▪ Key financial targets for cash, capital and PSPP all being met. ▪ In month increase in savings forecast of £0.7m ▪ Full cost impact of Covid19 funded by WG • The presentation of the business case tracker for revenue and capital business cases provided more robust assurance on the process and a line of sight for the Committee
<p>Key risks including mitigating actions and milestones</p>	<ul style="list-style-type: none"> • Operational Plan concern re Red action 17.7 Digital Health: Phase 3 of Welsh Patient Administration System re-focus on West implementation. A briefing is to be prepared on resourcing. The Committee was concerned with how national system development issues affected BCU operations • Inaccurate performance data was affecting the Committee's ability to monitor the Operational Plan and performance effectively. This was agreed to be addressed by the Acting Chief Executive

	<ul style="list-style-type: none"> • In Planned Care, the number of unbooked patients (47k) was of concern and that the considerable number of patients waiting over 52 weeks was increasing month on month • Following reflections on trends within sickness absence reporting, data in respect of homeworking would be included in the next report to enable the Committee to monitor any potential impact • Ensuring safe separation of Covid19 (Red) patient contact from Non-Covid (Green) in Emergency Departments had resulted in a reduced capacity of almost 40% - and had also necessitated reduced capacity on wards • Orthopaedics and Ophthalmology appointments were falling behind whilst other specialties improved their levels of activity - most notably general surgery. Clinicians from Orthopaedics and Ophthalmology were invited to the meeting to discuss the situation • The Planned Care 6 point plan and timelines were noted, including provision of the DTC Strategic Outline Case to the Committee and Health Board in January 2021 • Following the Committee's concern in respect of the length of time patients' were waiting, it was agreed comparative data with other Health Boards in Wales would be provided in the next report to evaluate whether BCU waiting times were deteriorating more rapidly than other organisations • In respect of Robotic Surgery, national procurement had moved forward and a decision had been taken to accept the first robot purchased via national procurement for use in North Wales. It was advised that this would involve risk mitigation for 4-6 months. The Committee expressed disappointment at the delay as any slippage could result in BCU patients being adversely affected. An explanatory briefing was requested on why the Board's publicised decision had been changed. • Following submission of the Royal Alex Business Case, WG was seeking further clarification on increased costs and details on the economic option, sustainability and design solution <p>Areas for action or note in regard to the Finance report:</p> <ul style="list-style-type: none"> ▪ Review of Covid19 expenditure forecasts, in line with the revised and evolving plans for managing the pandemic ▪ Conversion of £2.5m of savings schemes in pipeline into green/amber schemes ▪ Move into delivery plans for unscheduled care, planned care and schemes from the Quarter 3 / 4 plan ▪ Continue discussions with WG on potential annual leave carry over and cost implications • Volatility around estimates involving TTP, Covid19, vaccination programme and field hospitals. • Considerable £18.6m shortfall against £25.8m year to date savings target however, this was good in comparison to other Health Boards given the present climate.
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	<ul style="list-style-type: none"> In respect of the development of the 2021-24 plan it was important to ensure strategic joinup within the organisation and this would be a priority for the next 3 months.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	No matters for escalation
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:	Range of regular reports plus <ul style="list-style-type: none"> Diagnostic Treatment Centre (DTC) Strategic Outline Case 2021/22 Allocation Letter Planned Care Unscheduled Care
Date of next meeting:	28.1.21

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Health Board 21 st January 2020	 <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:	Charitable Funds Committee
Meeting date:	8 th December 2020
Name of Chair:	Jackie Hughes
Responsible Director:	Sue Hill, Executive Director of Finance
Summary of business discussed:	<ul style="list-style-type: none"> • Annual Report and Financial Statements for 2019/20 • Charitable Funds Finance Report Q2 2020/21 • Charitable Funds Fundraising Report Q2 2020/21 (<i>Including Charity Strategy and update on Strategic Appeals</i>) • Third Sector Groups Report • Staff Lottery Update • Investment Portfolio • Summary of Expenditure Approvals • Marketing, Advertising and Sponsorship Policy • Charity Impact Report
Key assurances provided at this meeting:	<p>Audit Wales ISA260 Report: The Senior Auditor informed the committee that they intend to issue an unqualified audit opinion once Letter of Representation has been received. The Letter of Representation was signed following the meeting and submitted to Audit Wales on the 8th December 2020.</p> <p>Investment Portfolio: The Charity Accountant informed the committee that Investment Manager Brewin Dolphin are ready to take over the portfolio. Once approved they can contact Rothschild to move the portfolio over as all due diligence is complete.</p>
Key risks including mitigating actions and milestones	
Issues to be referred to another Committee	<p>Staff Lottery Update: It was agreed at that meeting in agreement with Workforce to take the paper back to the Local partnership Forum meeting in January 2021 for trade union review and consensus before taking any further.</p>

Matters requiring escalation to the Board:	
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 is 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>Range of regular reports plus:</p> <ul style="list-style-type: none"> • Brewin Dolphin Investment Manager attending the committee meeting and to meet the team. • Another update to be presented to the committee on Third Sector Groups.
Date of next meeting:	9 th March 2021

Health Board 21.1.21	 <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:	Mental Health Act Committee
Meeting date:	8 December 2020
Name of Chair:	Mrs Lucy Reid
Responsible Director:	Miss Teresa Owen
Summary of business discussed:	<p>The Committee received the following reports:</p> <ul style="list-style-type: none"> • An update on the position regarding under 15's detentions and emergency assessments for the Children's Adolescent and Mental Health Service (CAMHS) • A briefing on the current position for the recruitment and management of approved clinicians and Section 12(2) doctors • Deprivation of Liberty Safeguards activity across the Health Board • Mental Health Act performance report detailing activity for the period July to October 2020 • Healthcare Inspectorate Wales Monitoring Report including progress against action plans relevant to the remit of the Committee • Hospital Managers Update Report detailing the activity for the Associate Hospital Managers for the period July to October 2020
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The work of the Associate Hospital Managers during the period has been maintained using virtual platforms
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • The Committee noted with concern the outstanding discussions to address the recruitment and management of Section 12(2) doctors despite a number of requests that this be addressed. The Committee have agreed that the key Executive Leads need to convene to confirm how these issues will be managed and that this requires a multi-disciplinary approach.
Issues to be referred to another Committee	N/A
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • No specific matters to be escalated, however it should be noted that the terms of reference and reporting arrangements for both the Mental Health Act Committee and Power of Discharge Sub Committee are to be reviewed and a timescale for this has been agreed for this to be completed by March 2021

Well-being of Future Generations Act Sustainable Development Principle	The Committee gave adequate consideration to the sustainable development principles across the breadth of agenda items.
Planned business for the next meeting:	Range of regular reports plus <ul style="list-style-type: none"> • Revised terms of reference and cycle of business
Date of next meeting:	12 March 2021

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Health Board 21.1.21	 <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:	10.12.20
Name of Chair:	Lyn Meadows, Independent Member
Responsible Director:	Mark Wilkinson Executive Director Planning and Performance
Summary of business discussed:	<ul style="list-style-type: none"> • Q3/4 delivery plan monitoring • Development of 2021/2 Delivery Plan • Development of Diagnostic Treatment Centres (DTC) in strategic support of planned care • Business Continuity and Emergency Preparedness update • Progress on Digital Strategy • Test, Track and Protect (TTP) update • North Wales Regional Partnership Board and <ul style="list-style-type: none"> ◦ received the RPB Annual Report • National Operating Framework for Primary and Community Care and delivery milestones • Children Young People/CAMHS Transformation Fund update • Area Planning Board (APB) Substance Misuse service (SMS) • Stroke Services update • Equalities and Human Rights - Socio Economic duty • Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework • Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response. • Pulse Survey • Update on Staff Health and Wellbeing & the Corporate Health Standard. • EU transition risk update <p>The papers and draft minutes are available on the link below: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/strategy-partnerships-and-population-health-committee/</p>
Key assurances provided at this meeting:	<p>SP20/77 Development of 2021/2 Delivery Plan</p> <p>The Committee was advised on positive aspects arising during the Covid19 pandemic from organisational learning, greater agility, good engagement and strengthened programme management that</p>

had ensured a pipeline of priority schemes were already prepared. It was reported that new processes had also been introduced to improve planning quality

SP20/78 Development of Diagnostic Treatment Centres in strategic support of planned care

The concept of a Diagnostic Treatment Centre (DTC) approach was presented which was being explored for consideration by the Board. The DTC model was based on an ambulatory care approach, examples of the benefits that could be provided to the population of North Wales with robust diagnostics and timely treatment were provided. The Committee was very supportive of the potential development, recognising there were huge workforce opportunities to develop staff in different ways.

SP20/80 Key enabler strategy : Progress on Digital Strategy

The Committee commended the work undertaken, which was also noted to have been positively received by the Workforce Partnership Group and had also involved significant stakeholder engagement.

SP20/81 Test, Track and Protect (TTP) update

The Committee was pleased to note the introduction of mobile units and piloting of lateral flow testing for some staff groups which could potentially also enable educational access improvements for pupils and students going forward.

SP20/82 North Wales Regional Partnership Board

The NW Dementia Care Strategy was understood to be scheduled for consideration by BCU's Board

SP20/85 National Operating Framework for Primary and Community Care and delivery milestones

The Health Board had provided their plans in response to the requirements set out to NHS Wales Covid 19 Operating Framework for quarters 3 and 4 2020/21 and submitted these to Welsh Government (WG) by the deadline of 19.10.20. The Committee acknowledged the hard work and commitment of these independent practitioners during this challenging stage of the pandemic and expressed their concern for their wellbeing and ability to continue on the other side of the pandemic.

SP20/87 Equalities and Human Rights - Socio Economic duty

The report set out the statutory requirement of the Socio - economic Duty coming into force in March 2021. The Duty would place a legal responsibility on relevant bodies when undertaking strategic decisions to have due regard to the need to reduce the inequalities of outcomes resulting from socio-economic disadvantage. It was noted that a Socio-economic Duty Task and Finish Group had been convened to advise the Health Board in its preparations for the commencement of the Duty and ensure consideration of how the Duty would be delivered. The Committee commended the approach being undertaken to ensure that consideration of the duty would be integrated into processes in a simplified but effective way to ensure that this statutory duty was carried out. The Committee emphasised this duty was 'The right

	<p>thing to do' and was pleased to note this was also the position of BCU's Health & Safety and Trade Union partners whom were triangulating in this work.</p> <p>SP20/87.1 Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework</p> <p>SP20/87.2 Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response.</p> <p>The fast pace at which the Head of Equality and Human Rights had moved work forward in this area during the first wave of the pandemic was commended which had assisted in decision making and preparations for the second wave. It was confirmed that a Race Equality Impact Plan, in response to WG, would be moved forward within BCU and also involve the Engagement Team</p> <p>SP20/88 Pulse Survey</p> <p>In respect of responses received it was noted that the overall score of 'enthusiasm for the job' & 'like working for the organisation' had both risen and the incidence of bullying had decreased. Responses overall were positive, however work with managers to enable comparisons with similar questions in 2018 was being progressed. Learning from the Covid19 pandemic response was being addressed and it was understood that the Performance and Accountability Framework, being moved forward by the Interim Head of Governance, would factor in responses to staff feedback. BCU's OD programme was also being developed over the next 3 years which would provide additional intelligence in this area. The Committee commended the improvements that had been achieved within the context of the Covid19 pandemic response.</p> <p>SP20/89 Update on Staff Health and Wellbeing & the Corporate Health Standard.</p> <p>The Committee acknowledged and commended the Occupational Health Team on their support to the Health Board throughout the pandemic, including the current critical area of vaccination.</p>
<p>Key risks including mitigating actions and milestones</p>	<p>SP20/76 Quarter 3&4 delivery plan monitoring 2020/21</p> <p>The Committee Chair requested that further evidence, supported by improved narrative, be provided within the report to the next meeting in order to provide an effective audit trail of all priorities agreed by the Board that had been stood down due to non-delivery. Arrangements were also agreed to ensure the capture of undelivered Q1&2 priorities at year end.</p> <p>SP20/77 Development of 2021/2 Delivery Plan</p> <p>The Committee discussed how risk factors were articulated within the plan following which it was agreed this would be included within the presentation to the next Audit Committee on 17.12.20. The Interim Director of Governance endorsed the use of risk as a driver for change. It was agreed that the timetable provided be updated to include dates for presentation to the SPPH & Finance and</p>

Performance Committees and the Board, following which this was to be circulated to all Independent Members of the Board.

SP20/78 Development of Diagnostic Treatment Centres in strategic support of planned care

The Committee was advised of the growing number of patients waiting beyond 36 weeks and it was noted that a 6 point plan had been established to address the situation which was outlined in the report.

SP20/79 Business Continuity and Emergency Preparedness update

The Head of IA noted there was support for increasing capacity however there was also risk around engagement within divisions and that operational ownership was required. It was noted that completion of business continuity plans had ramped up and there was an expectation that these would be completed by next year.

SP20/81 Test, Track and Protect (TTP) update

Further developments since the report had been published were provided, including the introduction of a pathfinder approach with a small number of staff testing twice weekly, commencing in January as a pilot - initially in the East where the prevalence currently existed.

SP20/82 North Wales Regional Partnership Board

In respect of the RPB's £12m allocation for transformation funds it was advised that this would be discussed at the RPB meeting taking place on 11.12.20.

SP20/85 National Operating Framework for Primary and Community Care and delivery milestones

Attention was drawn to the 6 priorities agreed nationally for quarters 3 and 4, highlighting areas of challenge within each

- Delivery of essential services
- COVID-19 local outbreaks or second
- Care Homes
- Rehabilitation
- Step-up and step down bedded community services
- Urgent primary care

SP20/86 Children Young People/CAMHS Transformation Fund update

In discussion of services provided by transformation funding, it was confirmed that WG funding had been reduced however, priorities on continuance would be agreed at the RPB meeting on 11.12.20. The Committee questioned to what degree services provided were sustainable when the additional WG funding came to an end. It was agreed that the impacts to CAMHS (Children & Adolescent Mental Health Services) be referenced within the next report to the Committee.

SP20/84 Stroke Services

Noted the re-start of the business case development, with focus on Early Supported Discharge and Rehabilitation business cases in phase 1 and would include new clinical evidence and learning from Covid19. It was reported that the conclusion of this work was

	<p>anticipated by 31.1.21. The Committee supported the need to progress improvements in the service</p> <p>SP20/90 EU transition risk update</p> <p>The mitigation work being undertaken in preparation for EU exit was highlighted in the report which was currently being monitored at weekly meetings.</p>
Issues to be referred to another Committee	Quality, Safety and Experience Committee is to note the SPPHC has addressed the referred action on Stroke Services as above.
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • Socio Economic duty • EU transition risk
Well-being of Future Generations Act Sustainable Development Principle	<p><i>The items considered by the Committee gave consideration to the sustainable development principles indicated below</i></p> <p><i>1. Balancing short term need with long term planning for the future;</i></p> <p><i>2. Working together with other partners to deliver objectives;</i></p> <p><i>3. Involving those with an interest and seeking their views;</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse; and</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies</i></p>
Planned business for the next meeting:	<p>Range of regular reports plus updates in the following areas</p> <ul style="list-style-type: none"> • Monitoring Q3&4 2020/21 delivery plan • Development of the 2021-24 plan • Engagement • Primary Care • Research and Innovation • Wellbeing of Future Generations • Population Assessment (under the SSWB Act)
Date of next meeting:	18.2.20

Health Board 21.1.21	 <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
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Meeting date:	14.12.20
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Name of Chair:	Ffrancon Williams
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Responsible Director:	Mark Wilkinson
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Summary of key items discussed:	<ul style="list-style-type: none"> • BCUHB planning update • Development of Diagnostic Treatment Centre (DTC) model • Update on Mental Health and Learning Disabilities • Primary Care Update
Key advice / feedback for the Board:	<p>The SRG in respect of BCUHB planning update</p> <ul style="list-style-type: none"> • recognised the challenges the Health Board faced in the current climate, as well as the funding made available to address the deficit and delivering on non-deficit plans going forward • were concerned regarding health inequality issues which the pandemic had further highlighted for disadvantaged groups • raised concern that access to primary care was perceived to be difficult for face to face appointments, especially for some groups • noted BCU was addressing socio economic duty and those whom were disproportionately affected with BAME characteristics <p>Development of Diagnostic Treatment Centre (DTC) model</p> <ul style="list-style-type: none"> • supported this exciting project which is at the Strategic Outline Case development stage • recognised the opportunities for upskilling staff and redesigning Referral to Treatment and the one stop, value-based pathway approach • supported the Interim Head of Planned Improvement in his assessment for the need for 2 centres given BCU's geography, whilst recognising this had not been defined further than at a centre east and a centre west location at present <p>Update on Mental Health and Learning Disability</p> <ul style="list-style-type: none"> • supportive of the Mental Health Strategy developments outlined, including progress of the Ablett redevelopment

	<p>strategic and outline business case</p> <ul style="list-style-type: none"> acknowledged that BCU had been taken out of special measures however there remained work to do. acknowledged challenges in respect of staffing levels, including increased sickness through the pandemic, and welcomed opportunities for more partnership working that also embraced the voluntary sector. reflected on the need to explore a communication plan which also explained how the wide range of mental health services available could be accessed. <p>Primary Care update</p> <ul style="list-style-type: none"> generally supportive for the changes and adaptations introduced during the Covid19 pandemic reflected a tangible concern amongst various areas of the community that they perceive an inability to access various primary care services sought reassurance on what services were available to access; important to reassure the public of delivery “in the here and now”
Planned business for the next meeting:	<p>BCU 3 Year Plan / Corporate Planning update Update on Digitally Enabled Strategy Engagement Clinical Services Strategy development progress Vaccination rollout Business cases in development</p>
Date of next meeting:	22.3.20

Disclosure:

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

Health Board 21.01.21	 <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)
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Meeting date:	04.12.20
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Name of Chair:	Mr Gareth Evans, Therapies representative
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Responsible Director:	Mr Adrian Thomas, Executive Director of Therapies & Health Science
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Summary of key items discussed:	<ul style="list-style-type: none"> • The Chair wished it to be noted that the HPF meeting was held via Microsoft Teams virtual platform • H20/37 Digital Strategy – Andrea Williams and Jessica Thomas; Informatics <p>The Chair welcomed Andrea Williams (AW), Head of Informatics Programmes Assurance and Improvement and Jessica Thomas (JT), Informatics Senior Assurance And Improvement Officer to discuss the Digital Strategy implemented at BCUHB.</p> <p>A set of presentation slides were shared with the group named: “Our Digital Future – Improving care through digital ways of working” covering the following points:</p> <ul style="list-style-type: none"> • Our Vision • Experiences • Our 6 Principles of Digital Working • Our 4 Key Challenges <p>An interactive and informative discussion ensued around engagement of the digital strategy and integration of the programme throughout the local health care professions.</p> <ul style="list-style-type: none"> • H20/38 Andrew Kent; Head of Planned Care (Interim) <p>The Chair welcomed Andrew Kent (AK), Interim Head of Planned Care to discuss the development of diagnostic treatment centres in strategic support of planned care. AK gave a background summary</p>
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	<p>using statistics and used a number of presentation slides to highlight the challenges, and the Planned Care 6-point plan, which includes a 3 to 5 year strategy. A question and answer session ensued.</p> <ul style="list-style-type: none"> • H20/26 Chair's and members' written updates <p>The forum noted the written updates received from the following representatives:</p> <p>H20/39.1 HPF Written Summary – Midwifery H20/39.2 HPF Written Summary – Therapy Services / HPF as Associate Board Member H20/39.3 HPF Written Summary – Healthcare Science H20/39.4 HPF Written Summary – Primary Care and Community Medical H20/39.5 HPF Written Summary – Nursing H20/39.6 HPF Written Summary – Vice Chair/Secondary and Tertiary Care H20/39.7 HPF Written Summary – Community Pharmacy</p> <p>Verbal updates were received from the following representatives:</p> <p>H20/39.8 HPF Verbal Summary – Pharmacy and Medicines Management H20/39.9 HPF Verbal Summary - Optometry H20/39.10 HPF Verbal Summary – Mental Health and Learning Disabilities</p>
<p>Key advice / feedback for the Board:</p>	<p>H20/40 Summary of information to be included in Chairs report to the Board:</p> <ul style="list-style-type: none"> • The Forum was supportive of the strategy noting that it is in a formative stage but had a noble ambition. The strategy must ensure efficient engagement with all stakeholders noting primary care contractors as an example of where the conversation needs to reach out to. Members reflected on current challenges to the digital agenda such as gaps in hardware and consistency and connectivity across the organisation which the strategy must address. The need to overcome digital exclusion within the population was considered fundamental in order that health inequality did not grow wider. • Diagnostic and Treatment Centres – The Forum supports the emerging conceptual model with an emphasis on transformation and a cohesive approach to services across North Wales. Members considered this to be an innovative approach and advise that clinical staff be given the time to

	<p>design the model and to be active participants in making the case for change.</p> <p>Members did note however that the concept was developing without an overarching organisational clinical strategy which may weaken the strategic positioning of the case. The three enabling strategies of workforce, estate and digital are key success factors and should be updated if the business case progresses.</p> <ul style="list-style-type: none"> • The Forum noted and supported the report from the Vice Chair of the Forum regarding the need to enhance and reinforce Covid security advice and activity to ensure safety at our sites.
Planned business for the next meeting:	<p>Range of standing items plus:</p> <ul style="list-style-type: none"> • Executive Director – Workforce & Organisational Development • Director Quality Assurance – Draft Annual Quality Statement (for information)
Date of next meeting:	5 th March 2021

Disclosure:

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

Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Board Assurance Framework and Corporate Risk Register						
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery Louise Brereton, Board Secretary						
Awdur yr Adroddiad Report Author:	Justine Parry, Assistant Director: Information Governance and Risk						
Craffu blaenorol: Prior Scrutiny:	Approved by the Interim Director of Governance Audit Committee – 17 th December 2020						
Atodiadau Appendices:	1) Board Assurance Framework – Principal Risk Report 2) Corporate Risk Register Report						
Argymhelliad / Recommendation:							
The Board is asked to:							
1) Approve the Board Assurance Framework. 2) Review and note the progress on the management of the BAF and Corporate Tier 1 Operational Risks. 3) Comment on the style and content of the report as this is the first presentation of the combined Board Assurance Framework and the Corporate Risk Register.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	
Sefyllfa / Situation:							
<p>Following on from the previous work undertaken nationally between the All Wales Audit Committee Chairs and the Board Secretaries Network, it is essential that the Health Board has an effective system in place in which identifying and managing risk is a continuous process.</p> <p>The revised Risk Management Strategy and Policy was implemented on the 1st October 2020, and on the 17th December 2020, the Audit Committee approved the implementation of the revised Board Assurance Framework (BAF) template reporting arrangements.</p> <p>This new design captures the work undertaken by the Board on the identification of its Priority Areas to support the effective management of the agreed Principal Risks that could affect the achievement of its agreed Priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR), which more effectively demonstrates how the Health Board is robustly mitigating and managing extreme risks to the achievement of its operational objectives.</p> <p>Each Principal Risk has since been reviewed and updated to take effect of any changes or completion of actions to support the mitigation of the risk and to reflect the impact of the next wave of the COVID Pandemic.</p>							

This paper presents:

- 1) The Board Assurance Framework Principal Risk Report
- 2) The Corporate Risk Register Report

This paper will endeavour to provide assurance that risks which could compromise the achievement of the Health Board's Priority Areas are being robustly, efficiently and effectively mitigated and managed to expected standards and in line with best practice. The full development of the Board Assurance Framework narrative document is underway which will describe the future management and presentation of these risks to the Board and its Committees.

Cefndir / Background:

The implementation of the Board Assurance Framework and the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The design of both the new BAF and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other. This includes the evaluation, monitoring and review of progress, accountability and oversight of the Principal Risks and also the high level operational risks which could affect the achievement of the Health Board's agreed Priorities. These are being monitored as part of an annual improvement plan with oversight by the Risk Management Group, with scrutiny and approval by the Executive Team.

Board Assurance Framework

During November 2020, once the Principal Risks had been agreed by the Executive Team, a series of meetings took place with all Principal Risk Lead Officers to populate each risk template. Support was provided by the Corporate Risk Management Team and each risk was quality assured and required Executive approval prior to inclusion onto the full report.

A version of the report was presented and approved for submission to the Board by the Audit Committee on the 17th December 2020 and once the Board formally ratifies the implementation of the BAF, the intention is for the Principal Risks to be regularly reviewed the Executive Team with oversight at each Board Committee on a bi-monthly basis and then twice yearly to the Board. Oversight of the system and process will remain with the Audit Committee, who will receive an update twice a year and a copy of the full BAF. The system and process for the management of the BAF will be fully captured within a narrative document, which is currently in development and which will be finalised as part of the governance review work.

The future management of the BAF will now transfer back to the Office of the Board Secretary from the Corporate Risk Management Team as from the 1st February 2021. The risk management system and process will continue to be managed by the Corporate Risk Team.

In line with the presentation of the Corporate Risks, for all future reports a detailed analysis of any changes to the Principal Risks will be included within the body of this report. As this is the first presentation of the BAF to the Board, the full risk and assurance report is provided in Appendix 1, noting the summarised current risk score changes and the one additional risk added to the BAF since submission to the Audit Committee on the 17th December 2020, demonstrating the dynamic nature of the system and process.

- **BAF20-23 – EU Exit**

There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service following the end of the EU Transition period on 31 December 2020. This may be caused by the UK government failure to conclude a trade deal with the EU, resulting in the UK leaving the EU on World Trade Organisation (WTO) terms. This could lead to a disruption of service delivery and thereby adversely impacting on outcomes for patients in terms of safety and access to services.

Key Progress: The current risk score has been reduced from 12 to 8 to reflect the controls and mitigations in place. Gaps and actions have been updated to reflect the December Trade Deal, with extensions to action times to reflect the deal arrangements. This risk is being actively managed by the Executive Director with oversight by the Executive Leadership Team.

- **BAF20-24 – Impact of COVID-19**

There is a risk that Health Board will be unable carry out its functions due to the spread and impact of Covid-19 in North Wales, which could lead to reduced staff able to work and increased demand on services (including acute, community, mental health and primary care). This could negatively affect the quality of patient care, outcomes for patients and the Health Board's ability to deliver its plans and corporate priorities.

Corporate Risk Register:

It is important to note that the Health Board's new CRR has been updated following feedback received on the previous version. Changes have been made to the terminology used for example the "Initial Risk Score" has now changed to Inherent and the continued use of the "Action Plan Module" as a key driver to capture and monitor the completion of actions is proving beneficial for all leads as regular reminders are issued once the completion date has expired. The use of this module is planned to be rolled out across the remaining Tiers, with anticipated completion by March 2021. However, this date is subject to change depending on the future management of the Pandemic and redeployment of staff.

Staff within the Corporate Risk Management Team continue to explore engagement, training, capacity building and understanding as drivers for embedding the new CRR and a positive risk-aware culture across the Health Board. For example, an external risk management company delivered six bespoke risk management training sessions to senior staff across the Health Board during which 100 staff were trained. Trainees were issued with certificates of course completion and they provided very positive feedback, which has in turn enabled training to be improved and tailored to the needs of staff and the wider organisation.

Further risk management training commensurate with the roles and responsibilities of staff across the Health Board will be delivered as part of the campaign to achieve 1000 staff trained in risk management in 2021/22. Another strand of this drive will be to deliver risk management training to medical Doctors and Consultants through existing meetings and networks e.g. Junior Doctor's meetings or Consultant's meetings.

In summary, a close look at the CRR in Appendix 2 demonstrates that:

- **CRR20-01 - Asbestos Management and Control**

Key progress: Following the Corporate Health and Safety Audit in 2019 for Asbestos Management a number of areas were assessed as non-compliant. A detailed action plan has been implemented to address and correct the non-conformances raised and this will be completed by the 31st of March 2021. The risk transferred from the Corporate Health and

Safety Department to the Estates and Facilities Department within the Planning and Performance Division. The risk will be reassessed to take into account the completed mitigation and any new controls required. Revenue funding has also been allocated in 2019-20 and 2020-21 to address risks and non-compliance. A review of the target risk score and risk appetite statement to see if it is possible to reduce the score or whether to revisit the risk appetite statement will take place during the Risk Management Group on the 18th January 2021 with proposals being presented to the Executive Leadership Team meeting for approval / action. This risk is being actively managed by the Executive Director with oversight by the Risk Management Group and the Executive Leadership Team.

The target risk date has been extended to take into account the impact on the Health Board for the management of the second wave of the COVID-19 Pandemic.

- **CRR20-02 - Contractor Management and Control**

Key progress: Following the Corporate Health and Safety Audit in 2019 for Contractor Management a number of areas were assessed as non-compliant. A detailed action plan has been implemented to address and correct the non-conformances raised and this will be completed by the 31st of March 2021. The risk transferred from the Corporate Health and Safety Department to the Estates and Facilities Department within the Planning and Performance Division. The risk will be reassessed to take into account the completed mitigation and any new controls required. Revenue funding has been allocated in 2020-21 to address the risks and non-compliance via a software driven contractor management system. A review of the target risk score and risk appetite statement to see if it is possible to reduce the score or whether to revisit the risk appetite statement will take place during the Risk Management Group on the 18th January 2021 with proposals being presented to the Executive Leadership Team meeting for approval / action. This risk is being actively managed by the Executive Director with oversight by the Risk Management Group and the Executive Leadership Team.

The target risk date has been extended to take into account the impact on the Health Board for the management of the second wave of the COVID-19 Pandemic.

- **CRR20-03 – Legionella Management and Control**

Key progress: Following the Corporate Health and Safety Audit in 2019 for Legionella Management a number of areas were assessed as non-compliant. A detailed action plan has been implemented to address and correct the non-conformances raised and this will be completed by the 31st of March 2021. The risk transferred from the Corporate Health and Safety Department to the Estates and Facilities Department within the Planning and Performance Division. The risk will be reassessed to take into account the completed mitigation and any new controls required. Revenue funding has been allocated in 2020-21 for additional staff and estate resources to address the risks and non-compliance and a BCUHB wide water management contract will be considered by the Health Board at its meeting on the 21st of January 2021. This contract if supported will commence in April 2021.

A review of the target risk score and risk appetite statement to see if it is possible to reduce the score or whether to revisit the risk appetite statement will take place during the Risk Management Group on the 18th January 2021 with proposals being presented to the Executive Leadership Team meeting for approval / action. This risk is being actively managed by the Executive Director with oversight by the Risk Management Group and the Executive Leadership Team.

- **CRR20-04 - Non-Compliance of Fire Safety Systems**

Key progress: Following the Corporate Health and Safety Audit in 2019 for Fire Safety Management and Systems a number of areas of fire safety were assessed as non-compliant. A detailed action plan has been implemented to address and correct the management non-conformances raised and this will be completed by the 31st of March 2021. The risk transferred from the Corporate Health and Safety Department to the Estates and Facilities Department within the Planning and Performance Division. The risk will be reassessed to take into account the completed mitigation and any new controls required. Revenue funding has been allocated in 2020-21 for additional resources to address the risks and non-compliance. In regards to Fire Systems, infrastructure and general compartmentation the risks are substantially greater than the Health Board's current appetite and therefore the solution will require significant capital investment to reduce and mitigate the fire safety risks.

The Health Board Estates strategy defines the current level of capital investment required to improve compliance across all Health Care premises. Due to the risks associated with Fire Safety nationally. The Health Board is progressing a number of business cases seeking Welsh Government (WG) capital to address and mitigate non-compliance. The ability to reduce the current risk will be determined by the availability of capital funding from Welsh Government as the scale of investment required is significantly greater than the Health Boards annual discretionary capital allocation.

Two Programme Business cases have been developed for Ysbyty Wrexham Maelor (already submitted to WG) and Ysbyty Gwynedd, both seek to reduce current risks and significantly improve patient environments and fire safety compliance.

Individual action completion dates have been extended to take into account the impact on the Health Board for the management of the second wave of the COVID-19 Pandemic.

- **CRR20-05 – Timely access to Care Homes**

Key progress: A new Lead Officer has been identified to manage this risk. Actions have progressed and completed. Two actions remain outstanding concerning the improvement in communication channels with revised completion dates set for the 31st January 2021. This risk is being actively managed by the Executive Director with oversight by the Risk Management Group and the Executive Leadership Team.

- **CRR20-06 – Informatics - Patient Records pan BCU**

Key progress: The target risk date has been extended and aligned to the implementation of the Digital Health Record System by the 30th September 2024. The target score for this risk has been set outside the Health Board's agreed risk appetite as it should have been positioned anywhere ranging from 1-6. A review of the target risk score and risk appetite statement to see if it is possible to reduce the score or whether to revisit the risk appetite statement will take place during the Risk Management Group on the 18th January 2021 with proposals being presented to the Executive Leadership Team meeting for approval / action. This risk is being actively managed by the Executive Director with oversight by the Risk Management Group and the Executive Leadership Team.

Redeployment of staff and staff absences due to the COVID-19 Pandemic is adversely affecting the management of this risk and individual action completion dates have been extended to take this into account.

- **CRR20-07 - Informatics infrastructure capacity, resource and demand**

Key progress: Business case development and management continues, with approval being obtained where appropriate. This risk is being actively managed by the Executive Director with oversight by the Risk Management Group and the Executive Leadership Team.

Individual action completion dates have been extended to take into account the impact on the Health Board for the management of the second wave of the COVID-19 Pandemic including the development of workforce plans to future proof informatics capability and capacity to deliver the agreed digital priorities for the Health Board.

Below is a heat map representation of the Full Principal and current Corporate Risk scores:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5			BAF20-22	BAF20-02 BAF20-06 BAF20-18 CRR20-04	BAF20-05
	Likely - 4				BAF20-01 BAF20-13 BAF20-21 CRR20-06 CRR20-07	BAF20-04 BAF20-08 BAF20-11 BAF20-12 BAF20-15 BAF20-16 BAF20-24 CRR20-01 CRR20-02 CRR20-03 CRR20-05
	Possible - 3			BAF20-07 BAF20-10 BAF20-19 BAF20-20	BAF20-03 BAF20-17	BAF20-09 BAF20-14
	Unlikely - 2				BAF20-23	
	Rare - 1					

Asesiad / Assessment & Analysis

Strategy Implications

The implementation of the Board Assurance Framework and the revised Risk Management Strategy and Policy aligns with the Health Board's strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

Options considered

Continuing with the Corporate Risk and Assurance Framework.

Financial Implications

Depending on the agreement of reporting arrangements, the management of the BAF is resource intensive and so additional resources may be required once the regularity of reporting has been agreed. This is currently an unbudgeted expenditure.

Risk Analysis

See the individual risks for details of the related risk implications.

Legal and Compliance

There are no legal and compliance issues associated with the delivery of the Board Assurance Framework or the Risk Management Strategy and Policy.

Impact Assessment

No specific or separate EqIA has been done for this report, as a full EqIA has been completed in relation to the new Risk Management Strategy and Policy to which the BAF and CRR reports are aligned.

Strategic Priority 1: Safe Unscheduled Care

Risk Reference: BAF20-01	Risk Rating	Impact	Likelihood	Score	Appetite
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Surge Plan / Winter Plan

<p>There is a risk that the Health Board may not be able to deliver the winter plan due to the appropriate availability of capacity and capability of its resources and external collaboration. This could negatively impact on the quality of planned patient care services and the reputation of the organisation.</p>		Inherent Risk	5		5		25		<div style="background-color: #008000; color: white; padding: 5px;">Low</div> <div style="background-color: #008000; color: white; padding: 5px;">1 - 6</div>
		Current Risk	4	↔	4	↔	16	↔	
		Target Risk	4		3		12		

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
BCUHB Winter Resilience plan approved by Board underpinned by Local Health Community plans which includes acute surge plans for increased capacity.	2	<p>Programme of check and challenge meetings in completed to review and prioritise winter schemes including prioritisation of the workforce elements.</p> <p>Schemes prioritised based on most impact, most achievable. Schemes closely linked to agreed funding streams are in progress primarily - SDEC; D2R&A; Phone First; Primary Care Urgent Treatment Centres.</p>	2	<p>Identify improvement and project support for delivery of some of the schemes.</p> <p>Improvement trajectories developed and incorporated into the Winter/Q3/4 plan.</p> <p>Identify recruitment requirements and related workforce processes - Workforce requirements identified as part of the check and challenge process. Some posts have been recruited to in order to progress, however process of recruitment still remains outstanding due to the funding structures of the posts i.e. non recurring and short period of a maximum 6 months which is proving to be difficult to attract staff.</p>	31 January 2021
Established surge plans in place to manage Covid-19 demand which are regularly reported to Finance and Performance (F&P) Committee.	2	<p>i) Intelligence cells in place, regularly tracking against Swansea University modelling work and now reporting into the Executive Incident Management Team (EIMT) and reviewed weekly.</p> <p>ii) Ysbyty Enfys Deeside opened (4/11) to accept up to 30 recovering Covid positive patients from East and Centre which reports to the Strategic & Assurance Group which reports to Executive Team. Plans currently in development to increase capacity.</p>	2	<p>Finalisation of nursing workforce capacity to staff the current model (up to 30 patients) and any expansion of future model at Ysbyty Enfys Deeside.</p> <p>Post implementation review of the suitability of the acute to community pathways is underway, including staffing model and patient cohort to ensure fit for purpose.</p>	<p>Complete</p> <p>31 January 2021</p>

Review comments since last report: Gaps and respective actions to support the mitigation of the risk have been completed since the risk was submitted to the Audit Committee on the 17 December 2020. Extensions to action timeframes have also been agreed by the Executive Director of Planning and Performance.

Executive Lead:

Mark Wilkinson, Executive Director of Planning and Performance

Board / Committee:

Finance and Performance Committee

Review Date:

4 January 2021

Linked to Operational Corporate Risks:

Strategic Priority 1: Safe Unscheduled Care

Risk Reference: BAF20-02		Risk Rating	Impact		Likelihood		Score		Appetite	
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Emergency Care Review Recommendations

There is a risk that the Health Board may not be able to deliver safe and effective care due to being unable to commit support processes. This could negatively impact on the quality of patient care provided.		Inherent Risk	5		5		25		Low 1 - 6
		Current Risk	4	↔	5	↔	20	↔	
		Target Risk	4		3		12		

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Unscheduled Care Improvement Group in place to oversee the improvement programme of work and monitor performance which provides regular reports to the Finance & Performance.	2	1) Ysbyty Glan Clwyd (YGC) improvement plans in place and approved by Executive Team for ambulance handover and flow including EDQDF. 2) Emergency Department (ED) dashboard established which monitors performance. 3) Established Tactical Control Centres in place. 4) Standardised SITREP / escalation reports submitted 3 x day.	2	1) Roll out of YGC improvement plan to other sites as appropriate. 2) Identify improvement and project support for delivery of the objectives. 3) In line with Welsh Government (WG) directive, implement Phone First programme that will ensure patients are seen by the right person, in the right place, first time. 4) In line with WG directive, implement the national EDQDF / Welsh Access Model to identify best practice, agree care standards and implement a uniform model for patient access to and from EDs.	31 March 2021 31 March 2021 31 March 2021 31 January 2021
Q3 and Q4 Plan in place and agreed by the Board, with regular monitoring through Access meeting (weekly) & Unscheduled Care (USC) Improvement Group (monthly).	2	Weekly access meeting chaired by the Executive Director of Planning and Performance, to review assurance against the delivery of the plan.	1	1) USC scoping review to be undertaken to develop strategic blueprint solution for unscheduled care. 2) Implement recommendations of Kendal Bluck Emergency Department workforce review related to unscheduled care.	31 January 2021 31 March 2021
Interim COO / Interim Director of USC overseeing the Q3/4 plan and variance to the plan with regular reporting to the Finance and Performance Committee.	2	Bi-monthly report to Finance & Performance Committee to provide assurance on unscheduled care strategic developments.	2	Establish permanent substantive posts currently covered on an interim basis, providing continuity and sustained leadership for unscheduled care.	31 March 2021

Review comments since last report: No change since the risk was submitted to the Audit Committee on the 17 December 2020.

Executive Lead: Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery	Board / Committee: Quality, Safety and Experience Committee	Review Date: 4 January 2021
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Linked to Operational Corporate Risks:

Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-03		Risk Rating	Impact	Likelihood	Score	Appetite
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Sustainable Key Health Services

There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to diminishing capacity to meet an ever-growing demand.	Inherent Risk	4		4	16	Low 1 - 6
	Current Risk	4	↔	3	12	
	Target Risk	4		2	8	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Health Improvement & Reducing Inequalities Group (HIRIG) provide strategic direction and monitors delivery of the Population Health Services. HIRIG reports to Executive Team.	2	Health Board commitment to establishing priority services including: Programme management and recruitment to posts.	2	1) Fully integrated the Smoking Cessation service. 2) Implement a Tier 3 Childrens Obesity service. 3) Implement a Healthy Weight pathway T1-3. 4) Implement and delivery the Immunisation Strategy. 5) Implement and deliver the Infant feeding strategy. 6) Implement and deliver a suite of Building a Healthier Wales projects.	30 June 2021 31 Aug 2021 31 March 2022 31 March 2023 31 March 2023 31 December 2022
Strategy, Partnership and Population Health Committee have oversight via standard reports by exception on progress.	2	Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place.	2	Embed BCUHB North Wales population health priorities within its operational and strategic plans.	1 April 2022
Welsh Government have oversight of Smoking Cessation, Building a Healthier Wales, Infant Feeding, Healthy Weight Healthy Wales, Immunisation programmes and provide an element of funding.	3	HIRIG provide reports nationally regarding expenditure and performance.	3	Standardised reporting and meet submission requirements.	31 March 2021
The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Local Public Health Team.	2	Regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact.	3	Embed Public Health Outcomes Framework into local planning through Local partners and Health Board.	30 September 2021

Review comments since last report: Extensions to action timeframes have been agreed with the Executive Director of Public Health since the risk was submitted to the Audit Committee on the 17 December 2020. The link to the Corporate Risk CRR20-05 Timely access to Care Homes has been removed by the Executive Director of Public Health.

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks:		

Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-04		Risk Rating	Impact		Likelihood		Score		Appetite
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Primary Care Sustainable Health Services

<p>There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.</p>		Inherent Risk	5		5		25		<div style="background-color: #008000; color: white; padding: 10px; margin: 0;"> Low 1 - 6 </div>
		Current Risk	5	↔	4	↔	20	↔	
		Target Risk	4		3		12		

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Each Area Team reviews GP practice sustainability and provides bespoke support to individual practices.	1	Regular review of 5 domains matrix. Escalation tool implemented and monitored by the Primary Care Panel, chaired by the Executive Director of Primary and Community Care, with reports provided to Quality, Safety and Experience Committee.	2	Delivery of Quality Assurance Visiting Programme across all contractors, in-depth review/visits which will be supportive for practices where concerns are identified.	31 March 2022
Delivery of All Wales Primary Care Model in place, which is monitored by the Strategic Programme for Primary Care.	3	Review of current workforce profiles. Delivery of milestones set by the national strategic programme. Contribution and leadership in the national priorities.	2	1) Primary Care Strategy for north wales embedded in the clinical strategy of BCUHB. 2) Further development of primary care workforce plans, with a further consideration of the impact of the pandemic on assumed GP retirements.	31 March 2022 30 June 2021
Provision of alternative services to increase capacity in GP practices in place.	1	Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services.	1	Full roll out of UPCCs (subject to national evaluation & pathways).	31 March 2022

Primary & Community Care Academy in place with further development and roll out planned.	2	Academy work plan 2019/22 in place, monitored by the Strategic Leadership Group for the Academy and as part of the performance monitoring of the Health Board's Operational Plan which feeds through to the Strategy, Partnership and Population Health Committee.	2	1) Increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity. Business case to be presented for consideration. 2) Strengthen coordination and implementation of work placements for training, mentorship and formal internship.	31 March 2021 31 March 2022
Cluster working/Health & Social care Localities in place with further development planned, with oversight by Area Teams, Regional Partnership Board Leadership Group and Integrated Care Boards (partnerships).	2	GP clusters have increased maturity throughout Covid-19 with practices working closely together with oversight by the Area Directors.	1	Development of broader cluster membership with the further integration with locality services.	30 September 2021

Review comments since last report: Update since the last submission to the Audit Committee on the 17 December 2020 included in further actions to consider assumed GP retirements.

Executive Lead: Chris Stockport, Executive Director of Primary and Community Services	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks: CRR20-05 Timely Access to Care Homes		

Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-05		Risk Rating	Impact	Likelihood	Score	Appetite
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Timely Access to Planned Care

There is a risk that the Health Board may be unable to deliver timely access to Planned Care due a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions.	Inherent Risk	5	5	25	Low 1 - 6
	Current Risk	5 ↔	5 ↔	25 ↔	
	Target Risk	5	3	15	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Q3 and Q4 Plan in place and agreed by the Board, with regular monitoring and updates provided to Access Group and Finance and Performance Committee.	2	Weekly access meeting chaired by the Director of Performance, to review assurance against the delivery of the plan.	2	Introduction of further validation staff in Q3/4 non recurring. Scoping of Artificial Intelligence approach to validation.	31 March 2021
Implemented risk stratification system and process for stage 4 patients providing clinical priority with regular monitoring by local Primary targeting list (PTL) and access group.	1	Ensure the waiting list size is continually validated and patients appropriately communicated with.	1	Waiting list initiatives introduced in Q3/4, Business case for Insourcing to support Q3/4 plan and long waiting patients is awaiting approval. Introduce a system that allows patients to "opt in" for treatment. allowing a communication strategy to support the q3/4 plan.	31 January 2021
Head of Planned Care overseeing the Q3/4 plan and variance to the plan with monthly reporting to the Chief Operating Officer and bi-monthly reporting to the Finance and Performance Committee.	2	Bi-monthly report to Finance and Performance Committee to provide assurance on planned care strategic and tactical developments.	2	Introduce substantive post into the organisation, currently covered on an interim solution. Thus providing continuity and sustained leadership for planned care.	31 March 2021
Once for North Wales approach introduced to standardise and ensure consistent delivery of general surgery, orthopaedics, Ophthalmology (Stage 4), Urology and Endoscopy to reduce health inequalities.	2	Weekly operational group with Divisional general Managers (DGM's) to ensure operational co-ordination of the once for north wales approach.	1	Introduction of insourcing into the organisation to undertake activity that supports P2-3 activity and over 52 week waiters, therefore reducing the overall waiting times .Scoping of new strategic model of care known as the diagnostic and treatment centre approach for planned care. Strategic outline case to be presented to Board and Welsh Government.	31 March 2021
				Agree a strategy for planned care over the next 3 years that will improve the business process and reduce long waiting patients.	31 March 2021

Review comments since last report: Extension to action timeframe has been discussed and agreed with the Chief Operating Officer since the risk was submitted to the Audit Committee on the 17 December 2020.

Executive Lead:

Mark Wilkinson, Executive Director of Planning and Performance

Board / Committee:

Finance and Performance Committee

Review Date:

4 January 2021

Linked to Operational Corporate Risks:

Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-06

Risk Rating

Impact

Likelihood

Score

Appetite

Pandemic Management

<p>There is a risk that the ongoing Covid-19 pandemic, through the second wave, could inhibit the Health Board's ability to deliver timely access to high quality planned care to its patients. This may be caused by workforce absences or redeployment; infrastructure impact; reductions in, or overly cautious use of capacity; failure to prioritise or undertake risk stratification effectively; lack of support and collaboration across the whole healthcare system. This could lead to an impact on patient safety; deterioration in health; poor patient experience and reduction in well-being and impact on staff of being unable to meet patient needs.</p>	Inherent Risk	4	5	20	<div>Low</div> <div>1 - 6</div>
	Current Risk	4 ↔	5 ↔	20 ↔	
	Target Risk	3	2	6	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
<p>Primary Care Covid management forum meets weekly and reports into Primary Care Senior Management Team and Director of Primary Care and Community Services. Any issues requiring escalation are reported into Executive Team. Primary care pressures are reported nationally to WG.</p>	1	<p>Business continuity plans are continually reviewed, supported by the Emergency Preparedness and Resilience team, in line with requirements of the Civil Contingencies Forum. WG recovery plans in place and national toolkits circulated.</p> <p>Operational measures taken to support the overarching plan and response to Covid-19 include:</p> <ul style="list-style-type: none"> Amended care pathways including remote consultations Provision of PPE across all contractors Regular Primary Care pressures report Red hubs available if required Escalation levels reported Area support to delivery of services at a cluster level Regular briefings/guidance to contractors. 	2	<p>Urgent Primary Care Centres being developed from Welsh Government grant.</p> <p>Options appraisal regarding dental capacity being undertaken at pace.</p>	31 December 2020

Area Senior Management Teams have oversight of pressures on community services and feed into the Primary Care Senior Management Team. Any issues requiring escalation re reported to Executive Team.	1	Business continuity plans are in place and are currently being reviewed - see identified gaps. Management oversight continues for service changes to accommodate Covid-19 response, reported as described through Senior Management Teams.	2	Business continuity plans currently being reviewed and updated with support from Emergency Planning Team for all community hospitals and health / wellbeing centres. Amended pathways submitted through Clinical Advisory Group as appropriate.	Ongoing 31 March 2021
Access meeting weekly chaired by Performance Director, reports into Planned Care Improvement Group.	1	Assurance against delivery of plan Risk stratification in place for Stage 4 planned care provides clinical priority for Stage 4 patients Head of planned care overseeing the Q3/4 plan and variance to the plan, reported through the monthly Operational Plan monitoring report to SPPH Committee and FP Committee.	3	Introduction of further validation staff in Q3/4 non-recurring. Scoping of Artificial Intelligence approach to validation. Waiting list initiatives introduced in Q3/4, planned introduction of insourcing to support Q3/4 and long waiting patients.	31 March 2021
Weekly operational group with DGMs to ensure operational co-ordination of the Once for North Wales approach.	1	Provides assurance that patients are booked across North Wales based on the risk stratification, reporting into the Access Group highlighted above.	2	Scoping of need to bring in further capacity in the form of theatres or wards to reduce long waiters backlog clearance.	29 January 2021
Planned Care Improvement Group has oversight of the service models and delivery of planned care performance.	1	Business continuity plans Q3/4 plans for planned care amended pathways (agreed via Clinical Advisory Group). Once for North Wales approach introduced to general surgery, orthopaedics, ophthalmology stage 4, urology and endoscopy reporting into the Planned Care Improvement Group and onward to Finance & Performance Committee.	2	Scoping of new strategic model of care known as the diagnostic and treatment centre approach for planned care. Strategic outline case to be presented to board and Welsh Government.	Ongoing 31 March 2021
Finance & Performance Committee receive regular Quality and Performance Reports which are reported on to the Health Board.	2	Regular performance reporting on delivery and quality. Assurance reports on planned care to COO and F&P on a monthly basis. Accountability framework in place.	2		

WG Quality & Delivery Group meets on a regular basis to review and respond to quality and performance risks and impacts, framed around the NHS Wales performance framework.	3	Assurance against delivery of plan Risk stratification in place for Stage 4 planned care provides clinical priority for Stage 4 patients. Head of planned care overseeing the Q3/4 plan and variance to the plan, reported to Quality & Delivery Group as an external scrutiny process as well as internally.	3		
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Review comments since last report: No update provided since the risk was submitted to the Audit Committee on the 17 December 2020.

Executive Lead:

Chris Stockport, Executive Director of Primary Care and Community Services

Board / Committee:

Quality, Safety and Experience Committee

Review Date:

4 January 2021

Linked to Operational Corporate Risks:

Strategic Priority 3: Mental Health Services

Risk Reference: BAF20-07		Risk Rating		Impact	Likelihood	Score	Appetite
Effective Stakeholder Relationships							
There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.		Inherent Risk	3	4	12	Moderate 8 - 10	
		Current Risk	3	3	9		
		Target Risk	2	2	4		
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)		Date	
Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.	2	T4MH Partnership Board which oversees implementation of the strategy and includes key partners.	2	Confirmation of diary dates for Partnership Board meetings which will ensure full engagement with key stakeholders and assurance that actions outlined in the strategy are undertaken.		29 January 2021	
Deputy Director attendance at Regional Leadership group with regular feedback into the MHL D Division to ensure two-way communication and engagement.	3	Consistent and regular communication with senior Local Authority partners in relation to service redesign.	3				
Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.	1	Recommendations from meetings presented to BCU Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.	1	To present update of service model to Regional Leadership Group.		1 February 2021	
In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures.	1	The MHL D division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.	1				
Regular and concise communication with all staff groups across the division.	1	Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication.	1	Divisional Directors to continue to sign off fortnightly communications newsletter prior to circulation.		Commenced 24 November 2020	

Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.	2	Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs.	2		
Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.	3	Safe space events starting in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHL D services.	3	MHL D Division to agree process for sharing feedback from events with staff groups.	31 January 2021

Review comments since last report: Target risk score corrected since the risk was submitted to the Audit Committee on the 17 December 2020 and also an extension to action timeframe has been updated, but this requires approval from the Executive Director of Public Health.

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 4 January 2021
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Linked to Operational Corporate Risks:

Strategic Priority 3: Mental Health Services

Risk Reference: BAF20-08		Risk Rating	Impact	Likelihood	Score	Appetite
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Safe and Effective Mental Health Service Delivery

There is a risk to the safe and effective delivery of MHL services. This could be due to unwarranted variation and inefficiencies. This could lead to poorer and inconsistent outcomes, poorer use of resources, failure to learn from events or inequity of access.	Inherent Risk	5		5	25	Low 1 - 6
	Current Risk	5	↔	4	20	
	Target Risk	3		3	9	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Mental Health and Learning Disabilities Divisional Governance Structure is in place and aligned to corporate governance requirements, providing consistent approach across the Division.	1	Key divisional roles in governance and safety are in the process of aligning to corporate reporting from the 1.11.20.	2	Agree date for formal reporting and financial transfer of budget finalising the alignment of governance and associated roles to BCUHB corporate.	Complete
Partnership and assurance structures are in place. These are: Together for mental health partnership board (T4MHPB), Local Authority Scrutiny meetings, Local Implementation Teams (LIT), North Wales Adult Safeguarding Board is in place and the division is represented in attendance, all meetings are formerly minuted and reported with membership regularly reviewed according to their Terms of reference. The East Local Implementation Team has been re-established; work is ongoing to re-establish in the other Areas. There has been a reviewed of the T4MHPB) with a plan to re-establish	2	Partnership working and reporting assures flow of information and raising of any concerns over delivery or equity. North Wales Community Health Council have agreed and planned to hold 6 formal stakeholder events for the division reporting back to BCUHB and the division. The Director of Mental Health meets meeting formally with the 6 local authority directors.	2	Local implementation meetings are not currently meeting due to Covid 19 cessation of non urgent work. Refresh the Together for Mental Health Partnership approach.	31 March 2021

The Mental Health Learning Disabilities Divisions Senior Leadership Team report to the Joint Executive Team (JET) of BCUHB. This is a control for the delivery of safe and effective services. Regular reports are presented to the Quality and Safety Executive (QSE) on patient safety and quality issues.	2	The Mental Health Learning Disability Division has an agreed management structure (2019) reporting to the Executive Team and Board, following the agreed governance and management structure of BCUHB. It provides timely reports to the agreed Committees of the Board and the Executive Team and is held to account by them for delivery of a safe and effective Mental health and Learning Disability service.	2	The divisional triumvirate is in place. The division has 1 of 4 strategic priorities in its Special Measures Improvement framework being to "Review capacity and capability" of the Senior Leadership team. This work is ongoing and interim roles are in place. The division has created 2 additional Deputy Directors reporting to the Director of Mental health to fill operating gaps in partnership and strategy development. There is a role of "Head of Psychology" role vacant through 2020 in the Senior Leadership Team, action is in place to engage with Clinical psychology in the division to replace this role meeting 30.11.20.	31 March 2021
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Review comments since last report: Gaps and respective actions to support the mitigation of the risk have been completed, key controls have been strengthened and extensions to action timeframes have been discussed and agreed with the Interim Mental Health Director since the risk was submitted to the Audit Committee on the 17 December 2020.

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Quality, Safety and Experience Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks:		

Strategic Priority 3: Mental Health Services

Risk Reference: BAF20-09				Risk Rating	Impact		Likelihood		Score		Appetite	
Mental Health Leadership Model												
There is a risk that the leadership model is ineffective and unstable. This maybe caused by temporary staffing, unattractive recruitment and high turnover of staff. This could lead to an unstable team structure, poor performance, a lack of assurance and governance, and ineffective service delivery.					Inherent Risk	5		5		25		Low 1 - 6
					Current Risk	5	↔	3	↔	15	↔	
					Target Risk	4		2		8		
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (<i>actions to achieve target risk score</i>)				Date		
Interim Senior Leaders in place and working within division. This is alongside other key posts; Interim Director of Nursing and Interim Deputy Directors x2. Each lead specific programmes and will further support and develop leadership, governance and management.		1	Interim Leadership changes are regularly reviewed by the Executive Director to ensure the model is effective in discharging it's roles and responsibilities.		2	Stabilise Senior Management with substantive posts.				1 June 2021		
Strategy approved and regular updates reported via Special Measures to Welsh Government.		3	All key actions will be further developed and underpins the required work to have a well developed, fully integrated, Integrated Medium Term Plan (IMTP), which will further strengthen and support an effective model. Oversight will be via the Clinical Advisory Group (CAG).		2	Review Mental Health Structure to ensure fit for purpose and reflects new clinical pathways.				1 June 2021		
			Engagement has been re-established through the Pathway Development Groups (e.g. Rehab / OPMH) with regular and consistent attendance with Regional Partners and stakeholders via North Wales leadership groups.		3	Implement the Mental Health Strategy in a consistent manner across the Health Board.				1 December 2021		

		Pathway groups are clinically led and partners working to deliver the strategy, patients groups are members of those groups. All pathway groups report via Clinical Advisory Group (CAG) and / or Quality and Safety (QSE).	2	Evaluate regional management and pathway structure approach to delivery of strategy via a pilot and report findings to the Executive Team.	1 December 2021
		Business Case developed with additional funding from Welsh Government secured. Scrutiny of financial governance monitored by Head of Finance.	1		
Business Continuity Plan including essential service sustainability in place, with engagement from the Corporate Business Continuity Team.	2	Business Continuity Plans are updated within the Area with final scrutiny and approval at the Divisional monthly Finance and Performance Meeting.	1	Finalise all 4 service areas draft Business Continuity Plans for implementation.	31 January 2021
Quality, Safety and Experience Group restarted and meeting monthly, chaired by the Interim Director of Nursing to oversee Divisional governance arrangements and reporting, with oversight at the QSE Board Committee.	2	Dedicated Governance Structure and Team in place. QSE, Clinical Effectiveness Group, Mortality, Medicine Management all meeting regularly. This will allow regular reviews of performance and safety in service delivery.	2	Re-evaluate the governance structure and arrangements in line with Corporate Governance Review to ensure fit for purpose.	1 December 2021

Review comments since last report: No change since the risk was submitted to the Audit Committee on the 17 December 2020.

Executive Lead:

Teresa Owen, Executive Director of Public Health

Board / Committee:

Quality, Safety and Experience Committee

Review Date:

4 January 2021

Linked to Operational Corporate Risks:

Strategic Priority 3: Mental Health Services

Risk Reference: BAF20-10		Risk Rating	Impact	Likelihood	Score	Appetite
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Mental Health Service Delivery During Pandemic Management

There is a risk to the safe and effective delivery of MHLD services. This could be due to the consequences of the COVID-19 pandemic. This could lead to changing type and level of demand across the region, a lack of appropriate staff and resources, poorer outcomes for our population.	Inherent Risk	4		4	16	Low 1 - 6
	Current Risk	3	↔	3	9	
	Target Risk	3		2	6	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
MH&LD Covid19 Lead has been identified, and reports into the Divisional Governance meetings, Covid19 Divisional meetings and Covid19 Corporate meetings.	1	MH&LD Covid19 Winter Plan discussed and agreed in both the Divisional and Corporate Clinical Advisory Group (CAG).	2	MH&LD to finalise and fully implement Operational Covid19 Winter Plan. (Final ward transfer 18th January 2021, to enable all areas to return to locality admissions).	Partially Complete
MH&LD Covid19 Winter Plan approved in both the Divisional Covid19 CAG meeting 3.11.20, and Corporate CAG meeting 6.11.20.	1	MH&LD Engagement and Communication Plan in place to ensure effective and efficient communication across the MHLD Division and also to all key stakeholders, both external and internal. This includes sharing the MH&LD Covid19 Winter plan.	2	Revisit and assess gaps in recruitment processes to support additional staff requirements.	Complete
Wellness, Work and Us Strategy Launched in October 2020, to ensure staff are supported. Approved by the MH&LD Divisional Directors within the Divisional Business meeting September 2020.	1	Engagement sessions held across the MH&LD Division regarding the Wellness, Work and Us Strategies. Reviewed Year One priorities aligned to Covid19, ongoing implementation.	1	Strengthen timely recruitment of staff to clinical posts.	31 March 2021
Business Impact Analysis, Business Continuity Plans and MH&LD Covid19 Action Cards implemented November 2020.	1	Support being delivered by Corporate Business Continuity Lead to quality check the MH&LD Business Continuity Plans.	2	Approval by Corporate Business Continuity Lead for quality checking, and final sign off by the Divisional SLT at the appropriate Governance meeting of Business Continuity Plans and MH&LD Covid19 Action Cards. (Awaiting final version of East Business Continuity plan for Divisional sign off).	Partially Complete

MH&LD Divisional PPE Task and Finish Group in place, reporting into MH&LD Divisional daily SITREP call, MH&LD Covid19 Briefing meeting and Corporate PPE Task and Finish Group.	2	Monitoring and reviewing PPE availability, MH&LD Divisional plan developed and monitored to ensure all staff are appropriately FIT testing as part of key mitigation, feeds into Corporate PPE Task and Finish Group. Also reports to the Corporate FIT testing Steering Group.	2	Develop process to ensure continuous mapping of staff to enable redeployment decisions.	Complete
Clinical Patient Pathway, approved by Clinical Advisory Group, monitored and reviewed by the MH&LD Clinical Pathway Group and changes made aligned to the Covid19 Winter Plan.	1	MH&LD SITREPS completed daily, with oversight by Covid MH&LD Lead. MH&LD SITREPS sent daily to Executive Nurse Director. Staffing pressures reviewed in daily SITREPS and Divisional Safety Huddle, any issue escalated to Corporate Staff Redeployment meeting.	1		
Covid 19 Training in place with compliance monitored and reviewed through Workforce Work stream.	2	MH&LD Covid19 Senior Leadership Team briefing meeting in place, currently meeting twice weekly, but flexible and responsive to need, which reports into the Corporate Covid19 meetings.	2		
MH&LD Divisional Workforce meeting, currently meeting fortnightly to review workforce plan, reports into MH&LD Covid19 briefing meeting and the Divisional Governance meetings.	1	MH&LD Covid-19 Command Structure SoP developed 21 December 2020.	1	Operationalise the MH&LD Covid-19 Command Structure SOP.	04 January 2021
Attend Anywhere in operation across the MH&LD Division to provide a virtual consultation platform to allow the continuation of appropriate services, approved by the Divisional Clinical Advisory Group and is part of the MH&LD Winter Plan.	1	Divisional prioritisation of IT equipment requirements completed and forwarded to IT.	1	To source and procure additional IT equipment, primarily laptops, to increase the roll out of Attend Anywhere across the MH&LD Division.	31 March 2021

Review comments since last report: Gaps and respective actions to support the mitigation of the risk have been completed since the risk was submitted to the Audit Committee on the 17 December 2020. Extensions to action timeframes have also been agreed by the Executive Director of Public Health.

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Quality, Safety and Experience Committee	Review Date: 4 January 2021
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Linked to Operational Corporate Risks:



Strategic Priority 4: Safe and Secure Environment

Risk Reference: BAF20-11		Risk Rating	Impact		Likelihood		Score		Appetite
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Infection Prevention and Control

<p>There is a risk that Health Board may not be able to deliver appropriate care to patients and they may 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.</p>		Inherent Risk	5		5		25		<div style="background-color: #008000; color: white; padding: 10px; margin: 0 auto; width: 100px; text-align: center;"> Low 1 - 6 </div>
		Current Risk	5	↔	4	↔	20	↔	
		Target Risk	5		1		5		

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
New leadership in place with revised governance arrangements reported via Infection Prevention Sub Group (IPSG).	2	Business case approved and recruitment commenced to increase IPC team/resource. Risk register monitored and escalated via IPSG and Patient Safety & Quality Group.	2	Finalise recruitment to increase IPC Team resource.	31 March 2021
Infection Prevention Sub Group in place providing regular performance reporting.	2	Monitoring of performance and risk in place by Public Health Wales and Welsh Government.	3		
Major Outbreak policy currently in place for managing Covid 19 infections.	2	Work, policy and risk register review programmes in place. Microbiology and Antimicrobial stewardship activity overseen by Infection Prevention Sub Group, Audit Committee/ Patient Safety & Quality Group and Quality and Safety Executive.	2		

Review comments since last report: No further updates provided since the risk was submitted to the Audit Committee on the 17 December 2020. New Lead Officer for IPC recently appointed.

Executive Lead: Gill Harris, Deputy CEO and Executive Director of Nursing and Midwifery	Board / Committee: Quality, Safety and Experience Committee	Review Date: 4 January 2021
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Linked to Operational Corporate Risks:

Strategic Priority 4: Safe and Secure Environment

Risk Reference: BAF20-12		Risk Rating	Impact	Likelihood	Score	Appetite
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Listening and Learning

There is a risk that adverse events occur, or re-occur, in the organisation due to: 1) Lack of a clear and easy mechanism for patients or staff to raise incidents or complaints, 2) lack of a clear, effective and transparent mechanism for reviewing, addressing, sharing learning and feedback from reviews/investigations, 3) lack of trust and confidence in the systems and process. These adverse events could result in avoidable harm to patients or staff, disruption to clinical and support services, avoidable costs and loss of public and stakeholder confidence.	Inherent Risk	5	5	25	Low 1 - 6
	Current Risk	5	↔	4	
	Target Risk	5	1	5	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Incident reporting and investigation procedure, systems and processes in place - includes lessons learned being shared and actions tracked with reporting to Patient Safety and Quality Group (PSQ) and Quality, Safety and Experience Committee (QSE).	2	Training programme implemented for staff involved in investigations and sharing of learning.	2	Implementation of new procedures and processes for incidents, complaints, claims, redress, safety alerts and inquests - new processes will focus on learning and improvement, with improved use of technology.	30 September 2021
Complaint reporting and investigation procedure, systems and processes in place - includes lessons learned being shared and actions tracked and fed back to patients, families and carers with reporting to PSQ and QSE.	2	Use of the Datix concerns management system to track events, investigations and actions with reporting to PSQ and QSE.	2	Implementation of the new Datix IQ Cloud system for incidents, complaints, redress, claims and mortality reviews - new system will improve the quality of information (including across Wales) and the ability to triangulate information better.	30 June 2021
Safety alerts procedure, systems and processes (both national and local alerts) - includes actions being tracked and WG Compliance Returns completed with reporting to PSQ and QSE.	3	Reporting on patient safety and patient and carer experience to local, divisional and Health Board groups and committees.	2	Implementation of a new skills pathway and passport for those involved in investigations and sharing of learning.	31 March 2021

Claims and redress investigation procedure, systems and processes - includes completion of Welsh Risk Pool (WRP) Learning from Events Reports evidencing learning which are reviewed by the WRP Committee with reporting to PSQ and QSE.	3	Dashboards and information available at local, divisional and Health Board level to provide oversight of quality and safety indicators.	2	Implementation of a new digital learning library to bring together the access, cascade, and sharing of lessons learned.	30 September 2021
Learning from deaths procedure, systems and processes including mortality reviews, inquest coordination and interaction with Medical Examiners in place with reporting to CEG and QSE.	2			Implementation of safety culture initiatives including development of a human factors community of practice, embedding of just culture principles into processes, embedding of Safety II considerations, learning from excellence reporting, annual safety culture survey, and safety culture promotion initiatives.	31 March 2022
Local and organisation-wide safety culture and quality improvement initiatives based on identified themes, trends and areas of concern with reporting to PSQ and QSE.	2			Implementation of a new Quality Strategy (developed with patients, partners and staff) containing organisational improvement priorities and enabling measures aligned to the organisational strategy.	31 March 2022
				Implementation of an organisation-wide integrated Quality Dashboard.	31 March 2021

Review comments since last report: The rating of 20 reflects that some controls are in place which reduce the inherent (uncontrolled) risk score from 25. However, there remains significant pressures and challenges in many parts of the Health Board that negatively impact on patient safety and experience, and the pandemic has impacted upon the capacity and capability to make substantial improvements in practice at the current time. The unchanged current risk rating of 20, since the risk was submitted to the Audit Committee on the 17th December 2020, therefore reflects the current very high risk that the organisation cannot evidence systemic learning and improvement and that patients may have poor experiences and be exposed to potentially avoidable harm.

Executive Lead: Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery	Board / Committee: Quality, Safety and Experience Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks:		

Strategic Priority 4: Safe and Secure Environment

Risk Reference: BAF20-13		Risk Rating		Impact	Likelihood	Score	Appetite
Culture - Staff Engagement							
There is a risk that the Health Board loses the engagement and empowerment of its workforce as a result of staff not feeling that it is safe and/or worthwhile highlighting concerns due to: Lack of clear mechanisms for raising concerns at any and every level, lack of a clear, effective and transparent mechanism for listening, reviewing, addressing, sharing learning and feedback, lack of trust and confidence regarding the reception of and impact of raising concerns, lack of support and guidance for all parties involved. This could lead to an impact on the organisation being able to learn from experience or improve services, which could result in poor staff morale, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board.		Inherent Risk	4	5	20	Low 1 - 6	
		Current Risk	4 ↔	4 ↔	16 ↔		
		Target Risk	4	3	12		
Key Controls		Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)		Date
Key Policies: 1.Raising Concerns Policy 2.Safehaven Guidance		2	Multi Disciplinary Review underway to establish an integrated system for reporting, managing, recording and reporting of concerns and learning/improvement action	1	Raising Concerns and Safe Haven managed separately with separate process for management, recording, reporting and importantly sharing for learning and improvement. Review recommendations to include: 1. Establishment of 2 Board level "champions" and a role of Speak out Safely Guardian. 2. Introduction of a system to support accessible reporting and engagement with reporters to enable two way conversations (Inc. when reporter anonymous). 3. Establishment of a Multi Disciplinary Speak out Safely Resolution & Improvement Group. 4. Development of a learning and reporting cycle. 5. Review and revision of the existing Policy and guidance. 6. Develop roles for speak out safely leads/aligned with listening/wellbeing leads.		31 March 2021

3. Dignity At Work Policy 4. Grievance Policy	2	<p>Assessment of cases upon submission to determine most appropriate process undertaken.</p> <p>Case management review takes place monthly.</p> <p>Thematic review in place at operational level.</p>	1	<p>1. Dignity at Work Policy under review at All Wales level.</p> <p>2. Triangulation of themes to be included within the reporting outlined in Raising concerns review.</p> <p>3. Simplified Guidance to be developed for managers and staff to follow to promote early resolution.</p> <p>4. Current training to be reviewed to align to revised approach.</p>	31 March 2021
5. Performance & Development Review Policy	2	<p>Monthly analysis and reporting at operational level undertaken (as well as strategic level) to enable managers to identify areas with low compliance with PADR.</p> <p>Staff Engagement, Organisational Development and HR Teams work with challenged areas to support and improve in terms of engagement/feedback/recognition/d evelopment.</p>	2	<p>1. Identify improvements to the process and documentation to support specific areas/teams.</p> <p>2. Develop a programme for "Dip testing" of quality of PADRS against key metrics/feedback.</p> <p>3. Utilise the survey function of the system implemented for Speak out safely to support identification of examples of outstanding/good and requires improvement.</p> <p>4. Build "role contribution" into Strategic OD programme specification.</p> <p>5. Review feedback from NHS Staff Survey and update divisional improvement plans.</p>	31 March 2021

Review comments since last report:

<p>Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development</p>	<p>Board / Committee: Quality, Safety and Experience Committee</p>	<p>Review Date: 10 January 2021</p>
<p>Linked to Operational Corporate Risks:</p>		

Board Assurance Framework 2020/21

Strategic Priority 4: Safe and Secure Environment

Risk Reference: BAF20-14

Risk Rating

Impact

Likelihood

Score

Appetite

Security Services

There is a risk that the Health Board does not provide effective security services across the organisation. This is due to lack of formal arrangements in place to protect premises and people in relation to CCTV, Security Contract issues (personnel), lone working, lock down systems, access control and training that provides assurance that Security is effectively managed. This could lead to a breach in the Health Board's statutory security duties.

Inherent Risk

5

4

20

Low

Current Risk

5

3

15

1 - 6

Target Risk

5

2

10

Key Controls

Assurance level *

Key mitigations

Assurance level *

Gaps (actions to achieve target risk score)

Date

There is Security provision at the three main hospital sites with 24/7 Security staff present. The Field Hospitals have adequate external security contract in place and reviewed to support the change of use of the sites until the end of March 2021 to ensure appropriate to needs of staff landlord and patients. The external contractor is responsible for Patient Safety & Visitors and Estates Building Management. This has been increased to support Covid safe environments.

1

Business Case Developed and to be presented to the Board November 2020.
Staff Training is in place in certain service areas.
Risk Assessments on some areas looking at physical security.
V&A Case Manager to support staff when taking criminal action against assailant.
Additional Bank staff employed to support Covid vaccination centre work and security review.

2

A review of Security was undertaken in August 2019 and identified a number of shortfalls in the systems management and staffing of the current security provision for BCUHB. BCUHB requires copies of SIA licences, enhanced DBS certificates and Security Industry association CCTV licences from the contractor-which have not been supplied monitoring KPI's stipulated in the contract. Limited capacity within the H&S Team to implement safe system of work. Clarity on roles required to describe an effectively managed security contract and safe systems of work in areas such as lone working, restraint training, lockdown and CCTV. Resources to facilitate and support V&A/ Security are looking at being secured, with recruitment of Bank/Agency staff until permanent post agreed.

31 March 2021

There is a Security Group established to review workstreams. Specific restraint training is provided in specific areas such as mental health. General V&A training is provided by the Manual Handling Team.	1	Data capture and reporting systems for V&A. A V&A Case Manager is in post to support staff when criminal action is taken. The Obligatory Response to Crime has had a combined training event with North West Police.	1	The lack of Policies, staffing and structures poses a significant risk to staff, patients and visitors from V&A cases and security related activity. To control the risks a full review of Security services including, training particularly in restraint and restrictive practices. To ensure care and this particular aspect is delivered by competent staff. A full Security review was undertaken in September 2019 and previous reviews in 2017 by Professor Lepping there is a lack of compliance with the NHS Wales Security Management Framework (NHS in Wales 2005) and Obligatory Response to Violence etc.	31 March 2021
There are some up to date maintained CCTV systems in place. Staff in some areas have had training on use and licencing requirements. IG aware of issues in relation to data and management of CCTV.	1	There is a system for gathering data when an incident occurs if the equipment is working effectively. A task and finish group has been established to review the current systems with a view to working up a scheme to centralise the CCTV system and improve current compliance.	2	There is a lack of a structured approach to CCTV management and control. The systems are different In many service areas. A central Policy is being developed but requires significant investment to centrally control all systems. This is likely to result in a breach of the Data Protection Act if not appropriately managed. There is often limited maintenance on CCTV systems. A full review of all systems is required.	31 March 2021

Review comments since last report: Controls and Mitigations have been strengthened since the risk was submitted to the Audit Committee on the 17 December 2020. Extensions to action timeframes have also been updated and approved by the Executive Director of Workforce and Organisational Development.

Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development	Board / Committee: Quality, Safety and Experience Committee	Review Date: 10 January 2021
Linked to Operational Corporate Risks:		

Board Assurance Framework 2020/21

Strategic Priority 4: Safe and Secure Environment

Risk Reference: BAF20-15		Risk Rating	Impact		Likelihood		Score		Appetite	
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Health and Safety

There is a risk that the Health Board fails in its statutory duty to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation that could result in avoidable harm or loss.	Inherent Risk	5		4		20		Low 1 - 6
	Current Risk	5	↔	4	↔	20	↔	
	Target Risk	5		2		10		

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Health and Safety Leadership and Management Training Programme in place across the Health Board, with regular monitoring reported to Strategic H&S group.	1	Competence in training in service areas has been reviewed. Plan in place through business case to establish robust Safety Competence and leadership training programme including IOSH Managing Safely and Leading Safely Modules for Senior Leadership. There is a three year strategy that requires implementing to support the Strategic Objectives of BCUHB.	2	The gap analysis of 31 pieces of legislation, 117 site specific inspections including Acute, Mental Health Community Services GP and Wrexham HMP. Identified significant areas of non compliance. The OHS team continues to have significant support from our trade union partners. Further evaluation of H&S systems has been led by Internal Audit. A clear plan and framework for action to firstly identify hazards and place suitable controls in place has been developed. Covid support has significantly effected the delivery of the action plan.	31 March 2021
Policies and Sub groups have been established including Asbestos, Water Safety, Fire Electrical Safety etc. to monitor and report into the Strategic Occupational Health & Safety Group and escalate via Quarterly Reports to QSE.	1	Clearly identified objectives for Q3/Q4 planning to achieve and transfer of risk ownership for a number of high level risks to E/F as duty holder for asbestos, legionella, contractor management and control, Electricity and Fire.	1	Clearly identified issues escalated to Board via business case to be reviewed December 2020. Gaps in Fire safety for a number of premises including YG working with North Wales Fire and Rescue service on action plans. Close working relationship with HSE to ensure key risks and information required is provided in a timely manner. HSE are scrutinising work activity in many areas, likely to Audit BCUHB for Asbestos and Violence at work shortly.	31 March 2021

Lessons Learnt analysis from COVID reported to Executive Team, Through Covid Group and with action to progressed to appropriate Executives. Clear strategy from Board to deal with PPE and suitable control measures to minimise risk of transmission of Covid through risk assessment, safe distancing advice, FAQ's, ICT Audits, guidance and standard operating procedures.	2	RIDDOR reporting in place with robust timeline and tracking through outbreak groups of Datix 72 hour reviews a total of 663 RIDDOR investigations undertaken since April 2020. PPE steering group has weekly meetings and a 'triple A' assurance report is provided to QSG and key issues escalated via QSE. Over 200 site safety visits undertaken by the H&S Team to review Covid safe environments. Action cards in place to ensure movement of staff effectively managed during outbreak.	3	HSE have identified gaps in COSHH Regulations specifically fit testing which requires fit2fit training programme to be in place. Improvement Notice from HSE against BCUHB provided on 24th October. Appeal against notice has been adjourned until April 2021. There has been significant investment with fit testing equipment with further plans in place to continue fit testing on new masks. There will be a requirement to release fit testers and staff to comply with legal compliance required within all service areas.	31 March 2021
Executive Team understand the range and types of risks identified through Annual Report and Gap analysis. Gaps in safety including areas of inefficiency to be addressed. Internal Audit have reviewed structure of meetings and Governance procedures.	1	Strategic OHS Group established to monitor performance and workshop with OD support has looked at leadership styles and developing a positive culture with partners from finance, procurement, Estates and Facilities and Occupational Health.	2	Robust action plan with clear objectives for Team difficult to deal with all elements of legislative compliance with limited capacity. Action: Recommending specialist support to review key areas of risk and attendance at operational groups to further understand significant risks.	31 March 2021

Review comments since last report: The negative impact due to Covid on the delivery of the action plan has been incorporated into the "Gaps and Action" section since the risk was submitted to the Audit Committee on the 17 December 2020. The inclusion of the number of RIDDOR investigations into the mitigation section has also been captured as well as reference to the HSE scrutiny. Extensions to action timeframes have also been updated and approved by the Executive Director of Workforce and Organisational Development.

Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development	Board / Committee: Quality, Safety and Experience Committee	Review Date: 10 January 2021
Linked to Operational Corporate Risks: CRR20-01 - Asbestos Management and Control CRR20-02 - Contractor Management and Control CRR20-03 - Legionella Management and Control		

CRR20-04 - Non-Compliance of Fire Safety Systems

Strategic Priority 4: Safe and Secure Environment

Risk Reference: BAF20-16		Risk Rating	Impact		Likelihood		Score		Appetite	
Pandemic Exposure										
There is risk that patients, staff or visitors are exposed to COVID-19 due to inadequate/inappropriate resources, lack of compliance with prevention/protection measures across all settings, lack of understanding, skills, ownership of responsibilities, lack of systems and/or capacity and/or capability to identify, analyse, adapt, address immediate themes arising from intelligence both internal and external in a dynamic way. This could impact or effect avoidable harm caused to our patients, staff, visitors, increase in demand/length of stay/risk to other patients, reduction in availability of staff to support the delivery of safe care and services. This could led to prosecution for breach of statutory/legal duty and reputational damage to trust and confidence.		Inherent Risk	5		5		25		Low 1 - 6	
		Current Risk	5	↔	4	↔	20	↔		
		Target Risk	5		1		5			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
PPE monitoring and management in place with regular reporting to the Patient Safety and Quality Group.	1	PPE steering group (PPESG) and Covid Delivery Group reporting into Infection Prevention Sub Group, Patient Safety & Quality Group and Quality & Safety Executive with governance structure in place.	2	Continuous supply is not secure, training availability limited due to staffing resource in PPE and IPC teams. BCUHB to approve second admission screen.	31 December 2020
Fit testing in place to prevent avoidable infection. This is monitored via IPSG and OH&SG.	1	Fit testing programme, Accreditation training and business case in place to increase assurance monitored by PPESG.	2	Finalisation of ongoing plan and sign off at PPESG.	31 December 2020
Environmental considerations in place to meet new guidance in relation to the built environment and mitigating risks.	1	Ventilation and Environmental groups reporting into Infection Prevention Sub Group and Patient Safety & Quality Group with governance structure in place. Implementation of segregation and screening to clinical areas.	1	Some buildings are a risk due to infrastructure (dialysis and community hospitals). Improvement plans in place via Planning and Estates.	31 March 2021

Review comments since last report: No further updates provided since the risk was submitted to the Audit Committee on the 17 December 2020. New Lead Officer for IPC recently appointed.

Executive Lead: Gill Harris, Deputy CEO and Executive Director of Nursing and Midwifery	Board / Committee: Quality, Safety and Experience Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks:		

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-17		Risk Rating	Impact	Likelihood	Score	Appetite
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Value Based Improvement Programme

There is a risk that the Health Board doesn't understand or use it's resources effectively and efficiently due to a lack of implementing an appropriately resourced value based improvement programme. This could impact on the quality of outcomes for the services it delivers.	Inherent Risk	4		4	16	Moderate 8 - 10
	Current Risk	4	↔	3	12	
	Target Risk	4		2	8	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Finance & Performance (F&P) Committee oversight via standard reporting of opportunities and savings delivered.	2	Contribution to national benchmarking programmes, providing detailed analysis of service areas and opportunities.	3	Organisational commitment to Value Based HealthCare (VBHC) and Leadership to be restated.	Complete
F&P Committee oversight of benchmarking data & follow up work e.g. Mental Health.	2	Drivers of the Deficit analysis used to inform Q3/Q4 planning and to identify priorities for tackling efficiency opportunities.	1	Resources to facilitate and support the VBHC programme to be secured, with recruitment commenced.	29 January 2021
Lessons Learnt analysis from COVID reported to Executive Team, with action to mainstream innovation and value opportunities. Reporting of progress to delivering opportunities to F&P Committee.	2	National efficiency framework analysis to identify opportunities and cascade to Improvement Groups and Divisions.	1	Planning and business case approach to be reviewed to capture VBHC principles.	29 January 2021
Clinical Effectiveness Group re-established with oversight of Value Based Healthcare within its brief.	1			Register of current VBHC projects and interventions to be established.	29 January 2021
Executive Team reviewing the opportunities analysis produced for Improvement Groups to identify potential areas of inefficiency to be addressed.	2			Steering group to be established to drive the programme of work, supported by the VBHC structure. Progress reports to be provided to the Clinical Effectiveness Group.	29 January 2021
				Priority interventions to be identified within the Board's draft VBHC delivery plan.	29 January 2021
				Initial data capture and reporting systems for VBHC to be developed.	31 March 2021

Review comments since last report: Gaps and respective actions to support the mitigation of the risk have been completed since the risk was submitted to the Audit Committee on the 17 December 2020. Extensions to action timeframes have also been agreed with the Executive Finance Director.

Executive Lead:

Sue Hill, Executive Finance Director

Board / Committee:

Finance and Performance Committee

Review Date:

4 January 2021

Linked to Operational Corporate Risks:

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-18				Risk Rating	Impact		Likelihood		Score		Appetite	
Digital Estate and Assets												
There is a risk that Informatics cannot implement digital solutions due available resource not keeping step with an organisational wish to become more digitally focused. This could impact on the safety of our patients, service efficiency and the reputation of the Health Board, the ability to recruit and retain staff or impact on compliance with legislation resulting in significant financial penalties.					Inherent Risk	4		5		20		Moderate to High 8 - 15
					Current Risk	4	↔	5	↔	20	↔	
					Target Risk	4		3		12		
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (<i>actions to achieve target risk score</i>)			Date			
Monthly budget reviews take place with finance. Finance attendance at Informatics Senior Management Team (SMT) on a monthly basis as part of the Cycle of Business.		1	Contribution to national informatics programmes through representation both informatics and clinical i.e. Virtual Consultations, Digital Services for Patients and the Public Programme.		3	Development of a Digital Strategy.			1 April 2021			
Quarterly review of Operational Plan at SMT with Digital and Information Governance Committee (DIGC) oversight of the delivery of the Informatics Operational Plan and budget on a quarterly basis.		2	Review of required business cases through the Business Case Review Group and to the Finance & Performance Committee (F&P) Committee for approval.		2	Implementation of the Digital Strategy Year 1 to 2.			1 March 2022			
Capital and Revenue Programmes are in place and are reported through the DIGC on a quarterly basis.		2	Resource risks are identified and go through the escalation process as documented in the Risk Management Strategy. This governance includes SMT, DIGC and Risk Management Group.		2	Development of an established resource structure and revenue and capital requirements for 21/22.			28 February 2021			
			Programmes and Projects are managed using agreed standard methodologies (Tailored Prince2) and have governance structures.		1	Development of an established resource structure and revenue and capital requirements in line with the strategy delivery from 22/23.			1 December 2021			
						Development a Management of Portfolio approach so that all digital solution change initiatives are well governed, controlled and prioritised.			30 June 2021			

				Meet with the National Wales Informatics Service (NWIS) to discuss the BCUHB Priorities and Risks.	30 March 2021
				Implementation of the Management of Portfolio Approach.	1 September 2021

Review comments since last report: Extensions to action timeframes have been updated since the risk was submitted to the Audit Committee on the 17th December 2020.

Executive Lead: Chris Stockport, Executive Director of Primary and Community Services		Board / Committee: Digital and Information Governance Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks: CRR20-06 - Informatics - Patient Records pan BCUHB CRR20-07 - Informatics infrastructure capacity, resource and demand			

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-19		Risk Rating		Impact	Likelihood	Score	Appetite
Estates and Assets							
There is a risk that the Health Board does not understand its equipment, assets or digital landscape due to no clear leadership, oversight of agreed capital funding at the Board. This could impact on the Board’s ability to implement safe and sustainable services through an appropriate refresh programme.		Inherent Risk	4		4	20	Moderate 8 - 10
		Current Risk	3	↔	3	9	
		Target Risk	3		2	6	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)		Date	
Estates Strategy in place and approved by the Board in January 2019 with updates provided to the Strategy, Partnership and Population Health Committee.	2	Development for business case for key projects identified in key strategies.	1	Secure WG funding to support Business Cases (short and long term).		31 March 2022	
Annual Capital Programme in place and approved by the Finance and Performance Committee with bi-monthly reports provided to the committee.	2	Capital Investment Group with representation from all divisions with regular updates to the Executive Team in place.	2	Rationalisation of the Health Board Estate.		31 March 2022	
		Capital Programme based on priorities as identified by divisions, Core Areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the Finance and Performance Committee.	2	Review and identify capacity to deliver all the projects.		31 March 2021	
		Selection criteria signed off by the Executive Team which links back to risk, service continuity, service transformation and sustainability.	2	Development of revised Informatics Strategy.		31 March 2021	
		Project Teams in place to deliver the business case and projects.	1				

Review comments since last report: No change since submission to the Audit Committee on the 17th December 2020.

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	Board / Committee: Finance and Performance Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks: CRR20-06 - Informatics - Patient Records pan BCU CRR20-07 - Informatics infrastructure capacity, resource and demand		

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-20				Risk Rating		Impact		Likelihood		Score		Appetite	
Estates and Assets Development													
There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets due to changes in working practices (for example agile working) which could impact on recruitment, financial balance and the reputation of the Health Board.					Inherent Risk	3		4		12		Moderate 8 - 10	
					Current Risk	3	↔	3	↔	9	↔		
					Target Risk	3		2		6			
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (<i>actions to achieve target risk score</i>)				Date			
Estates Strategy, monitored by Capital Investment Group with oversight at Finance and Performance, and Strategy Partnerships and Population Health Committees and Health Board.		2	Disposal or acquisition of assets are signed off by the Board and Welsh Government in line with the BCUHB Scheme of Reservation and Delegation (SoRD).		3	Health Board through the Workforce Strategy to agree the standards for workforce accommodation and changes in working practices through modern ways of working (e.g. Agile).				31 March 2022			
Workforce Strategy monitored by the Health Board.		2	Business Case process in place with oversight by the Executive Team, Capital Investment Group, Finance and Performance Committee and onto Welsh Government.		3	Financial Planning to be agreed and secured to support the change in working practices.				31 March 2022			
						Additional Resources for Asset Management function have been identified through the Health and Safety Business Care to be approved by Finance and Performance Committee.				31 March 2022			
						Health Board agreed Estate rationalisation programme over three years 2021 to 2023. 2021-22 overview through Finance and Performance Committee and oversight through the Capital Investment Group.				01 April 2021			
						Opportunities to progress corporate accommodation hubs in partnership with North Wales Regional Public Service Providers and Local Authorities.				31 March 2022			

				Update Estates Strategy to reflect demands for flexible accommodation hubs and review current and future needs for Office accommodation.	01 April 2021
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Review comments since last report: No change since submission to the Audit Committee on the 17th December 2020.

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	Board / Committee: Finance and Performance Committee	Review Date: 4 January 2021
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Linked to Operational Corporate Risks: CRR20-01 - Asbestos Management and Control CRR20-03 - Legionella Management and Control CRR20-04 - Non-Compliance of Fire Safety Systems		CRR20-07 - Informatics infrastructure capacity, resource and demand
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Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-21		Risk Rating		Impact	Likelihood	Score	Appetite
Workforce Optimisation							
There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible)to resource deliverly of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.		Inherent Risk	4		5	20	Low 1 - 6
		Current Risk	4	↔	4	16	
		Target Risk	4		3	12	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)		Date	
Establishment Control Policy and system in place. Pipeline reports produced monthly for review and action by managers across the organisation. Roster management Policy. Recruitment Policy. Safe Employment Policy.	2	1. Review of Vacancy control process underway to establish a system for proleptic/proactive recruitment against key staff groups/roles. 2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention.	2	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy underway. A. Workforce Service Review programme commissioned. G. Previous structure for planning and recruitment dispersed across secondary care sites, area teams, MHLd. Once for North Wales approach required. A. Revised delivery group structure developed subject to further refinement and approval. G.Use of technology requires review and improvement A.Scope for review of systems and usage to be drafted.		30 April 2021	
Workforce plans for each of the core priority programmes: 1. Existing USC delivery. 2. Existing Planned Care Delivery. 3. Existing TTP delivery. 4. USC Surge Plan. 5. Planned Care Recivery Plan. 6. TTP resilience plan. 7. COVID Vaccination Plan.	1	1. Review and development of a clear Workforce planning process. 2. Workforce Service Review programme commissioned.	1	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy underway. A. Workforce Service Review programme commissioned.		30 April 2021	

Temporary Staffing Policy. Medical Bank Protocol.	1	1. Temporary Staffing Solutions Plan under development.	1	G. Temporary bank primarily established to support Nursing and Health Care Support. A. Medical Bank established with contract with MEDACs in place for 2020/22. A. Plan to establish BCU Temporary Staffing Solutions under development. Service to cover all staff groups and include "ready to work" pipeline.	30 June 2021
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Review comments since last report: This risk had not been completed in time for the submission to the Audit Committee on the 17 December 2020.

Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development	Board / Committee: Strategy, Partnerships and Population Health Committee	Review Date: 10 January 2021
Linked to Operational Corporate Risks:		

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-22		Risk Rating	Impact	Likelihood	Score	Appetite
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Development of Integrated Medium Term Plan (IMTP)

<p>There is a risk the Health Board fails to deliver an approvable IMTP to Welsh Government and remains in breach of it's statutory duties whether due to inability to deliver financial balance or to present a plan that delivers key performance targets. This impacts on reputation, and reduces freedom to act.</p>	Inherent Risk	3		3	9	<div>Low</div> <div>1 - 6</div>
	Current Risk	3	↔	5	15	
	Target Risk	3		1	3	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Executive led planning process in place responsible for meeting the Welsh Government requirements for the development / implementation of an IMTP.	2	<p>1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive led Planning Workstream, Stakeholder Reference Group, Regional Partnership Board.</p> <p>2) Clear accountability across the organisation - agreed actions/outputs have a designated Executive lead, programme lead and action lead.</p> <p>3) Process supported by Executive led prioritisation and decision making framework. (Welsh Government Guidance for 2021/22 expected).</p>	3		

Planning cycle established with outline BCUHB Planning schedule/overall approach for 2021/2024 plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Strategy, Partnership and Population Health Committee.	2	1) Developed 2021/24 Cluster Plans to influence the Primary Care Recovery Plans. 2) Planning arrangements established to support development of 2021/24 plan with identified support from Corporate Teams. 3) Programme Groups led by designated programme lead with input from Divisional Teams with direct reporting to the Planning Workstream and the Assistant Director Corporate Planning.	2	1) Co-produce 2021/24 Planning principles, timetable and key deliverables with ET, EMG and SPPH Committees. 2) Develop and implement response/communication mechanisms to ensure consistency across the organisation in relation to developing the plan. 3) Equip programmes with capacity and capability to deliver timely plans with clear service, activity, financial and workforce impacts through dedicated programme management and support comprising of planning, finance, informatics and workforce building on a commissioning programme approach.	Complete Complete 31 March 2021
BCUHB Annual Planning cycle in place that responds to national NHS Wales IMTP planning timetable and requirements.	2	IMTP planning paused across NHS Wales in 2020/21 due to covid pandemic. Welsh Government NHS quarterly planning framework issued. BCUHB developed, approved and submitted quarterly plans for Q1, Q2 and a Q3/4 Winter Plan for 2020/21 in line with revised statutory requirements.	2	Strengthen communication links with Communications Team to improve the engagement of the Plan and its development.	Complete

Review comments since last report: Gaps and respective actions to support the mitigation of the risk have been completed since the risk was submitted to the Audit Committee on the 17 December 2020.

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	Board / Committee: Strategy Partnerships and Population Health Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks:		

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-23				Risk Rating		Impact		Likelihood		Score		Appetite	
EU Exit													
There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service following the end of the EU Transition period on 31 December 2020. This may be caused by the UK government failure to conclude a trade deal with the EU, resulting in the UK leaving the EU on World Trade Organisation (WTO) terms. This could lead to a disruption of service delivery and thereby adversely impacting on outcomes for patients in terms of safety and access to services.				Inherent Risk		4		4		16		Low 1 - 6	
				Current Risk		4	↔	2	↓	8	↓		
				Target Risk		4		1		4			
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (<i>actions to achieve target risk score</i>)				Date			
BCUHB Task & Finish Group set up and in place reporting to Civil Contingencies Group.		2	Risk assessment and action planning to respond.		2	Risks arising from trade deal agreed in December are being assessed by WG policy leads and local BCU HB assessments will be updated later in January.				31 January 2021			
Business Continuity Plans including response to supply chain disruption in place and monitored by Civil Contingencies Group.		2	National and local procurement plans to hold increased levels of stocks; pharmacy and medicines management team work with pharmaceutical procurement and suppliers; food stocks and capacity to be maintained at increased levels.		1	Monitoring of any disruption in the weeks following end of transition period, given the potential impact of changes to trading arrangements notwithstanding agreement of the deal				31 January 2021			
All Wales SROs' Group monitors Health Board action plans and reports into WG Leadership Group.		3	National scrutiny and support processes including escalation mechanisms; national procurement actions to address risks to supply chain.		3					31 January 2021			
National Emergency Planning Leads Group oversees Emergency Planning response.		3	National preparedness and response infrastructure in place. Twice weekly reporting through SCG to the national leads		3					31 January 2021			

Review comments since last report: Current risk score has been reduced from 12 to 8 given the controls and mitigations in place since the last submission to the Audit Committee on the 17th December 2020. Gaps and actions have been updated to reflect the December Trade Deal, with extensions to action times to reflect the deal arrangements.

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 4 January 2021
Linked to Operational Corporate Risks:		

Strategic Priority: Operational Risk

Risk Reference: BAF20-24		Risk Rating	Impact	Likelihood	Score	Appetite
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Impact of COVID-19

There is a risk that Health Board will be overwhelmed and unable carry out its core functions due to the spread and impact of Covid-19 in North Wales, which could lead to reduced staff able to work and increased demand on services (including acute, community, mental health and primary care). This could negatively affect the mass vaccination programme, quality of patient care, outcomes for patients and the Health Board's ability to deliver its plans and corporate priorities.	Inherent Risk	5	4	20	Low 1 - 6
	Current Risk	5 ↔	4 ↔	20 ↔	
	Target Risk	3	2	6	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Divisional operational management teams' Covid response arrangements are in place and meeting regularly. Any issues requiring escalation are reported into Executive Team or the Executive Incident Management Team (EIMT) as appropriate.	1	Contingency and escalation plans are in place and operational measures taken to support the response to Covid-19 including amended care pathways; provision of PPE; remote or prioritised assessment pathways; prioritisation of treatment; escalation plans and surge capacity.	1	Revised Operational Control Centre arrangements for secondary care to stand up.	04 January 2021
Covid-19 response programmes established to plan and deliver specific targeted response including Test, Trace and Protect programme; Vaccination Delivery Programme; PPE group; Operational Delivery Group for outbreak management; Ysbyty Enfys Assurance Group.	2	Detailed programme plans in place for each programme area; performance indicators identified to enable monitoring and evaluation; governance structures in place to enable oversight and decision-making.	2		
Clinical Pathways Group meeting weekly to scrutinise clinical response to the pandemic and approve amended pathways and reporting into the Clinical Effectiveness Sub-Group.	2	Clinical approval for service delivery proposals; approved pathways published on the BCU intranet; reporting to Executive Team and EIMT.	2		

Coronavirus Co-ordination Unit established to support programme reporting and strategic co-ordination, working closely with the Business Intelligence Unit and Covid Intelligence Hub to ensure timely and accurate analysis of data and modelling of trajectories.	2	Covid dashboards to facilitate up to date review of performance; weekly reporting to executive team and IMs; monitoring of reporting to WG including SitReps, outbreak reporting, unscheduled care and hoc reports.	2		
Executive Incident Management Team has been established and is meeting on a daily basis (weekdays), with formal reporting to Cabinet and Board Briefings.	2	Recording of actions and decisions via daily updates to logs; regular briefing to IMs via Cabinet and Board briefings; escalation of matters requiring Board approval.	2		
North Wales LRF Strategic Co-ordinating Group meeting bi-weekly.	3	Risk assessment, escalation of sub-regional and regional issues, whole system response; and reporting to WG on an escalation basis via D20 SitReps.	3		

Review comments since last report: New Risk

Executive Lead:

Chris Stockport, Executive Director of Primary and Community Services

Board / Committee:

Quality, Safety and Patient Experience Committee

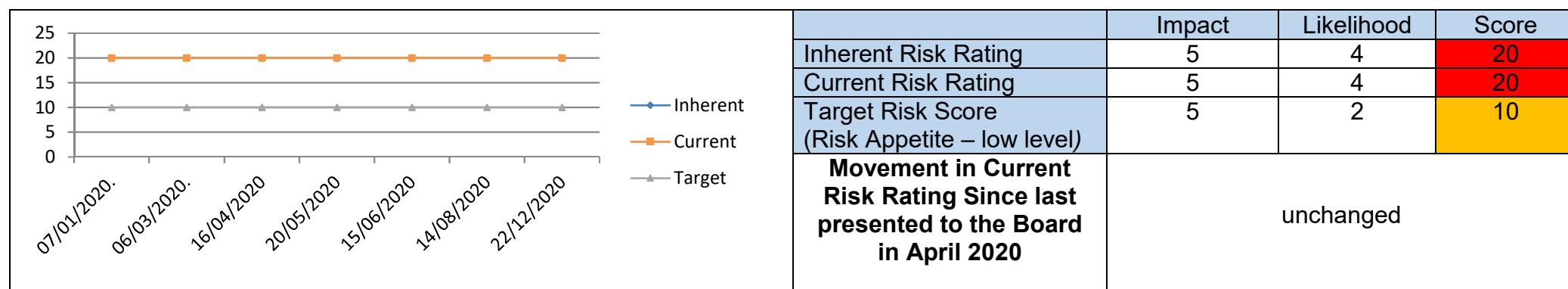
Review Date:

New Risk

Linked to Operational Corporate Risks:

Appendix 2 – Corporate Risk Register Report

CRR20-01	Director Lead: Executive Director of Planning and Performance	Date Opened: 7 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 22 December 2020
	Risk: Asbestos Management and Control	Date of Committee Review: 3 July 2020
		Target Risk Date: 31 March 2021
There is a significant risk that BCUHB is non-compliant with the Asbestos at Work Regulations 2012. This is due to the evidence that not all surveys have been completed and re-surveys are a copy of previous years surveys. There are actions outstanding in some areas from surveys. This may lead to the risk of contractors, staff and others being exposed to asbestos, and may result in death from mesothelioma or long term ill health conditions, claims, HSE enforcement action including fines, prosecution and reputation damage to BCUHB.		



Controls in place	Assurances
<ol style="list-style-type: none"> 1. Asbestos Policy in place and partially implemented due to lack of complete asbestos registers on all sites. 2. A number of surveys undertaken, quality not determined. 3. Asbestos management plan in place. 4. Asbestos register available on some sites, generally held centrally. 5. Targeted surveys where capital work is planned or decommissioning work undertaken. 6. Training for operatives in Estates. 7. Air monitoring undertaken in some premises where there is limited clarity on asbestos condition. 	<ol style="list-style-type: none"> 1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Patient Experience Committee.

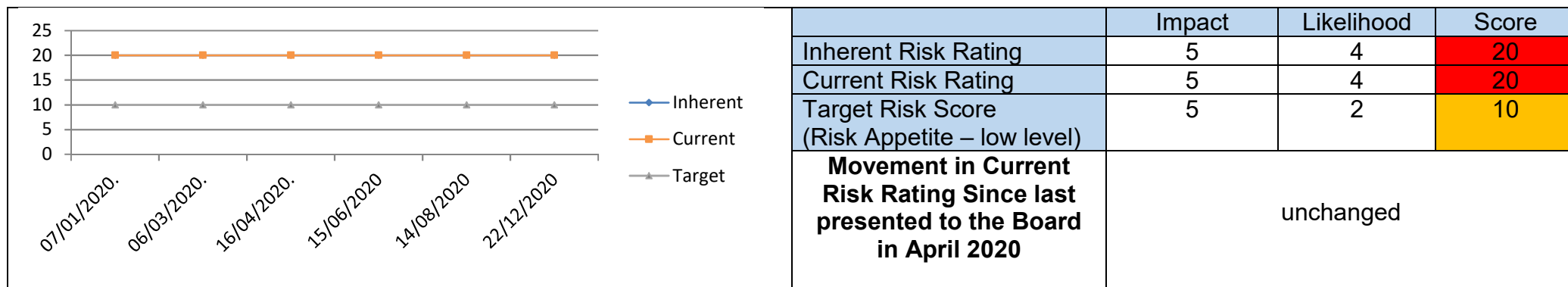
Links to Strategic Priorities	Principal Risks

Effective use of our resources Safe, secure & healthy environment for our people	BAF20-15 BAF20-20
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Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12241	Undertaking a re-survey of 10-15 premises to determine if the original Asbestos surveys are valid. This is problematic as finances are not available for this work, increasing the risk of exposure to staff and contractors.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12242	Update and review the Asbestos Policy and Management Plan.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12243	Review schematic drawings and process to be implemented to update plans from Safety Files etc. This will require investment in MiCad or other planning data system.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12244	Ensure priority assessments are undertaken and highest risk escalated.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12245	Evaluate how contractors are provided with information and instruction on asbestos within their work environment. Ensure work is monitored.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12246	Ensure all asbestos surveys are available at all sites and there is a lead allocated for premises.	Mr Rod Taylor, Director of Estates & Facilities	30/01/2021		

	12247	Annual asbestos surveys to be tracked and monitor for actions providing positive assurance of actions taken to mitigate risks.	Mr Rod Taylor, Director of Estates & Facilities	30/01/2021		
	12248	Update intranet pages and raise awareness with staff who may be affected by asbestos.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12249	QR Code identification to be provided on all areas of work with identified asbestos signage in non public areas.	Mr Rod Taylor, Director of Estates & Facilities	30/04/2021		
	12250	Lack of completed asbestos registers on all sites picked up in H&S Gap Analysis Action Plan.	Mr Rod Taylor, Director of Estates & Facilities	30/04/2021		

CRR20-02	Director Lead: Executive Director of Planning and Performance	Date Opened: 7 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 22 December 2020
	Risk: Contractor Management and Control	Date of Committee Review: 3 July 2020
		Target Risk Date: 31 March 2021
There is a risk that BCUHB fails to achieve compliance with Health and Safety Legislation due to lack of control of contractors on sites. This may lead to exposure to substances hazardous to health, non compliance with permit to work systems and result in injury, death, loss including prosecution, fines and reputation damage.		



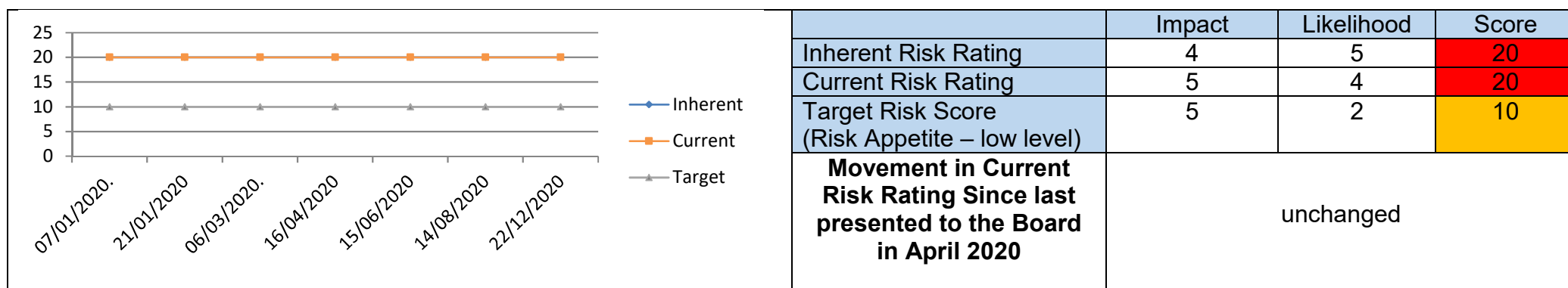
Controls in place	Assurances
1. Control of contractors procedure in place and partially implemented due to lack of consistency and standardisation. 2. Induction process being delivered to new contractors. 3. There are a number of permit to work paper systems being implemented.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Patient Experience Committee.

Links to Strategic Priorities	Principal Risks
Safe, secure & healthy environment for our people	BAF20-15

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12251	Identify current guidance documents and ensure they are fit for purpose.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12252	Identify service Lead on each site to take responsibility for Contractors and H&S Management within H&S Policy.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12253	Draft and implement a Control of Contractors Policy that all adhere to including IT and other services who work on BCUHB premises.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12254	Identify current tender process & evaluation of contractors, particularly for smaller contracts consider Contractor Health and Safety Scheme on all contractors. This will ensure minimum H&S are implemented and externally checked prior to coming to site.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12255	Evaluate the current assessment of contractor requirements in respect of H&S, Insurance, competencies etc. Is the current system fit for purpose and robust?	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12256	Identify the current system for signing in / out and/or monitoring of contractors whilst on site. Currently there is no robust system in place. Electronic system to be implemented such as SHE data base.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12257	Identify level of Local Induction and who carry it out and to what standard.	Mr Rod Taylor, Director of	31/03/2021		

			Estates & Facilities			
	12258	Identify responsible person to review RA's and signs off Method Statements (RAMS), skills, knowledge and understanding to be competent to assess documents (Pathology, Radiology, IT etc.).	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12259	Identify the current Permit To Work processes to determine whether it fit for purpose and implemented on a pan BCUHB basis.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12260	Lack of consistency and standardisation in implementation of contractor management procedure picked up in H&S Gap Analysis Action Plan.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12552	Induction process to be completed by all contractors who have not yet already undertaken.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12553	Evaluation of standing orders and assessment under Construction Design and Management Regulations.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		

CRR20-03	Director Lead: Executive Director of Planning and Performance	Date Opened: 7 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 22 December 2020
	Risk: Legionella Management and Control.	Date of Committee Review: 3 July 2020
		Target Risk Date: 31 March 2021
There is a significant risk that BCUHB is non-compliant with COSHH Legislation (L8 Legionella Management Guidelines). This is caused by a lack of formal processes and systems, to minimise the risk to staff, patients, visitors and General Public, from water-borne pathogens (such as Pseudomonas). This may ultimately lead to death, ill health conditions in those who are particularly susceptible to such risks, and a breach of relevant Health & Safety Legislation.		



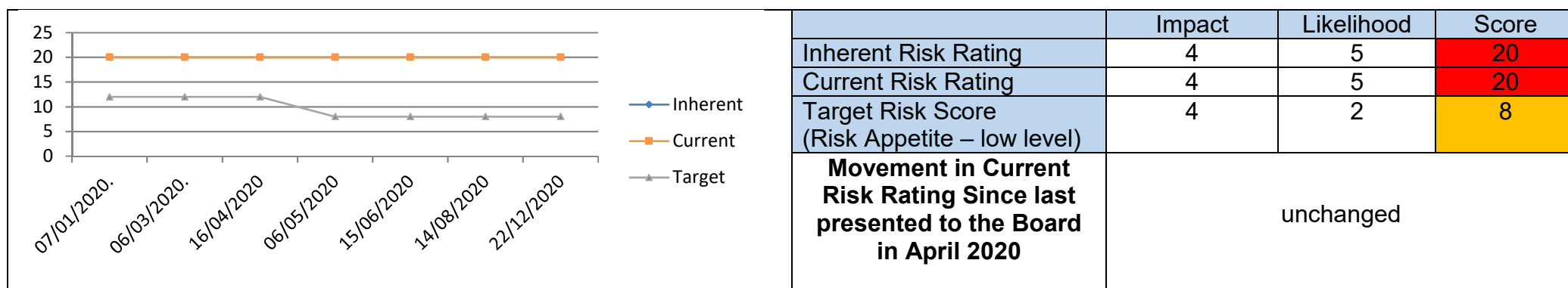
Controls in place	Assurances
<ol style="list-style-type: none"> 1. Legionella and Water Safety Policy in place and being partially implemented due to lack of consistency and standardisation. 2. Risk assessment undertaken by clear water. 3. High risk engineering work completed in line with clearwater risk assessment. 4. Bi-Annual risk assessment undertaken by clear water. 5. Water samples taken and evaluated for legionella and pseudomonis. 6. Authorising Engineer water safety in place who provides annual report. 	<ol style="list-style-type: none"> 1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Patient Experience Committee.

Links to	
Strategic Priorities	Principal Risks
Effective use of our resources Safe, secure & healthy environment for our people	BAF20-15 BAF20-20

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12261	Update Corporate H&S Review template and H&S Self Assessment Template to ensure that actions are completed by all wards and Departments to ensure systems are in place.	Mrs Susan Morgan, Interim Head of Health and Safety	30/11/2020	Action Closed 1/12/20 - There is an annual review of the Corporate H&S Review and Self Assessment paperwork. This will continue to be included but due to the low return rates at the moment for the self assessment and the reduced number of H&S reviews (due to COVID-19) this is not an effective action to reduce this risk at this time.	
	12262	Ensure that engineering schematics are in place for all departments and kept up to date under Estates control. Implement MiCAD/database system to ensure all schematics are up to date and deadlegs easily identified.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12263	Departments to have information on all outlets and deadlegs, identification of high risk areas within their services to ensure they can be effectively managed.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12264	Departments to have a flushing and testing regime in place, defined in a Standard Operating Procedure, with designated responsibilities and recording mechanism Ward Manager or site responsible person.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12265	Water quality testing results and flushing to be logged on single system and shared with or accessible by departments/services - potential for	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		

		dashboard/logging system (Public Health Wales).				
	12266	Standardised result tracking, escalation and notification procedure in place, with appropriate escalation route for exception reporting.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12267	Awareness and training programme in place to ensure all staff aware. Departmental Induction Checklist.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12268	BCUHB Policy and Procedure in place and ratified, along with any department-level templates for SOPs and check sheets.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12269	Water Safety Group provides assurance that the Policy is being effectively implemented across all sites, this requires appropriate clinical and microbiology support to be effective.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12270	Lack of consistency and standardisation in the implementation of the Legionella and Water Safety Policy picked up in the H&S Gap Analysis Action Plan.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		

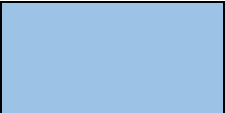
CRR20-04	Director Lead: Executive Director of Planning and Performance	Date Opened: 7 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 22 December 2020
	Risk: Non-Compliance of Fire Safety Systems	Date of Committee Review: 3 July 2020
		Target Risk Date: 31 March 2021
There is a risk that the Health Board is non-compliant with Fire Safety Procedures (in line with Regulatory Reform (Fire Safety Order 2005). This is caused by a lack of robust Fire Safety Governance in many service areas /infrastructure (such as compartmentation), a significant back-log of incomplete maintenance risks and lack of relevant operational Risks Assessments. This may lead to a major Fire, breach in Legislation and ultimately prosecution against BCUHB.		



Controls in place	Assurances
<ol style="list-style-type: none"> 1. Fire risk assessments in place in a number of service areas. 2. Evacuation routes Identified and evaluation drills established and implemented (across a number of areas). 3. Fire Safety Policy established and implemented. 4. Fire Engineer regularly monitor Fire Safety Systems. 5. Fire Safety Mandatory Training and Awareness session regularly delivered to BCUH Staff. 6. Fire Warden Mandatory Training established and being delivered to Nominated Fire Warden. 	<ol style="list-style-type: none"> 1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Patient Experience Committee.

Links to	
Strategic Priorities	Principal Risks
Effective use of our resources Safe, secure & healthy environment for our people	BAF20-15 BAF20-20

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12273	Review Internal Audit Fire findings and ensure all actions are taken.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12274	Identify how actions identified in the site FRA are escalated to senior staff and effectively implemented.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12275	Identify how site specific fire information and training is conducted and recorded.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12276	Consider how bariatric evacuation training - is undertaken define current plans for evacuation and how this is achieved.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021		
	12279	AlbaMat training - is required in all service areas a specific training package is required with Fire and Manual Handling Team involved.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021		
	12554	Commission independent shared services audits.	Mr Rod Taylor, Director of Estates & Facilities	31/01/2021	02.11.20 we are currently working with internal Audit reviewing Security and V&A	
	12555	Information from unwanted fire alarms and actual fires is collated and	Mr Rod Taylor, Director of	31/01/2021		

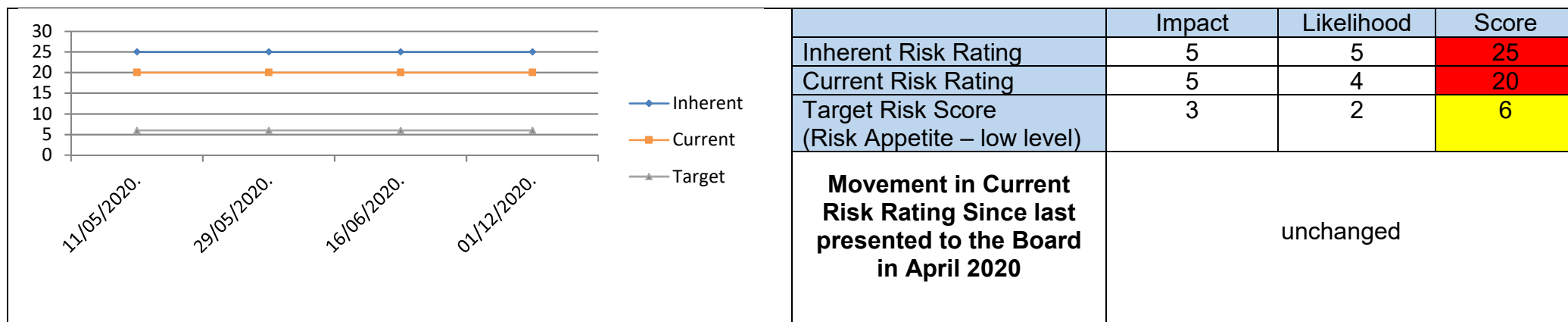


reviewed as part of the fire risk
assessment process.

Estates &
Facilities



CRR20-05	Director Lead: Director of Primary and Community Care	Date Opened: 11 May 2020
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 01 December 2020
	Risk: Timely access to care homes	Date of Committee Review: 3 July 2020
		Target Risk Date: 31 January 2021
There is a risk that there will be a delay in residents accessing placements in care homes and other communal facilities. This is caused by the need to protect these vulnerable communities from the transmission of the virus during the pandemic. This could lead to individual harm, debilitation and delay in hospital discharges impacting on wider capacity and patient flow.		

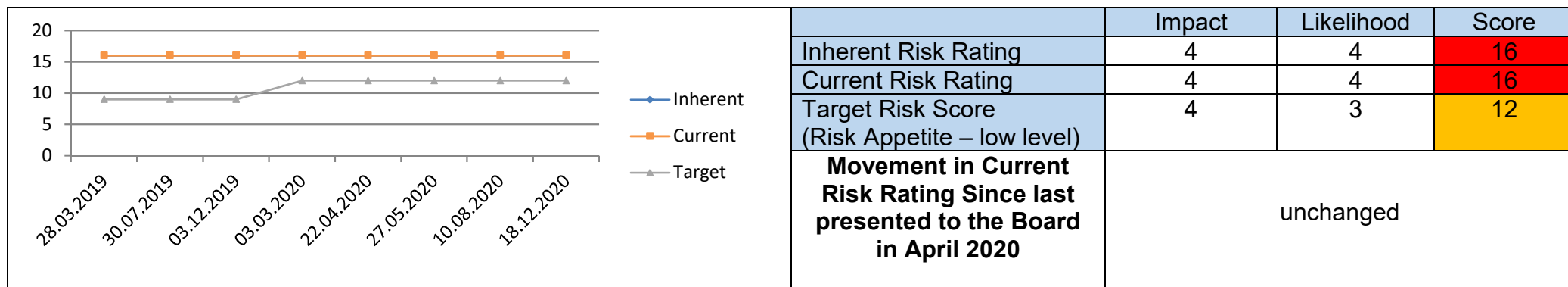


Controls in place	Assurances
<ol style="list-style-type: none"> Multi-agency care home cell established as part of the emergency planning arrangements. PPE distribution system operational including identification and support for residents with aerosol generating procedures. Testing for residents and staff in place aligned with national guidance. Unified “One contact a day” data gathering from care homes established with 6 Local Authorities. Systems for Access to specialist advice via Public Health Wales and the Environmental Health Teams in place to manage isolation and outbreaks. Personalised care and support plans promoted led by specialist palliative care team. New arrangements in place for the timely provision of pharmacy and medication support at the end of life. Remote consulting offered by general practice. Home first bureaus established by the 3 area teams to facilitate sensitive and collaborative decision making on hospital discharge, transfer between care homes and admissions from home. Regular communication with care homes at a local level and across BCU. 	<ol style="list-style-type: none"> Oversight via the Care Home Cell which includes representatives from Care Forum Wales, Local Authority members and Care Inspectorate Wales (CIW). Oversight via Gold and Silver Strategic Emergency Planning. Oversight as part of the Local Resilience Forum via SCG.

Links to Strategic Priorities		Principal Risks
Continuing to provide care under 'essential' services & safe stepping up planned care		BAF20-04

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12436	Ensure that all new national guidance on testing for care home staff and residents is widely communicated and implemented.	Ms Jane Trowman, Associate Chief of Staff - Operations	31/01/2021	Ongoing weekly reviews	
	12437	Continue to refine and develop communication with care homes at a local level and across North Wales.	Ms Jane Trowman, Associate Chief of Staff - Operations	31/01/2021	Daily calls made. Twice weekly meetings continue with Care Forum Wales, CIW and partners. Weekly national briefings circulated supplemented by local information.	

CRR20-06	Director Lead: Director of Primary and Community Care	Date Opened: 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 18 December 2020
	Risk: Informatics - Patient Records pan BCU	Date of Committee Review: 19 June 2020
		Target Risk Date: 30 September 2024
There 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	Assurances
<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. Chairs reports from Patient Record Group. 2. ICO Audit. 3. HASCAS Audit.

Links to	
Strategic Priorities	Principal Risks
Effective use of our resources	BAF20-18 BAF20-19

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12422	Enable actions to meet the regulatory recommendations from the ICO, HASCAS/Ockenden and Internal Audit reports.	Mrs Danielle Edwards, Head of Digital Records	31/03/2021	Many of the recommendations are being addressed either via the 'ATHR Project' or the 'Baseline of Standards Project'. A full gap analysis will be undertaken in Q4 to catch any recommendations not already covered.	
	12423	Development of a local Digital Health Records system	Mrs Danielle Edwards, Head of Digital Records	30/09/2024	Following approval from the Health Board in July and subsequently approval to award contract from the WG following the Ministerial Brief in Septmeber, the contract has now been awarded to Civica for their Cito product. The Project Board is established with the Executive Medical Director as SRO, along with a Clinical Task & Finish Sub Group - both of which have met and are engaged in Phase 0 - Pre-Project Start (planning). Outline Project Plan anticipated for the January Project Board meeting.	
	12424	Improve the assurance of Results Management	Mrs Danielle Edwards, Head of Digital Records	30/09/2021	Main updates: (WS1) - WCP 3.11.3 is due to be available for user UAT in January which will support the ability to sign of results electronically. Email baseline audit is retruning information pan-BCU on	

					current processes used across Departments. SBAR being prepared due to inability to secure resources corporately to fully baseline and prepare the organisation for a full roll out. Overall WS1 remains on track for September 2021 but with resource risks. (WS4) - It has been agreed that BCU will remain on 3 instances of Radis which means the upgrade can now progress.	
	12425	Digitise the clinic letters for outpatients	Mrs Danielle Edwards, Head of Digital Records	30/04/2021	This project is now commencing in line with expectations, with roll out underway in West. Engagement sessions have been held and were well received; integration to PiMs held some challenges but is due to complete by end December; roll out to Cancer Services planned for w/c 11/01, followed by a sustained and ambitious roll out across all Service aiming for completion by the end of February.	
	12426	Digitise nursing documentation through engaging in the WNCR	Mrs Danielle Edwards, Head of Digital Records	31/01/2021	Following Project board review of the approach, the WNCR Nursing Lead is engaging on an revised Options Appraisal and has secured support for writing and ensuing Business Case in the New Year.	

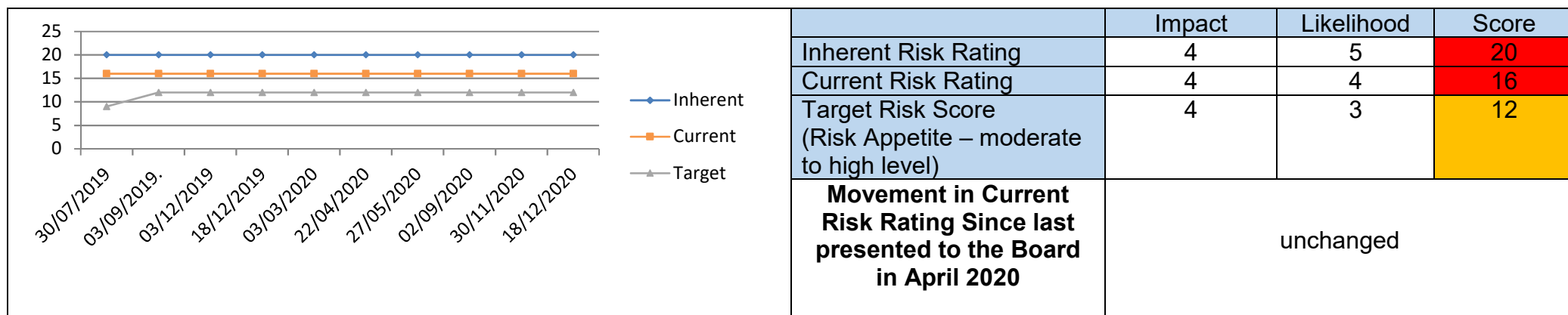
	12428	Baseline the; storage, processes, management arrangements and standards compliance	Mrs Danielle Edwards, Head of Digital Records	31/03/2021	<p>This project is now well underway under the lead of the Deputy Head of Patient Records & Digital Integration Department. There are currently 12 tasks to be completed within the Project, with good progress made in the 1st reporting period. Progress is being reported into the Patient Records Group (via a highlight report) then up to the Information Governance Group (via the Chair's Assurance Report), and to the DIGC as part of the overall summary progress from Informatics.</p>	
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Mrs Danielle Edwards, Head of Digital Records	30/04/2021	<p>Meeting with SRO and planning lead was held this month with outcome that, due to the delay in the Mental Health scheme and the pressures of Covid within all Departments, work to evaluate the Ablett for Health Records use will hold until April. The Health Records Site Manager reported that risks associate with the portacabin Library are being managed and the delay is within tolerance.</p>	

CRR20-07	Director Lead: Director of Primary and Community Care	Date Opened: 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 18 December 2020
	Risk: Informatics infrastructure capacity, resource and demand	Date of Committee Review: 19 June 2020
		Target Risk Date: 15 December 2021

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	Assurances
<ol style="list-style-type: none"> 1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCU and third party suppliers. 3. Key performance metrics to monitor service delivery and increasing demand. 4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc. 5. National Infrastructure Review (Independent Welsh Government Review undertaken by Channel 13). 	<ol style="list-style-type: none"> 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 DIGC (for Governance).

Links to Strategic Priorities		Principal Risks
Effective use of our resources		BAF20-18 BAF20-19 BAF20-20

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12378	Develop associated business cases and secure funding for resource required based upon risks and opportunities e.g. Digital Health Record.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/01/2021	This overall risk will remain and we will add in the business cases as they are developed. Symphony Business Case was approved on the 29/10/20. MTed Business Case is with the Business Case Review Group.	
	12379	Review workforce plans and establish future proof informatics/digital capability and capacity.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	01/04/2021	Informatics will be developing a Workforce Planning Strategy that will take into account the services capability and capacity.	
	12380	Review governance arrangements e.g. DTG whose remit includes review of resource conflicts has not been replaced (April 2020).	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/01/2021	Covid-19 will mean that full review will be difficult until impact of Covid-19 is fully understood and the digital priorities are set. This could also be impacted by national strategic governance arrangements.	



Cyfarfod a dyddiad: Meeting and date:	Health Board 21st January 2021					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Audit Wales Structured Assessment and Annual Audit Reports					
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary					
Awdur yr Adroddiad Report Author:	Andrew Doughton and Amanda Hughes, Audit Wales					
Craffu blaenorol: Prior Scrutiny:	Executive Team, Audit Committee and for the Structured Assessment a December Board Workshop					
Atodiadau Appendices:	1. Audit Wales Annual Audit Report 2. Audit Wales Structured Assessment 2020					
Argymhelliad / Recommendation:						
That the Board formally receives the Audit Wales Annual Audit Report and Structured Assessment 2020.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
This report presents to the Board the Annual Audit Report and the 2020 Structured Assessment as undertaken by Audit Wales. Both reports have been formally presented to the Audit Committee at its meeting held on 17 December 2020 and in addition a copy of the Structured Assessment was shared with the Board at the Board Workshop on 3 December 2020.						
Recommendations will be monitored via the Team Central tracker and reported to the Audit Committee.						
Cefndir / Background:						
The Annual Audit Report summarises the findings from the Auditor General's 2020 audit work at the Health Board, undertaken to fulfil his responsibilities under the Public Audit (Wales) Act 2004. The Act requires the Auditor General to:						
<ul style="list-style-type: none"> • examine and certify the accounts submitted to him by the Health Board, and to lay them before the Senedd. • satisfy himself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and • satisfy himself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. 						

The Structured Assessment report sets out the findings from the Auditor General's 2020 structured assessment work at the Health Board. The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources. This report makes three formal recommendations which relate to:-

- Resilience/incident response planning
- Stakeholder Engagement in the clinical strategy and plan development; and
- Reporting progress against the delivery of plans.

These recommendations are set out in full on pages 25-27 of the Structured Assessment together with the respective management response, completion date and responsible officer.

Asesiad / Assessment & Analysis

Financial Implications

The Structured Assessment provides a high-level commentary on financial arrangements at the time of that review.

Risk Analysis

Any risks identified as part of a specific review should be used to inform the Health Board's risk management arrangements.

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Impact Assessment

Not applicable for the nature of this report.

Annual Audit Report 2020 – Betsi Cadwaladr University Health Board

Audit year: 2019-20

Date issued: December 2020

Document reference: 2189A2020-21

This document has been prepared for the internal use of Betsi Cadwaladr University Health Board as part of work performed/to be performed in accordance with statutory functions.

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

This document is also available in Welsh.

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Summary report

About this report

- 1 This report summarises the findings from my 2020 audit work at Betsi Cadwaladr University Health Board undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd.
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 This year's audit work took place at a time when public bodies were responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Given its impact, I re-shaped my planned work programmes by considering how to best assure the people of Wales that public funds are well managed. I considered the impact of the current crisis on both resilience and the future shape of public services and aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. All on-site audit work was suspended whilst we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on the delivery of some of my planned audit work but has also driven positive changes in our ways of working.
- 4 The delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of new considerations for financial statements arising directly from the pandemic. The success in delivering to the amended timetable reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 At the onset of the pandemic I suspended the publication of some performance audit reports nearing completion, reflecting the capacity of audited bodies to support remaining fieldwork and contribute to the clearance of draft audit outputs. I have also adjusted the focus and approach of some other planned reviews to ensure their relevance in the context of the crisis. New streams of work have been introduced, such as my review of the Test, Trace and Protect programme, and my local audit teams have contributed to my wider COVID-19 learning work.

- 6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2020 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2020 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit Committee on 17 December 2020. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 11 I concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). I have therefore issued an unqualified opinion on their preparation. However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to a Ministerial Direction to fund NHS clinician's pension tax liabilities in respect of the 2019-20 financial year. My opinion was not modified in respect of this matter.
- 12 The Health Board did not achieve financial balance for the three-year period ending 31 March 2020 and so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's accounts.
- 13 Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight the failure to achieve financial balance and to have an approved three-year plan in place.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 14 My programme of Performance Audit work has led me to draw the following conclusions:
- the Health Board maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic
 - reasonable financial arrangements were put in place to respond to COVID-19, and until the recent additional financial allocation announced in November, there were significant risks to the Health Board's financial position
 - the Health Board's quarterly operational plans are helping it to respond to a range of complex service risks, but there is a need for a strategy to recover services to help ensure they provide sustainable capacity and improvements in productivity
 - the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs
 - Overall, I found that the interim appointments were made in accordance with SFIs but that the daily rate paid to the Interim Recovery Director was above most of the benchmark comparators.
 - the refurbishment of Ysbyty Glan Clwyd successfully removed the asbestos and created better facilities for patients, but there were several weaknesses in the governance and management of the project, which resulted in significant cost growth.
 - I found that weaknesses in governance and oversight have led to inefficiencies, variation and tensions in the management of continuing healthcare, but the Health Board has been developing an ambitious plan for improvement.
- 15 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 16 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2019-20. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 17 My 2020 Audit Plan set out the financial audit risks for the audit of the Health Board's 2019-20 financial statements. **Exhibit 4** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 18 My responsibilities in auditing the Health Board's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2019-20 financial statements

- 19 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit), however, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to a Ministerial Direction to fund NHS clinician's pension tax liabilities in respect of the 2019-20 financial year.
- 20 We acknowledge the significant achievement of the Finance team in preparing the financial statements to a good standard, in the face of the challenges posed by the pandemic.
- 21 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board's Audit Committee on 29 June 2020. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There were no uncorrected misstatements
Corrected misstatements	There were several corrected misstatements which corrected classification errors or provided additional narrative disclosure
Other significant issues	The accounts were amended to include a contingent liability arising from a Ministerial Direction to fund NHS clinician's pension tax liabilities in respect of the 2019-20 financial year. My audit report includes an Emphasis of Matter in respect of this.

- 22 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position as at 31 March 2020 and the return was prepared in accordance with the Treasury's instructions.
- 23 My separate audit of the Charitable Funds financial statements is almost complete, and I anticipate that the accounts will be approved by the Charitable Funds Committee on 8 December 2020, following consideration of my report on the financial statements, and the audit opinion will be issued shortly afterwards.

Regularity of financial transactions

- 24 The Health Board did not achieve financial balance for the three-year period ending 31 March 2020 and had no other material financial transactions that were not in accordance with authorities not used for the purposes intended, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.
- 25 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 26 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. For the three-year

period ending 31 March 2020, the Health Board exceeded its cumulative revenue resource limit of £4,566 million by £118.813 million and therefore did not meet its financial duty.

- 27 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties I issued a substantive report setting out the factual details: it failed its duty to achieve financial balance (as set out above) and it does not have an approved three-year plan in place and is operating under annual planning arrangements.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 28 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively and economically;
 - reviewing the effectiveness of the Health Board's counter-fraud arrangements;
 - examining arrangements for making Interim Senior Staff Appointments;
 - reviewing the Refurbishment of Ysbyty Glan Clwyd project; and
 - assessing the management arrangements that support delivery of Continuing Healthcare.
- 29 My conclusions based on this work are set out below.

Structured assessment

- 30 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they responded to the next phase of the COVID-19 pandemic. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.
- 31 The structured assessment grouped our findings under three themes:

- governance arrangements;
- managing financial resources; and
- operational planning: to support the continued response to the pandemic balanced against the provision of other essential services.

Governance arrangements

- 32 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. My work found **that in overall terms, the Health Board maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic.**
- 33 The Health Board revised its governance and management arrangements in response to the significant challenges presented by Covid-19. The command and control and cabinet supported agile decision making and effective scrutiny. However, I found scope to improve emergency planning to strengthen resilience arrangements in the future. During the first wave of the pandemic, the Board took steps to conduct its business with transparency and demonstrated good leadership, but the pressures remain, and so there is a need to ensure the resilience of the senior management.
- 34 The Health Board developed specific arrangements for managing risks in relation to COVID-19 alongside continuing preparations to implement its new risk management strategy. My work also recognised some progress in strengthening organisational structures, particularly in acute services but at the same time there are also some concerns in specific areas such as the Mental Health division.

Managing financial resources

- 35 I considered the Health Board's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance. I found that **reasonable financial arrangements were put in place to respond to COVID-19, and until the recent additional financial allocation announced in November, there were significant risks to the Health Board's financial position.**
- 36 The Health Board has long-standing financial challenges and has continued to fail to meet its financial duties in 2019-20. Whilst the Health Board delivered slightly more savings than were planned, at just over £35 million, at the time of the audit there were significant financial risks to achieving the Health Board's planned deficit for 2020-21. These risks have since been reduced somewhat through Welsh Government financial allocation to support COVID-19 expenditure and additional funding to support performance improvement, announced in November.
- 37 Building on work started in 2019, the Health Board has continued to improve financial management arrangements and controls, progressing well with recommendations made by external financial consultants. My work also found that

key financial controls have operated throughout the pandemic, and the Health Board is undertaking further work to provide the Board with assurance.

Operational Planning

- 38 My work considered the Health Board's progress in developing and delivering quarterly operational plans to support the ongoing response to COVID-19 and to provide other essential services and functions in line with Welsh Government planning guidance. At the time of our work, the focus was on essential services with the aim of restoring normal and routine activities when it is safe and practicable to do so. **My work found that the Health Board's quarterly operational plans are helping it to respond to a range of complex service risks, but there is a need for a strategy to recover services to help ensure they provide sustainable capacity and improvements in productivity.**
- 39 Like other health bodies in Wales, the Health Board has adopted a shorter-term planning process to help respond to the rapidly changing environment as a result of COVID-19. My work has found that the quarterly planning process is improving, but plans need earlier scrutiny and greater explanation on risks to successful delivery. There also needs to be a stronger explanation of the impact and outcomes expected within the quarterly plans. This should help to ensure that progress monitoring can better assess the benefits achieved by delivery of those plans.
- 40 COVID-19 has exacerbated what was an already challenging position in respect of waiting times for elective treatment. To address this, the Health Board may need to be ambitious in the way it creates the necessary service capacity, engaging internal and external stakeholders in the process, to help shape a sustainable approach to recovery. The Health Board developed change management arrangements necessary to respond to the pandemic, adapted its capacity to meet the expected demand, responded well to its workforce challenges and risks, implemented the rainbow hospitals and progressed with some significant digital developments. The overall response to COVID-19 demonstrated that the Health Board can deliver complex change with pace and it should seek to build on the strengths of those arrangements for the future.

Effectiveness of counter-fraud arrangements

- 41 In June 2019, I published an overview for the Public Accounts Committee describing counter-fraud arrangements in the Welsh public sector. My team then undertook a more detailed examination across a range of Welsh public sector bodies to examine how effective counter-fraud arrangements are in practice and to make recommendations for improvement. In July 2020 I published Raising Our Game – Tackling Fraud in Wales setting out a summary of my findings and seven 'key themes' that all public bodies need to focus on in raising their game to tackle fraud more effectively.

- 42 Whilst this work was not included in the Health Board's audit plan, I also published an additional report setting out the Health Board's specific arrangements for preventing and detecting fraud. I found that The Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.

Arrangements for Interim Senior Staff Appointments

- 43 My review examined the process followed by the Health Board in appointing five interim senior staff between February and October 2019, including the Interim Recovery Director. Overall, I found that the interim appointments were made in accordance with SFIs but that the daily rate paid to the Interim Recovery Director was above most of the benchmark comparators.
- 44 My review indicated that all the interim appointments were made using firms listed on approved framework agreements. This is consistent with the provisions set out in the Health Board's Standing Financial Instructions and Procurement Guidance for Staff. The Welsh Government agreed to contribute £350,000 towards the cost of the Interim Recovery Director, but played no part in the appointment itself, which was made by the Health Board before this funding had been confirmed. My work also found that whilst the Health Board asserts that competitive rates were negotiated for the appointment, I found that the £1,890 daily rate being paid by the Health Board for the Interim Recovery Director post is higher than most of the benchmark comparators that were used by officials during the appointment process.

The Refurbishment of Ysbyty Glan Clwyd

- 45 My report set out a factual account of the key matters contributing to the significant increase in the cost of the Ysbyty Glan Clwyd refurbishment project from that agreed in 2012. The refurbishment resulted in the successful removal of some 300,000 tonnes of contaminated waste from the site of a busy hospital. At the same time, the project has enhanced facilities that will provide patients and staff with a better experience and environment.
- 46 My review of the management of the programme of asbestos removal and refurbishment works at the hospital found weaknesses in the preparation of the business cases, deficiencies in the Health Board's governance and management of this project. The refurbishment was completed broadly on time in February 2019. Overall, there was an increase in project cost which resulted in the Welsh Government contributing £53.2 million and the Health Board contributing £7.2 million more than the £110.4 million funding originally awarded. Both the Health Board and the Welsh Government have taken action to strengthen their respective future approaches to managing and approving capital projects.

Continuing Healthcare arrangements

- 47 My work assessed the Health Board's management of Continuing Healthcare. I found that weaknesses in governance and oversight have led to inefficiencies, variation and tensions in the management of continuing healthcare, but the Health Board has been developing an ambitious plan for improvement.
- 48 In 2018, the Health Board altered the structure of its Continuing Healthcare team to help create local ownership for service delivery. The restructure created six sub-teams covering geographical areas (East, Central and West), specialist teams and also a corporate management team. However, while solving one issue, the new structure weakened the capacity for central coordination and management of continuing healthcare. These weaknesses have meant that services evolved in an unplanned way and led to some inefficiencies and occasional tensions between different teams. I also found opportunities to develop more consistent financial reporting, better utilise the IT systems and improve performance measurement and management.
- 49 More positively, since the autumn of 2019, the Health Board has been developing an ambitious improvement programme which should address many of the issues I identified in the review.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2020.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2020
Opinion on the Financial Statements	July 2020
Performance audit reports	
Structured Assessment 2020	October 2020
Effectiveness of counter-fraud arrangements	September 2020
Arrangements for Interim Senior Staff Appointments	March 2020
The Refurbishment of Ysbyty Glan Clwyd	July 2020
Continuing Healthcare arrangements	November 2020
Other	
2020 Audit Plan	March 2020

Exhibit 3: audit work still underway

There are a number of audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Audit of the Charitable Funds Financial Statements Report	November 2020
Opinion on the Charitable Funds Financial Statements	December 2020
Orthopaedics	December 2020
Review of Welsh Health Specialised Services Committee	December 2020
Test, Trace and Protect	December 2020
Unscheduled care	Phase 1 – February 2021 Further work to be included as part of 2021 plan
Quality Governance arrangements	April 2021
Review of Ophthalmology (deferred with a view to replacement)	

Appendix 2

Audit fee

The 2020 Audit Plan set out the proposed audit fee of £407,921 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2020 Audit Plan set out the financial audit risks for the audit of the Health Board's 2019-20 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	My audit team will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases; and• evaluate the rationale for any significant transactions outside the normal course of business.	On a sample basis we tested both journal entries and accounting estimates and found no evidence of the management override of controls. We were satisfied that the accounts were free from material error.
There is a risk of material misstatement due to fraud in revenue recognition and as such is treated as a significant risk [ISA 240.26- 27].	My audit team will consider the completeness of miscellaneous income.	As part of our audit testing, we carried out work to provide assurance over the completeness of miscellaneous income, including third party verification. We were satisfied that it was materially stated.
The Board will once again fail to meet its first financial duty to break even over a three-year period. The position at month 10 shows a year-to-date deficit of £34.3 million and a forecast year-end deficit of £41 million. This, combined with the outturns	My audit team will focus its testing on areas of the financial statements which could potentially contain reporting bias.	We undertook a range of audit work to provide assurance over the risk of bias to ensure that the actual deficit position did not worsen from the forecasted position. This included:

Audit risk	Proposed audit response	Work done and outcome
<p>for 2017-18 and 2018-19, predicts a three-year deficit of £121.1 million. As a result, I will be qualifying my regularity audit opinion and placing a substantive report on the financial statements highlighting the failure.</p> <p>The current financial pressures on the Board increase the risk that management judgements and estimates could be biased to ensure the forecast deficit does not worsen further.</p>		<ul style="list-style-type: none"> • detailed sample testing of transactions either side of the year-end to ensure that they were recorded in the correct accounting period. This was focussed on the areas of greatest risk. • ensuring that accounting estimates were prepared on a reasonable basis and were supported by appropriate accounting judgements. <p>We were satisfied that the accounts were free from material error. However, I qualified the regularity audit opinion.</p>
<p>On 18 December 2019 the First Minister issued a formal Ministerial Direction to the Permanent Secretary requiring her to implement a 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff.</p>	<p>We are considering the accounting treatment and audit implications of the direction (the first in Wales since 1999) in conjunction with the National Audit Office which is currently addressing the same issue in NHS England.</p>	<p>We satisfied ourselves that the contingent liability disclosure made in the accounts was appropriate. An Emphasis of Matter in respect of this matter was contained in the Audit report.</p>
<p>Introduction of IFRS 16 Leases in 2020-21 may pose implementation risks.</p>	<p>My team will undertake some early work to review preparedness for the introduction of IFRS 16 Leases.</p>	<p>As a result of the COVID-19 pandemic, the implementation of IFRS 16 was delayed into 2021-22. We will undertake this work next year.</p>



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Structured Assessment 2020 – Betsi Cadwaladr University Health Board

Audit year: 2020

Date issued: October 2020

Document reference: 2039A2020-21

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2020 structured assessment work at Betsi Cadwaladr University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 This year's structured assessment work took place at a time when NHS bodies were responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. On 13 March 2020, the Minister for Health, Social Services issued a framework of actions to help prepare the system for the expected surge in COVID-19 cases. The framework included the cessation of non-urgent planned activity and the relaxation of targets and monitoring arrangements across the health and care system. Emergency funding arrangements were also introduced to facilitate the wide range of actions needed to respond urgently to the COVID-19 pandemic.
- 3 Shorter planning cycles were agreed for 2020-21 supported by quarterly guidance setting out key considerations for the planning of the next phase of the pandemic, for maintaining delivery of essential services, and a movement towards the gradual reinstatement of routine services.
- 4 Our work¹ was designed in the context of the ongoing response to the pandemic to ensure a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continue to respond to the next phase of the COVID-19 pandemic. The key focus of the work is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations² where these related to important aspects of organisational governance and financial management especially in the current circumstances.
- 5 The report groups our findings under three themes:
 - governance arrangements;
 - managing financial resources; and
 - operational planning: to support the continued response to the pandemic balanced against the provision of other essential services.

¹ The conduct of our work was coordinated with Internal Audit's rapid governance review which includes further testing of key controls noted in this report.

² Previous recommendations can be found in [our 2019 report](#).

Key messages

- 6 The Health Board has maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic. Whilst the Health Board's existing resilience plans didn't sufficiently meet the scale and complexity of the challenge posed by pandemic, the Board recognised these limitations early and took necessary action. This included introduction of command and control structures and workstreams, and a Cabinet which consisted of three independent and three executive board members to support decision making and oversight. Throughout this time we have seen improvement in partnership working and stronger stakeholder communications, particularly in relation to the response to the pandemic. The Board has taken steps to conduct its business with transparency through webcasting its meetings and our observations of Board and committee meetings show that they are generally conducted well. However, the Board will need to ensure it that its approach to scrutiny balances the challenges which are necessary with what is also needed to foster cohesive and collective leadership and direction amongst Board members.
- 7 The Health Board's senior management provided good leadership in response to the pandemic. However, given the challenging environment will continue, there is a need to ensure a resilient and cohesive executive team to effectively respond. The Health Board is continuing to review its governance arrangements with a focus on strengthening risk and quality assurance arrangements and is also maintaining its focus on quality and safety of services during the pandemic.
- 8 The overall financial position remains exceedingly challenging. In 2019-20, the Health Board did not meet its financial duties and had a £38.7 million year-end deficit despite slightly over-delivering against its £35 million savings target. For 2020-21 the Health Board originally forecast a £40 million deficit, but there are significant risks that could lead to further deterioration. These risks include non-delivery of savings and additional unfunded COVID-19 costs. The Health Board has continued to improve financial management arrangements and controls and has responded to most recommendations made as a result of recent externally commissioned financial reviews. Key financial controls set out in standing financial instructions, scheme of reservation and delegation and standing orders operated unchanged throughout the pandemic. But this meant that there was no realignment of financial authority to the command and control structure, and the Health Board should reflect on this should similar incident management arrangements be required in future. There are appropriate arrangements to monitor financial expenditure and financial compliance, however, for further reassurance, the Health Board is undertaking additional work led by a 'Financial Governance Cell' to review compliance during this period.
- 9 Short-term planning approaches are helping to respond to immediate and complex challenges created by the pandemic, but performance recovery will need a longer-term and more strategic approach. During the pandemic the organisation has used capacity demand modelling to inform its quarterly plans and taken steps to secure

sufficient workforce capacity to respond to a potential second COVID peak. It has introduced digitally enabled services is making some significant care pathway changes. The pandemic has demonstrated that the Health Board can deliver complex service change at pace.

- 10 Organisational performance recovery may require further major service change for some specialties. This needs to be grounded in a longer-term clinical strategy, which has yet to be produced. The Health Board is setting up a strategy group to take this work forward. Engagement of key strategic partners including the Community Health Council will be essential and there is opportunity for the Health Board to capitalise on the change management successes of the last 6 months.

Recommendations

- 11 We have made 3 recommendations which are set out in **Exhibit 1**. The Health Board's management response is summarised in **Appendix 1**.
- 12 In 2019 we made 7 recommendations in the structured assessment report of which most are still in the process of being addressed. The Health Board's Audit Committee received a detailed progress update on the 2019 recommendations in June and continues to track recommendations at each meeting. We will provide a further update on progress next year.

Exhibit 1: 2020 recommendations

Recommendations

Resilience/incident response planning

- R1 Undertake a rapid learning exercise on COVID-19 governance to inform and adapt resilience and emergency response plans, so they can be implemented should they be required over the coming months. This should include consideration of:
- any need to temporarily adapt the Scheme of Reservation and Delegation to ensure financial and decision-making authority is aligned and
 - the risk management approach adopted as part of command and control and workstream arrangements.

Stakeholder engagement in clinical strategy and plan development

- R2 Ensure there is effective stakeholder engagement in the development of clinical strategy and any plans for significant service change.

Recommendations

Reporting progress against delivery of plans

- R3 Ensure that impacts and outcomes achieved as a result of delivery of actions are appropriately articulated within quarterly plan and annual plan monitoring reports. This may require strengthening of underpinning business benefits analysis processes.

Detailed report

Governance arrangements

- 13 Our structured assessment work considered the Health Board's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic.
- 14 We found that **the Health Board maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic.**

Conducting business effectively

Revised governance and management arrangements have supported agile decision making and effective scrutiny but there is scope to improve emergency resilience planning.

- 15 COVID-19 has presented an unprecedented challenge to the health sector. The Health Board recognised early in February 2020 that its existing major emergency plan was not adequate for the challenge faced by COVID-19. While we did not consider the Health Board's previous emergency plan in depth, we noted that it contained several assumptions which didn't allow for the scale and complexity of the response required to COVID-19. For example, the plan assumed an outbreak could be managed broadly within existing management and operational arrangements and didn't sufficiently take account of the need for a significantly greater scale of response, adaptability and agility.
- 16 After recognising the weaknesses in its existing emergency plan, the Health Board responded effectively by rapidly developing alternative arrangements. On 12 March 2020, the Health Board initiated command and control structures following a Gold, Silver and Bronze (sub-regional) model. The Health Board also established a 'Cabinet' consisting of three independent members and three executive officers to oversee the response and enable timely decision-making and scrutiny. A further eleven workstreams were set up within the command structure to address specific but significant challenges. Throughout this time, we have seen improvement in partnership working and stronger stakeholder communications, particularly in relation to the response to the pandemic. In general, the workstreams were effective at coordinating the resources required to respond to the pandemic, including development of guidance, changes to estates, ensuring personal protective equipment and equipment, development of a testing and tracing service and creation of three field hospitals. However, there was a short delay in developing and strengthening the new arrangements at the beginning of the pandemic largely as a result of executive officers becoming ill or being required to shield or self-isolate. This demonstrated a weakness of continuity arrangements for a short timeframe.

- 17 By early April 2020 the Health Board had developed and agreed a COVID-19 strategy. This strategy appropriately helped to further shape and focus the work including the newly created workstreams to help coordinate the required action. At this point, the Health Board also introduced a Covid Command Group within the pandemic response structure. This group enabled the whole Executive Team to have oversight of the totality of the COVID-19 response. The group enabled separation of oversight of the pandemic response to the Executive Team's 'business as usual', allowing greater time and focus on specific COVID-19 issues.
- 18 The revisions to the Health Board's governance and management arrangements supported rapid decision-making while maintaining necessary scrutiny. The structure was clear and successfully helped the Health Board respond to urgent and significant challenges. The Health Board developed COVID-19 daily situation (sitrep) reporting which included hospital admission numbers/trends including acute bed occupancy, critical care bed occupancy, delayed transfer of care, workforce capacity and sickness absence. This reporting has now further developed to focus on early warning alarms including mortality statistics, emergency department activity, COVID-19 bed occupancy, and Test, Trace and Protect activity. The review of performance data during this period has, however, exposed a need for greater dedicated analytics support in future.
- 19 On 15 April 2020 the Board considered Welsh Government guidance on discharging Board committee responsibilities during COVID-19. In line with guidance, the Board approved temporary changes to its Standing Orders which included suspending its committees apart from the Audit Committee and the Quality and Safety Committee. The Health Board also reduced the breadth of agendas to focus on key risks and matters relating to COVID-19 and essential business. Revised standing orders appropriately detailed the alternative arrangements for those committees that had been 'stood down', identifying which committees would be responsible for considering key urgent items, making decisions and authorising expenditure.
- 20 At the same meeting in April 2020, the Board approved a revised approach to decision making. This required that, where possible, the full Board would retain decision making. If the full Board was not available, decision making operated with a quorum of three executives and three independent members that could be convened at speed to scrutinise and authorise decisions. 'Chair's Action' would be used as a last resort and would be recorded and ratified. During its pandemic response, the Health Board was required to use chair's action for a small number of decisions, for example in the approval of the field hospitals. We note that chair's actions were reported to the Board at its meetings on 14 May and 23 July 2020 in line with the Board approved 'Standard Operating Procedure on Chair's Action During COVID-19'. In the instance of the field hospitals, the action was scrutinised and signed by the vice-Chair to prevent any conflict of interest relating to the Chair's role in the temporary hospital group.
- 21 The Health Board also introduced decision logs into the command and control and workstreams to provide evidence and justification for decisions being taken. The

decision logs were routinely reported into the command and control structure and were taken to board briefing meetings. Despite initial variable quality of the logs, the Health Board improved the process through ongoing self-review combined with shared learning from North Wales Police and Military Liaison Officers.

- 22 At the introduction of emergency governance arrangements, reporting was streamlined allowing for verbal reports and shorter papers to fewer committees. But the Health Board's reporting and briefing arrangements evolved over time during the pandemic and increasingly became more time-consuming. The Cabinet received fortnightly update reports, there was also daily sitrep reporting and fortnightly board briefings for all board members, as well as regular Covid Command Group meetings for the Executive. As a result, additional Executive team capacity created by suspending committee business was increasingly consumed by a need to regularly update groups and members at briefings. There is opportunity to reflect on this as part of lessons learnt exercises.

The Board has taken steps to conduct its business with transparency although virtual Board meetings are driving a different scrutiny style which on occasions may not always be conducive to cohesive Board working

- 23 As the pandemic hit, the Health Board notified the public on its website that it is not possible to attend Board and committee meetings in person. To support transparency, the Health Board committed to publish the Board and committee meeting papers seven days in advance of meetings and meeting minutes three days following a meeting. The Board also intended to webcast its meetings from May 2020, but an unforeseen technical issue relating to licencing prevented live viewing of the May board meeting. All Board meetings from July onwards are being webcast but at present, there are no plans to webcast committee meetings.
- 24 Since March 2020, the Board has been meeting virtually. We noted that Board members have responded well to the changing demands on them through this challenging time. Our observations of meetings also indicate that these arrangements are generally working well and have evolved positively as the Board members got to grips with this new way of working.
- 25 The Health Board is enhancing the technology available to Board members to help with virtual meetings and has issued guidance on virtual meeting etiquette. In general, our observations indicate that Board and committee meetings are conducted properly and effectively. On some occasions, we noted that the nature of virtual Board meetings is resulting in very direct questioning by independent members during discussions, and a robust and challenging style of scrutiny. While this will sometimes be necessary at Board meetings, it will need to stay mindful of the impact this style can have on the relationships between the Executives and Independent Members and the ability of the Board to demonstrate collective leadership.

The Health Board's senior management provided good leadership in response to the pandemic but with challenging circumstances likely to continue, there will be a need to ensure a resilient and cohesive Executive Team.

- 26 The Executive Team and wider senior management response to the pandemic has generally been very positive. We found strong leadership within the temporary command and control arrangements and the majority of the workstreams which helped to respond effectively to number of challenges. However, the last six months has also been a stressful and stretching time for the Executive team. The Executive Team have had to work in very different ways, operating in new structures, in highly dynamic environments and with some excessive hours. The coming winter period may be just as challenging as the onset of the pandemic and there is a need to ensure the resilience and cohesiveness of the Executive Team to help meet these challenges.

Work is in progress to strengthen organisational structures, but there are also some concerns in specific areas such as the Mental Health division.

- 27 In our structured assessment report 2019, we highlighted the need to strengthen capacity at senior levels. This particularly focussed on building the required change/programme management capacity and capability and strengthening the secondary care structure. The Health Board is making progress, for example, it has agreed its structure for its acute services with substantive Managing Directors in post at all three sites. However, it has yet to fully address its continuing reliance on external interim management arrangements or set out required programme management arrangements. The Health Board recently sent a proposal to Welsh Government requesting support to enable the establishment of a strategic assistance programme and enhance its organisational development capacity. If successful, this should help strengthen the organisation's internal capacity and capability.
- 28 There has also been change at the top of the organisation. In January 2020, the substantive Chief Executive left the Health Board. An interim Chief Executive Officer was seconded from Welsh Government in February until late August 2020. A substantive replacement has recently been appointed who will take up the role in January 2021, with the Deputy Chief Executive Officer acting as interim until that date.
- 29 In July 2020 Audit Wales, alongside Healthcare Inspectorate Wales, formally highlighted concerns to the then interim Chief Executive relating to fragility of the leadership of the Mental Health division caused by long-standing vacancies and absences. The Health Board has indicated in its response that it is taking action to address required improvements in this area. The Health Board's Internal Audit Service is in the process of reviewing the governance arrangements of the mental

health division. Once the review is complete, we will consider their findings to determine if any additional action is required.

The Health Board has committed to reflect, learn and improve both usual governance arrangements and emergency arrangements.

- 30 The Health Board has a range of processes which demonstrate reflection and learning. For example, the Board and committees regularly review and refine their 'cycles of business' (agenda calendar) to ensure there is sufficient focus in the right areas. As part of routine arrangements and for several years, committees have also undertaken self-assessments which informs annual committee reports.
- 31 The Health Board is also receiving additional support from the Kings Fund to help strengthen the functioning of the Board and Executive Team and this work is ongoing. At the same time, there is ongoing work to further strengthen governance arrangements, focussing on risk and quality assurance, which we describe in the following subsection.
- 32 We are clear from interviews that there is a good understanding of lessons learnt from the initial COVID-19 response at an individual level. But there is a need to bring these reflections together. We understand that the Executive team will present a paper to the Board in the next few months which reflects on their response and identifies lessons for the future. This work is being supported by the Health Board's resilience team. **Recommendation 1** of this report is aimed at driving improvement through lessons learnt from the last six months and applying those lessons learnt into updated pandemic and resilience plans.

Systems of assurance

The Health Board developed specific arrangements for managing risks in relation to COVID-19 alongside continuing preparations to implement its new risk management strategy

- 33 The Health Board introduced specific arrangements for managing COVID-19 risks supported by additional training for those leading command and control and workstreams. For the duration of the initial response, the Health Board continued to refine and improve the COVID-19 risk management arrangements, led by the Governance and Risk workstream. Feedback from interviews indicated that at the time there was some variation and duplication of risk management between workstreams, command and control structures and 'business as usual' risk management. While we did not identify that this created significant issues, it is an area to reflect on as part of lessons learnt for future resilience and incident planning.
- 34 Over the last 12 months the Health Board has been in the process of a fundamental redesign of its risk management strategy. This was approved by the

Board on 23 July 2020. The risk strategy has been developed through staff and Board engagement and a key aim is to improve timely risk escalation between operational services and the Board. The strategy also aims to provide greater accountability for risk ownership and mitigation. The Health Board plans to launch the strategy in October 2020 and the progress of its implementation will be overseen by the Audit Committee. The development of the revised approach is largely positive, but its implementation will be challenging given the continued strain on health services as well as the 'virtual' nature of working for many staff.

The Health Board has maintained a focus on quality and safety and recognises the significant challenge of treating patients whose care has been delayed

- 35 The Health Board has maintained its focus on quality and safety of services both in relation to COVID-19 and for broader services. The Quality, Safety and Experience Committee continued to meet during the pandemic. While the committee had a reduced agenda, it focussed on quality in relation to COVID-19 and other high-risk areas. This included infection prevention, maintaining essential services during COVID-19, as well as considering patient groups that may be at risk because of reduced access to services. This is aligned to Welsh Government's four principles of direct and indirect harm related to COVID-19. The Board and Quality and Safety Committee is clearly aware of the need to balance the COVID-19 response and the need to prioritise essential services for those at most risk of health deterioration. The Health Board is risk-assessing and prioritising its waiting lists for those at greatest clinical risk. However, even with these processes, the mismatch between supply of services and the demand creates some difficult challenges. The Board and committees are regularly informed of the position of essential services and the extent of delays on the waiting list, but this is likely to take some time to resolve.
- 36 The Board is also focussed on staff wellbeing, including ensuring that working conditions are safe, that staff are provided with necessary wellbeing support and that high-risk staff groups are assessed. At its meeting in April 2020, the Board approved two new risks on Health and Safety and Personal Protective Equipment (PPE). The Quality, Safety and Experience Committee is overseeing these risks and the procedure for reporting and investigating for staff members who have tested COVID-19 positive. The Committee also recently received further assurance on Health and Safety matters in July 2020 relating to reporting to the Health and Safety Executive, staff testing levels and the application of the Welsh Government workforce risk assessment tool (discussed further in paragraph 65).
- 37 The Health Board has continued with some key operational quality assurance arrangements including mortality reviews and Putting Things Right processes. It is also undertaking work to assess serious incidents resulting from the pandemic. However, we note that both the ward accreditation process and the clinical audit programme were suspended during the COVID-19 outbreak.

- 38 The Health Board is progressing its Quality Improvement Strategy for 2020-2023 and strengthening quality assurance arrangements. This work includes a review against the five aims set out in the strategy and development of a corresponding action plan. During the early stages of the COVID-19 pandemic this work was paused, and the timeline is now being revised. However, proposals to strengthen quality and safety management and oversight are being taken forward. At present proposals include establishment of four groups focussing on patient safety, clinical effectiveness, patient experience and occupational health and safety which will directly report into the Quality Safety and Experience Committee.

The Health Board continues to track progress against recommendations.

- 39 In our structured assessment 2019 report, we recommended that the Health Board strengthen the sign off process as part of recommendation tracking. The Health Board has subsequently updated and strengthened its sign-off process to help improve the quality of updates against actions and provide better assurance when actions in response to recommendations are complete. It has provided training to the governance leads which has improved the consistency and quality of the updates provided on the audit recommendation tracker. The Health Board has also introduced a process to review the quality of information submitted within the recommendation updates. During the pandemic, the Audit Committee has continued to receive tracking reports on progress against key recommendations.

Managing financial resources

- 40 Our work considered the Health Board's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance. We found that, **reasonable financial arrangements were put in place to respond to COVID-19, but there are significant risks to achieving the Health Board's forecasted £40 million deficit.**

Achieving key financial objectives

The Health Board did not meet its financial duties in 2019-20

- 41 The Health Board did not meet its statutory financial duties for 2019-20 due to a £38.7 million deficit and an inability to prepare a financially balanced medium-term plan. The 2019-20 year-end financial position was slightly worse than the Health Board's planned £35 million deficit but significantly worse than the £25 million control total set by Welsh Government. This was despite the Health Board also exceeding its £35 million savings target by £0.5 million, with 70% of savings classed as recurrent. An element of the in-year cost growth was a result of additional secondary care agency costs and primary care prescribing drug price

increases. The Health Board achieved its capital resource limit and public sector payment policy targets and our audit of the Health Board's accounts resulted in an unqualified 'true and fair' audit opinion and a qualified regularity opinion on the Health Board's financial statements for the 2019-20 accounts.

- 42 For several years, the Health Board has been unable to balance its expenditure with its revenue allocation. This has resulted in a growing cumulative deficit. In June 2020, Welsh Government confirmed that it will write-off historic cumulative deficit for all NHS Wales organisations. However, this write-off is dependent on NHS Wales organisations delivering to their baseline plans in future, which is a recognised, long-standing issue for the Health Board. The Health Board is undertaking some additional work to better determine the drivers of its underlying deficit in response to recommendations made by PwC. As of August 2020, this work remains in progress.

There are significant financial risks to achieving the Health Board's planned deficit for 2020-21

- 43 The Board agreed the 2020-21 financial plan in April 2020. The plan included a forecast deficit of £40 million subject to delivery of savings of £45 million and containing any cost growth. This plan set out what was a realistic expectation of financial performance and spend forecasts. But the onset of the pandemic is likely to result in a deteriorating position. There are now several financial risks to the delivery of the agreed financial plan, including:
- the Health Board not receiving additional income to meet all direct and indirect COVID-19 related capital and revenue expenditure to date;
 - any unfunded growth in COVID-19 spend over the autumn and winter;
 - non-delivery of savings; and
 - any additional expenditure required to restart and recover services.
- 44 For the first six months of the 2020-21 financial year, the programme management office responsible for coordinating savings during 2019-20 were redeployed. This was initially as part of the Health Board's pandemic response and subsequently supporting aspects of recovery and other urgent service requirements. The absence of the same degree of focus on savings compared to previous years has negatively impacted on the delivery of savings and subsequently reduced the savings potential for the year. As at August 2020, the Health Board has revised its year-end savings performance forecast to £14.2 million against its £45 million target. Of the £14.2 million, £7.6 million are identified and £6.6 million are in the 'pipeline'. This leaves a minimum unfunded cost pressure of £30.8 million.
- 45 Until August 2020, the Health Board was reporting an overall unchanged year-end financial forecast of £40 million deficit. Achievement of this was predicated on the assumption that Welsh Government will provide additional income for all direct and indirect costs related to COVID-19. This includes the assumption that non-delivery of savings against the agreed financial plan would be covered by Welsh

Government. At its meeting in August 2020, the Finance and Performance Committee decided to align their reporting with other health boards in Wales by not assuming that non-delivery of savings will be funded by Welsh Government. As such, the Health Board's reported forecast outturn position will deteriorate between its August and September reports to account for expected non-delivery of savings (currently around £30 million).

- 46 We have also noted that the Health Board is currently paying NHS England for services that it is not receiving. These services are commissioned under fixed 'block' contracts and services commissioned by Welsh Health Specialised Services. Until month three, the Health Board assessed that it has paid just over £35 million for services in England and that it has received just under £21 million in services. This has resulted in a non-recoverable expense of £14.5 million over those three months. Whilst this arrangement was required to sustain health services in England during the peak of the pandemic, continued expenditure represents a value for money issue if those arrangements extend into the medium-term. The Health Board is in discussion with Welsh Government and NHS bodies in England over this matter. The Health Board is seeking both to review the conditions of the block contract and to restart patient services for North Wales patients that travel to England for their care.

Financial controls

Building on work started in 2019, the Health Board has continued to improve financial management arrangements and controls

- 47 The Health Board is effectively responding to work started last year on financial management and controls. Over the last 12 months, there has been a strong focus on strengthening these areas at committee and management levels with the aim of meeting best practice, delivery of savings and financial recovery. To support this, the Health Board commissioned PwC both to review and support recovery. This work led to a range of required improvements on financial management arrangements and 'grip and control'. The resulting report made 32 recommendations focussed on financial planning, budget management and control, programme management office governance and savings. There were also 22 recommendations relating to grip and control of pay and non-pay procurement expenditure. In July 2020, the Health Board reported good progress against the PwC grip and control recommendations. The six outstanding financial management arrangements recommendations are more challenging to address as they relate to determining the drivers of the deficit, planning financially sustainable services, improving divisional financial information and strengthening the accountability framework.
- 48 The Health Board has a good track record in relation to budgetary delegation and its use of accountability agreements for 2020-21 are further strengthening arrangements. The Health Board maintained a strong approach on financial grip

and control throughout the last financial year, however this did not enable it to achieve a balanced budget. This suggests that financial control alone will not be enough to achieve financial recovery and that there is a need to reshape services to ensure they are more productive and financially sustainable.

- 49 Our statutory financial audit on the Health Board's 2019-20 financial accounts did not identify any significant material weakness in controls. Our financial audit team recognised the effectiveness and timeliness of the work of the Health Board's financial accounts team, both in preparing the financial statements and in responding to the audit, despite the pressures resulting from the pandemic.

Key financial controls have operated throughout the pandemic, and the Health Board is undertaking further work to provide assurance.

- 50 We have considered the budgetary arrangements in place at the Health Board during the early stages of the COVID-19 pandemic. Our work has identified clear itemised recording of capital and revenue expenditure related to COVID-19, use of business cases and decision logging and justification for procurement related expenditure. There were clear processes agreed by the Board in April 2020 which set out decision-making arrangements, as part of formal amendments to the governance arrangements. At an operational level, delegated authority limits continued to be enforced on the financial management system and the Health Board has undertaken tracking and analysis of COVID-19 spend. We haven't undertaken additional controls testing to assess the compliance or effectiveness of decision-making financial controls. However, the Health Board has initiated a 'Financial Governance Cell' to investigate compliance and conformance with process and policy between March to June 2020. This will include work by local counter-fraud services and a review by internal audit on financial governance during COVID-19. It is the intention of the Health Board to use this work to support its self-reflection and provide assurance on the effectiveness of and compliance with controls.

The Health Board could benefit by making changes to its Scheme of Reservation and Delegation if a command and control incident model is needed in future

- 51 The Health Board's Scheme of Reservation and Delegation (SORD), which provides delegated authority to officers remained unchanged during the pandemic. While this approach provided consistency for Executive Officers, it could have caused difficulty because those leading the command and control arrangements did not have formally delegated financial decision-making authority aligned to their remit. Our interviews did not identify any significant issues that prevented timely decision making, but the Health Board may benefit by reflecting on this arrangement as part of lessons learnt to inform future resilience planning.

Financial monitoring and reporting

There are appropriate arrangements to monitor financial expenditure against the plan and financial compliance

- 52 In April 2020, the Health Board altered its arrangements for financial oversight as part of its pandemic strategy. Under new arrangements, authorisation and scrutiny took place through fortnightly Cabinet meetings and formal Board meetings. Our work found that oversight of the Health Board's overall financial position and spend has been reasonable during this time, with interviews indicating that the revised governance arrangements supported timely decision making and scrutiny. While the Finance and Performance Committee stood down in March 2020, it resumed in June and now continues to review and scrutinise financial recovery and performance. This includes achievement against financial targets, revenue and capital expenditure, COVID-19 spend versus additional allocation, and variance to budget plan by division and savings performance.
- 53 The Audit Committee continues to appropriately oversee the work of counter fraud, internal audit and the post-payment verification team as well as receiving the assurance provided from the financial audit of the accounts. The financial conformance report to the Audit Committee also provides a good level of assurance on compliance against statutory or policy requirements including single tender and quote waivers, losses and special payments, aged debt and payroll.

Operational planning

- 54 Our work considered the Health Board's COVID-19 response planning including the development, resourcing and monitoring of quarterly operational plans. We have also considered the extent of required financial and performance recovery and the need for a strategic approach to meet these challenges.
- 55 We found that **The Health Board's quarterly operational plans are helping it to respond to a range of complex service risks, but there is a need for a strategy to recover services to help ensure they provide sustainable capacity and improvements in productivity.**

Developing the plan

The Health Board's quarterly planning process is improving, but plans need earlier scrutiny and greater explanation on risks to successful delivery

- 56 The Health Board is responding to the Welsh Government planning requirements but has found the short turn-around from the time that planning guidance is issued to the submission a challenge. The Health Board submitted both the quarter one

and quarter two operational plans to Welsh Government by their required deadlines. We noted though in relation to the quarter two operational plan, the Board received the draft plan on the 1 July, but this only left two days to make amendments prior to submission to Welsh Government on the 3 July 2020. This required some rapid changes and subsequent amendment prior to approval by the full Board on 23 July. But the changes that were made as a result of board member scrutiny resulted in improvements in the plan, particularly on the key actions required and accountability for delivery. The Health Board is addressing the timing challenge for future operational plans by scheduling additional board workshop meetings. This will provide more time to discuss and scrutinise the emerging quarter three operational plan before its submission to Welsh Government.

57 The Health Board's quarterly operational plans appropriately focus on the required flexibility of services in the short-term and are broadly in line with Welsh Government requirements. The Health Board has used data modelling of COVID-19 infection rates, service capacity and demand to help shape the quarter two operational plan and the key actions within it. The quarter two operational plan appropriately considers the 'four types of harm'. It includes, but is not limited to, high-level actions on:

- COVID-19 test, trace and protect;
- creating flexibility to shift capacity between Covid and non-Covid services;
- surge capacity should it be needed;
- prioritisation of essential services; and
- new digitally enabled service models particularly in primary care and outpatients.

58 However, it is difficult to determine from the quarter two operational plan what are the key risks to its effective delivery. Our review of the plan indicated that some of the actions within it are likely to be more challenging to deliver than others. Yet it is difficult to distil those higher risk areas, and this makes it more challenging to form a view on the likelihood of impactful delivery or those areas which are at a significant risk of non-delivery.

Elective waiting list performance has deteriorated, and to recover services the Health Board may need to be more ambitious in its clinical strategic approach, engaging stakeholders in the process

59 The Health Board's elective waiting lists have significantly deteriorated as a result of the pandemic and this is likely to continue into the winter period. The absence of an agreed clinical strategy has been a long-standing issue. A strategy is fundamental to the Health Board developing financially sustainable modern clinical services and recovering service performance. We made a recommendation in our 2019 structured assessment to strengthen clinical engagement and leadership as part of clinical strategy development and any associated service change programmes. We are aware that as part of the Health Board's pandemic response,

it had successfully brought together a range of clinical leads and developed and agreed over 35 new clinical pathway models. The Health Board is now developing a clinical strategy group as a means of ensuring clinical leadership and engagement to support development of a clinical strategy. We understand that this group will be building on work that was started last year on digitally enabled clinical services. In forming a clinical strategy there are clear opportunities to further progress digitally enabled services, but there may also be a need to adopt more significant changes to service models to boost surgical capacity and productivity.

- 60 Our work has indicated that the Health Board effectively engaged North Wales Police, local authorities, the university sector and the military in its early pandemic plans and response. However, it is not clear whether these stakeholders or the Community Health Council were given opportunity to effectively engage in quarterly operational plan development. Recovery of performance may require some significant changes to the shape of services to ensure they are productive and resilient. Strong stakeholder engagement in the development of a clinical strategy and subsequent operational plans will be helpful as a means to share an understanding on priorities, risks, actions and resourcing constraints (**Recommendation 2**).

Resources to deliver the plan

The Health Board has plans to adapt its bed capacity to meet forecasted surge demand

- 61 The Health Board approach seeks to prevent growth in COVID-19 cases in the community, provide enough capacity for patients testing positive in acute hospitals, provide essential services, and restart and recover other core services. This requires sufficient flexibility and capacity to respond to a surge in demand.
- 62 The Health Board has made demand forecasts based on best assumption for the impact of a second wave and increasing needs for unscheduled care services. Based on these assumptions it has forecast bed demand, at 92% occupancy, for non-COVID-19 emergency, COVID-19 emergency, essential services and additional planned work. Against the forecast of demand, the Health Board has assessed its bed capacity, including Acute and Community and field hospitals. The capacity available is enough to meet forecasted demand as set out in the quarter two operational plan.
- 63 The Health Board has identified the pace at which it can create sufficient surge capacity across all permanent and temporary (field hospital) facilities should this be needed. This indicates that 131 core acute and community beds can be mobilised within 24 hours, an additional 160 within a week, and the remaining surge capacity of 1,315 beds can be available after 7 days. At present, the Health Board is continuing the assumption that temporary field hospital accommodation may be required during the winter months and is ensuring this capacity can be flexed into

operation if required. The Health Board is also continuing to use the facilities at Spire Yale for diagnostics and essential surgery procedures.

The Health Board has responded well to its workforce challenges and risks

- 64 The Health Board undertook capacity modelling to understand requirements for its initial Covid-19 response and was proactive in securing additional workforce. This resulted in over 1700 staff and volunteers being recruited following a TV and social media campaign as well as deploying healthcare students and encouraging retired staff to return to practice. The Health Board has developed a new clinical deployment dashboard to support planning and decision-making in response to surge capacity requirements. This dashboard includes data on competencies and capacity of the workforce. The Health Board is maintaining a focus on capacity requirements and its ability to flex the workforce as required.
- 65 In relation to workforce protection and resilience, the Health Board recognised the risk to the workforce but also responded quickly as emerging information identified heightened risk for Black, Asian, and Minority Ethnicity staff. The Health Board had developed its own workforce risk assessment protocol and adopted the all-Wales risk assessment process, once this became available. This has resulted in over 800 risk assessments for Black, Asian, and Minority Ethnicity staff, representing an 80.6% assessment rate. The Health Board also introduced wellbeing hubs recognising the significant pressure and, in some instances, traumatic environment that staff have faced. We understand that these hubs have been well-utilised.

New digital approaches adopted over the last six months are helping to maintain and restart clinical services

- 66 The Health Board has deployed new technology to support new ways of working. This has included over 1,000 new mobiles and tablets to keep patients, families and the workforce connected when working in different environments. The Health Board also implemented infrastructure and systems for field hospitals, Covid-19 testing sites and the command and control sites while they were operating. IT systems have supported outpatient appointments management. This has included using systems to enable patient-initiated follow-ups (see on symptom), deployment of 'attend anywhere' clinical video appointment services and consultant connect professional advice line for primary care services and virtual visiting.
- 67 The informatics service has supported operational management and service planning through the creation of acute and community, care home, workforce and COVID-19 dashboards as well as forecasting models and reports. These digital approaches helped the response to the outbreak, and plans set out for quarter two continue to build on work already complete. Quarter two digital plans include further roll out of video consultations, e-prescribing, accelerating agile working and business intelligence.

The Health Board is prioritising the capacity that it has on patients that need it most.

- 68 The Health Board has developed new clinical risk assessment approaches to prioritise those requiring care most urgently on the waiting list. The approach is predicated on the ability to restart services while also being able to adapt service capacity between COVID-19 and non-COVID-19 activity. The Health Board is also allowing for contingency should there be a second COVID-19 peak alongside normal seasonal flu and wider winter pressures.

The Health Board developed change management arrangements necessary to respond to the pandemic

- 69 The Health Board has historically struggled to affect change with pace and impact. In last year's structured assessment, we made specific recommendations to the Health Board to strengthen its programme management structure, change programmes and programme management methodology.
- 70 During the pandemic the Health Board has achieved significant rapid change. It has mobilised the workforce, adapted some of its core estate, created three field hospitals, deployed new technology, developed COVID-19 testing and tracing services as well as creating new clinical pathway models. While this change has occurred as part of the pandemic response, it clearly demonstrates that the Health Board can effect rapid change through change management arrangements and resources.
- 71 The Health Board should reflect on the change management arrangements deployed during the early stages of the pandemic, and seek to build its future change management capacity, structure and methodology, with the aim of creating sufficient change capability to deliver its emerging clinical strategy. We have listed some core features of change management arrangements and our observations of the Health Board over the last 5 months (**Exhibit 2**).

Exhibit 2: attributes of organisational change management demonstrated since the onset of the pandemic

Attributes of change	What was evident between February and June 2020
Compelling organisational need and urgency	Clear urgency and priority given at a level that was required to respond to the outbreak.
Common understanding of the problem	Management considered the range of risks and issues, and set out a strategy to respond to them

Attributes of change	What was evident between February and June 2020
Leadership	Redeployment and change in management roles, with both leadership working from the top and middle/senior management working at a higher level and adopting more delegated authority
External engagement	Understanding that multi-partner response was required and working together to achieve it.
Programme structures and control	Command and control provided a programme governance framework, with workstreams taking shape as individual programmes of work.
Alignment of resources to support change	The enabling resources particularly finance, procurement, IT and workforce became integrated and supported the workstreams
Internal engagement	Staff communications through multiple channels, and proactive working with the Trade Unions. Clinical engagement and leadership were notable improvements during the period.
Programme monitoring and oversight	Command and Control Group and Cabinet provided programme management and programme oversight.
Post project/programme evaluation	A commitment to learn lessons from the last few months, but this remains an area to be progressed.

Monitoring delivery of the plan

Approaches to monitor and report on operational plan delivery have improved but more focus on the impact and outcomes is needed

- 72 There is regular oversight and scrutiny of progress of the operational plans. The Board, Finance and Performance committee, and the Strategy, Partnerships and Population Health Committee each reviewed progress of delivery of the quarter one operational plan in July and August 2020. In scrutinising progress against plans, Board and committee members take some assurance from reports and use

their existing knowledge of services to inform their questions, but also request further information on areas of limited progress.

- 73 The colour coded reporting approach developed for the quarter one operational plan enables a succinct visual analysis of overall progress against the commitments laid out in the plan and is an improvement against previous years' reporting approaches. However, the format also made it difficult to understand the detail on areas where progress is off-track, for example why an action is off-track and what is being done about it.
- 74 The Health Board is starting to address this for the quarter two operational plan progress reports which now contain basic narrative for actions that are off track. However, the narrative is of variable quality and could be further improved by focussing more on outcomes and impact to make it clear to the committee and the Board whether the delivery of actions is achieving the difference that was intended **(Recommendation 3)**.

Appendix 1

Management response to audit recommendations

Recommendation	Management response	Completion date	Responsible officer
<p>Resilience/incident response planning</p> <p>R1 Undertake a rapid learning exercise on COVID-19 governance to inform and adapt resilience and emergency response plans, so they can be implemented should they be required over the coming months. This should include consideration:</p> <ul style="list-style-type: none"> • of any need to temporarily adapt the Scheme of Reservation and Delegation to ensure financial and decision-making authority is aligned and • of the risk management approach adopted as part of command and control and workstream arrangements. 	<p>A debriefing programme was implemented across the BCU command and control structures. The objectives of the debrief were:</p> <ul style="list-style-type: none"> • To allow the Health Board to reflect on the identification of lessons learned and shared good practice from the incident; • To identify organisational experience relative to individual roles and responsibilities relating to the incident; • To identify key areas for development for the future; • To assist in the development or formation of guidelines or protocols for future incidents; and • To capture lessons learnt to feed into future response planning. <p>Following this review, a report was prepared by Civil Contingencies Group (CCG) and finalised by Executive Team.</p> <p>The report sets out areas of good practice, together with recommendations for improvement. An executive led action plan was developed in response to ensure improved arrangements going forwards. The report and action plan was presented to the</p>	<p>September 2020 - Complete</p> <p>October 2020</p>	<p>Mark Wilkinson</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>Strategy, Partnerships and Population Health Committee for approval.</p> <p>The action plan includes a full review of the existing COVID Command & Control structures led by COVID-19 Lead Director / Director of Planning and Performance. In addition, the decision-making protocol developed as part of the Command and Control Framework to be reviewed ensuring clarity at each level of the response. Led by Acting Board Secretary / Assistant Director of Information Governance & Risk.</p> <p>In addition to the debrief programme, a full review of the Health Board Major Emergency Plan has been undertaken along with revisions to Hospital Major Incident Plans to ensure that Covid considerations are included within key departmental action cards.</p> <p>Specific management arrangements have been developed for COVID-19 going forward, led by Director of Primary and Community Services. However, should a major incident be declared, command and control structures will be mobilised in line with outcomes of the above work.</p>	November 2020	
<p>Stakeholder engagement in clinical strategy and plan development</p> <p>R2 Ensure there is effective stakeholder engagement in the development of clinical strategy and any plans for significant service change.</p>	<p>During the first surge of Covid 19, the clinical strategy included a short cycle planning with a 'Once for North Wales' approach. The stakeholder engagement took place throughout, with the creation of pathways and the check and challenge approach at the Clinical Advisory Group (CAG). Further work is now ongoing to strengthen the CAG with further inclusion of stakeholders, such as Digital/Informatics. In addition to this work is now being undertaken to integrate the restart of essential services within the clinical strategy and to test the approach with CAG given its wider stakeholder presence. There is a standard</p>	Complete	Arpan Guha

Recommendation	Management response	Completion date	Responsible officer
	<p>operating procedure in place to ensure effective stakeholder engagement in the development of the clinical strategy and any plans for significant service change during our short cycle response.</p> <p>As BCUHB considers further development of the longer-term clinical strategy, it is envisaged that there will a development of a wide stakeholder engagement plan. This will involve agencies such as CHC, local authority, primary and secondary care, Universities, Welsh Government, as examples.</p>	March 2021	
<p>Reporting progress against delivery of plans</p> <p>R3 Ensure that outcomes achieved as a result of delivery of actions are appropriately articulated within quarterly plan and annual plan monitoring reports. This may require strengthening of underpinning business benefits analysis processes.</p>	<p>The plan for quarters 3 and 4 is stronger on outcomes at a programme level than previous quarterly plans. Our chosen outcomes tie back to Living Healthier Staying Well and national outcome frameworks. Performance trajectories are also being developed for this planning round.</p> <p>In respect of reporting against performance, through direct engagement with operational leads, we are strengthening the narratives required for actions that are off track. Furthermore, we are looking at triangulation with the performance measures outlined in the NHS Wales Delivery Framework and how plan outcomes are impacting upon these.</p>	November 2020	Mark Wilkinson



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



Cyfarfod a dyddiad: Meeting and date:	Health Board 21 st January 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Residential Accommodation - Strategic Outline Case
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson - Executive Director of Planning and Performance
Awdur yr Adroddiad Report Author:	Rod Taylor – Director of Estates and Facilities
Craffu blaenorol: Prior Scrutiny:	<p>The Health Board previously approved the development of a strategic outline case for residential accommodation in support of delivering affordable and fit for purpose staff accommodation on all three acute hospital sites.</p> <p>The strategic outline case has been shared with both Welsh Government in regards to strategic direction/ funding models and with local RSL's (Registered Social Landlords) in regards to opportunities for collaborative and joint venture working.</p> <p>Concerns regarding the quality and suitability of Health Board accommodation has been the subject of a number of recent reports to sub-committees of the Board and is recorded on the Health Board risk register.</p> <p>The Residential Accommodation - Strategic Outline Case and recommendations contained within this report were considered by the Executive Team on the 18th November 2020 and all recommendations were supported.</p> <p>The Residential Accommodation - Strategic Outline Case and recommendations contained within this report were considered by the Finance and Performance Committee on the 21st December 2020 and all recommendations were approved.</p>
Atodiadau Appendices:	Appendix 1, Residential Accommodation – Strategic Outline Case (SOC)

Argymhelliad / Recommendation:

The Health Board is asked to:

1. Support the continuation of discussion with local RSL's (Registered Local Landlords) regarding collaborative opportunities for healthcare staff accessing to high quality, affordable local accommodation in North Wales. These discussions are likely to include alternative funding models.
2. Approve the submission of the strategic outline case to Welsh Government with the principal intention of securing support for the case for change.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	X	Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
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Sefyllfa / Situation:

The purpose of this report is to present the Residential Accommodation - Strategic Outline Case for approval.

Cefndir / Background:

This report presents a Strategic Outline Case for the future provision of residential accommodation. Residential accommodation refers to rooms, flats, housing and facilities for staff or students who are employed by or on placement with the Health Board.

This currently includes doctors in training, medical students, on-call doctors and locums as well as allied-to-medicine staff and students. The Health Board's existing portfolio of residential accommodation is in a poor state of repair and requires significant levels of investment to redevelop the estate to make it fit-for-purpose and compliant.

There are four key drivers for change:

- 1) The estate is not compliant with national standards for residential accommodation. Furthermore, the building configuration of some of the existing stock means that required ratios of occupants to toilet, shower, living and dining room facilities cannot be met.
- 2) The estate is failing to deliver modern, energy efficient and fit-for-purpose facilities and backlog maintenance is high. The accommodation has therefore been identified as a key area of risk for the Health Board and is one of its priority areas for investment over the coming three years.
- 3) The estate is failing to support the Health Board's objectives in relation to attracting and retaining high quality staff. A residential accommodation user survey at the Health Board has confirmed that the accommodation is viewed in a very poor light, and that this is a potential disincentive in staff coming to work in the area.
- 4) Current capacity is not well aligned to demand, in terms of both the amount and type of capacity.

Given these strategic drivers, the Board has concluded that the current state of residential accommodation is unsustainable, and that business as usual is not an option.

Within the SOC an economic appraisal of the shortlisted options over a 60-year appraisal period, incorporating quantified benefits and risks, has identified the Preferred Way Forward as Option 2: Refurbish / rebuild and right-size residential accommodation to meet national best practice standards through Welsh Government capital.

The Preferred Way Forward will require c. £55.8m of initial capital investment and an equivalent investment in lifecycle costs over the appraisal period. It will deliver an annual surplus of c. £2.2m and total quantified benefits of c. £79.8m over 60 years. It has the lowest Net Present Cost and most favourable Benefit Cost Ratio of the Do Something options. However, the analysis shows the ranking of options is sensitive to changes in key variables.

Delivering the Preferred Way Forward will require capital funding from Welsh Government of c. £55.8m. From a revenue perspective, it will generate an increased surplus of c. £1.2m compared with Business as Usual.

Construction design and development will be procured using either a framework such as Design for Life or a full OJEU process. The specific procurement route will be determined as part of the Full Business Case (FBC).

Subject to approval of the SOC project governance arrangements will be established and the draft project timeline anticipates FBC and procurement processes running over the next 12 months with final approval of an FBC by end 2021.

The Full Business Case will evaluate in depth the assumptions contained within the SOC in regards to investment options, occupation and future demand levels.

Asesiad / Assessment & Analysis

Strategy Implications

An analysis of Health Board strategy and aims related to this project identifies that residential accommodation is one of the Board's priority areas for estates investment over the next three years and is crucial to the delivery of its Living Healthier; Staying Well strategy, particularly in relation to a recruiting and retaining of high-calibre clinical staff.

The analysis highlights the importance of:

1. Meeting Welsh Government and BMA standards for residential accommodation;
2. Delivering high quality, sustainable services through attracting workers to the region, investing in them, and keeping them;
3. Planning and managing the Health Board's estate to provide fit for purpose facilities that are financially sustainable;
4. As the largest employer in the region, operating as an 'exemplar' for looking after its staff well; and Working in partnership across the public and third sector to improve health and wellbeing, develop stronger communities, generate sustainable economic development and reduce inequalities in North Wales.

The Estates Strategy sets out investment requirements over a 15+ years planning horizon and priorities and implementation plans for the next three years. The strategy sets these proposals for residential accommodation within a broader estates investment context, identifying a total investment requirement over 15+ years of £838m to maintain the current estate and £1,252m to provide fit-for-purpose estate to deliver.

The Estates Strategy identifies residential accommodation as one of the Health Board's key areas of challenge/risk from an estates perspective, and as one of its investment priorities for the next three years.

Wales has a net outflow of workers and there are recruitment shortfalls in a number of professions and specialties. In response to these challenges, Welsh Government has set out clearly the strategic importance it places on recruitment and retention of high-quality NHS staff. It has also made clear that it wants medical students to be trained in Wales and become qualified doctors residing and serving the population of Wales.

High quality, affordable accommodation is one factor that can help enable these ambitions.

Options considered

The Preferred Way Forward within the SOC as Option 2: refurbish / rebuild and right-size residential accommodation to meet national best practice standards seeks funding through Welsh Government capital. These assumptions will be evaluated further through the FBC following discussions with Welsh Government and in consultation with local RSL's (Registered Social Landlords)

The timeline to complete the FBC and deliver an agreed model of accommodation improvements will result in a continued commitment for short-term annual capital investment. The allocation for 2020/21 sees the delivery of a small programme of investment on the Ysbyty Glan Clwyd site only (c. £150k). Additionally, the decision has been made to improve the quality of accommodation including internal fixtures and fittings on a short-term basis by ring fencing 30% of current rental income (£285k) for annual reinvestment and improvement.

Financial Implications

The financial implication of the residential accommodation - strategic outline case are detailed within the attached report and supporting document.

Risk Analysis

Major risks associated with this report are summarised as follows :-

Residential accommodation has significant risks in regards to backlog maintenance and compliance.

The Health Board's accommodation does not comply with the BMA Minimum Standards for Hospital Accommodation.

The Health Board's accommodation does not support the recruitment and retention strategy in regards to workforce planning.

The proposals contained within this report seek to lower the current risk score, which is recorded on the Health Board register.

Legal and Compliance

Failure to comply with Health and Safety legislation could leave the Health Board exposed to enforcement action and litigation.

Impact Assessment

The Residential Accommodation – Strategic Outline Case incorporates a completed EIQA

Attachments

Appendix 1 - Residential Accommodation – Strategic Outline Case

Betsi Cadwaladr University Health Board

Residential Accommodation Strategic Outline Case

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STRATEGIC ASSESSMENT

Residential accommodation refers to rooms, flats, housing and facilities provided by BCUHB for staff or students who are employed by or on placement at the Health Board. This currently includes doctors in training, medical students, on-call doctors and locums as well as allied-to-medicine staff and students.

BCUHB commissioned an Options Appraisal in Autumn 2017 to identify and assess at high level the long-term investment options for residential accommodation together with potential alternative funding models. Presented to the Board in February 2018, this concluded that the existing portfolio of residential accommodation is unsustainable in its current state. It is not compliant with Welsh Government or British Medical Association (BMA) standards for such accommodation. Much of the accommodation is not able to comply with standards because of the limitations of the existing building configuration. Backlog maintenance is high, and buildings fall well short of modern standards for efficiency and reduced impact on the environment. Poor quality accommodation is also hindering the Health Board's ability to recruit and retain staff.

The Board accepted this assessment and endorsed the recommendation of the Option Appraisal to develop a business case to examine the preferred way forward of an alternative delivery model for residential accommodation in more detail. Residential accommodation has subsequently been identified as a priority area for investment in BCUHB's Estates Strategy.

This Strategic Outline Case is the next step in the process of identifying the best way forward for providing high-quality residential accommodation at BCUHB, supporting the recruitment and retention of staff and delivery of the Health Board's Living Healthier, Staying Well strategy.

It examines the proposals from the traditional five perspectives, in line with Welsh Government's Better Business Cases guidance:

- **The strategic case:** which explores the context, case for change and strategic drivers for the project;
- **The economic case:** which describes the process for identifying and appraising options and presents the preferred option;
- **The commercial case:** which explores the procurement process and high-level commercial considerations;
- **The financial case:** which examines the financial affordability of the preferred option; and
- **The project management case:** which examines deliverability, describes governance arrangements, and outlines the proposed project timeline.

EXECUTIVE SUMMARY

This report presents a Strategic Outline Case for the future provision of residential accommodation at Betsi Cadwaladr Health University Health Board ('the Health Board' or 'BCUHB').

Residential accommodation refers to rooms, flats, housing and facilities provided by BCUHB for staff or students who are employed by or on placement at the Health Board. This currently includes doctors in training, medical students, on-call doctors and locums as well as allied-to-medicine staff and students.

The Health Board's existing portfolio of residential accommodation is in a poor state of repair and requires significant levels of investment to redevelop the estate to make it fit-for-purpose.

There are four key drivers for change:

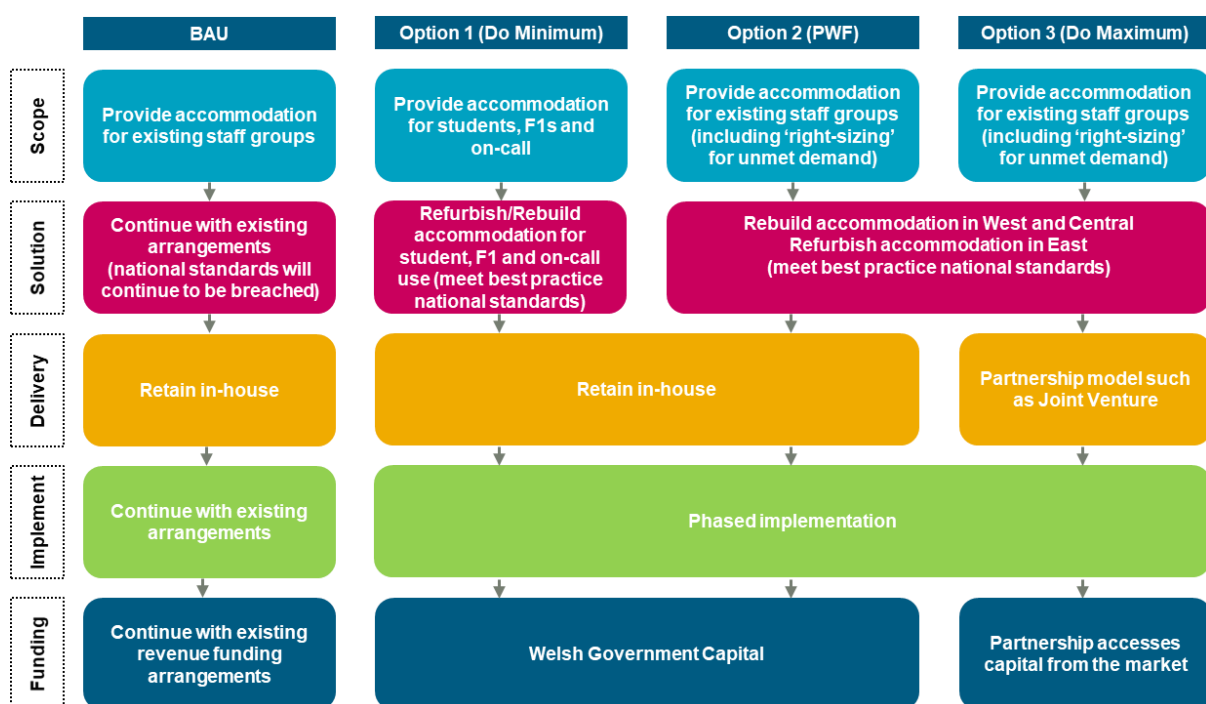
- 1) The estate is not compliant with national standards for residential accommodation. Furthermore, the building configuration of some of the existing stock means that required ratios of occupants to toilet, shower, living and dining room facilities cannot be met.
- 2) The estate is failing to deliver modern, energy efficient and fit-for-purpose facilities and backlog maintenance is high. The accommodation has therefore been identified as a key area of risk for the Health Board and is one of its priority areas for investment over the coming three years.
- 3) The estate is failing to support the Health Board's objectives in relation to attracting and retaining high quality staff. A residential accommodation user survey at the Health Board has confirmed that the accommodation is viewed in a very poor light, and that this is a potential disincentive in staff coming to work in the area.
- 4) Current capacity is not well aligned to demand, in terms of both the amount and type of capacity.

Given these strategic drivers, BCUHB's Board has concluded that the current state of residential accommodation is unsustainable, and that Business as Usual is not an option. It is therefore exploring options for securing investment to redevelop the estate. With this aim a Residential Accommodation Estates Working Group was established, which agreed the following spending objectives:

Key dimension	Spending objective	Measures
Effectiveness	1. Improve resident satisfaction and support recruitment and retention through providing good quality residential accommodation.	<ul style="list-style-type: none">• Improved resident satisfaction.• Reduced number of resident complaints.
Efficiency	2. Achieve modern, energy-efficient, fit-for-purpose facilities.	<ul style="list-style-type: none">• Reduced utility costs per sq m.• Reduced CO2 emissions.• Compliance with Welsh Government best practice standards.• Reduced backlog maintenance.• Reduced maintenance costs.
Economy	The Working Group agreed that economy is not the most effective measure for the project, preferring instead to make an assessment based on overall value	

	for money. This is therefore encapsulated within the Critical Success Factors and is assessed as part of the Economic Appraisal.	
Compliance	3. Fully comply with Welsh Government best practice standards for residential accommodation.	<ul style="list-style-type: none"> Internal / external audit against standards.
Avert service failure	4. Ensure sufficient capacity, flexibility in capacity and resilience to meet demand for accommodation from in-scope applicants.	<ul style="list-style-type: none"> Number/percentage of rejected applications. Number/percentage of rooms out of use.

The Working Group used Welsh Government's Options Framework to develop and appraise a long list of options against the spending objectives and critical success factors. The outcome was an agreed shortlist of options as follows:



An economic appraisal of the shortlisted options over a 60-year appraisal period, incorporating quantified benefits and risks, has **identified the Preferred Way Forward as Option 2: Refurbish / rebuild and right-size residential accommodation to meet national best practice standards through Welsh Government capital** (see summary overleaf). The Preferred Way Forward will require c.£55.8m of initial capital investment and an equivalent investment in lifecycle costs over the appraisal period. It will deliver an annual surplus of c.£2.2m and total quantified benefits of c.£79.8m over 60 years. It has the lowest Net Present Cost and most favourable Benefit Cost Ratio of the Do Something options. However, the analysis shows the ranking of options is sensitive to changes in key variables.

Delivering the Preferred Way Forward will require capital funding from Welsh Government of c.£55.8m. From a revenue perspective it will generate an increased surplus of c.£1.2m compared with Business as Usual.

Construction design and development will be procured using either a framework such as Design for Life or a full OJEU process. The specific procurement route will be determined as part of the development of the OBC.

Project governance arrangements are in place, and the draft project timeline anticipates business case and procurement processes running over the next 18 months with final approval of an FBC by Summer 2021.

Cost (£'000)	BAU - Maintain business as usual	Option 1: Refurbish/ rebuild accommodation for student, F1 and on-call use through Welsh Government capital	Option 2: Refurbish/ rebuild and right-size all accommodation to meet national standards through Welsh Government capital	Option 3: Refurbish/ rebuild and right-size all accommodation to meet national standards through a partnership model
Initial capital requirements	5,833	24,568	55,811	0
Lifecycle capital requirements	5,833	24,568	55,811	0
Total capital investment (excl. VAT)	11,667	49,137	111,622	0
One-off revenue costs	0	0	0	1,000
Annual recurring revenue costs / (surplus) including benefits	-989	-295	-2,161	528
Quantified benefits	0	-31,662	-79,781	0
Expected risk value	70,350	6,844	19,134	38,220
Undiscounted net present cost / (surplus) (NPC)	21,688	37,310	136	69,929
Discounted total costs	11,967	41,981	62,473	30,616
Discounted total benefits	0	-13,859	-34,922	0
Discounted net present cost / (surplus) (NPC)	11,967	28,122	27,551	30,616
Rank	1	3	2	4
Benefit Cost Ratio (BCR)	0.00%	-33.01%	-55.90%	0.00%
Rank	3	2	1	3

1 STRATEGIC CASE

1.1 Introduction

1.1.1 This section explores the context, case for change and strategic drivers for the project.

1.2 Organisational overview

1.2.1 Betsi Cadwaladr University Health Board (BCUHB) provides a full range of primary, community, acute and mental health services for a population of approximately 700,000 across North Wales and some parts of North Powys. BCUHB is responsible for the operation of over 90 health centres, clinics, community health team bases and mental health units, 19 community hospitals and 3 acute hospitals.

1.2.2 BCUHB employs 16,500 staff and has an annual revenue budget of approximately £1.45 billion.

1.3 Business strategy and aims

1.3.1 An analysis of BCUHB's business strategy and aims related to this project identifies that residential accommodation is one of the Health Board's priority areas for estates investment over the next three years and is crucial to the delivery of its Living Healthier; Staying Well strategy, particularly in relation to recruiting and retaining high-calibre staff. The analysis highlights the importance of:

- Meeting Welsh Government and BMA standards for residential accommodation;
- Delivering high quality, sustainable services through attracting workers to the region, investing in them, and keeping them;
- Planning and managing the Health Board's estate to provide fit for purpose facilities that are financially sustainable;
- As the largest employer in the region, operating as an 'exemplar' for looking after its staff well; and
- Working in partnership across the public and third sector to improve health and wellbeing, develop stronger communities, generate sustainable economic development and reduce inequalities in North Wales.

1.3.2 Further details are provided in Figure 1-1.

Figure 1-1 BCUHB strategic drivers for residential accommodation

Document	Implications for this business case
BCUHB Estates Strategy 2019-22 (2019)	<ul style="list-style-type: none">• The Estates Strategy assesses the state of BCUHB's estate and sets out investment requirements over a 15+ years planning horizon and priorities and implementation plans for the next three years.• The Strategy sets these proposals for residential accommodation within a broader estates investment context, identifying a total investment requirement over 15+ years of £838m to maintain the current estate and £1,252m to provide fit-for-purpose estate to deliver BCUHB's Living Healthier, Staying Well strategy (see below).

	<ul style="list-style-type: none"> The Estates Strategy identifies residential accommodation as one of the Health Board's key areas of challenge/risk from an estates perspective, and as one of its investment priorities for the next three years.
BCUHB Strategy – Living Healthier, Staying Well (2019)	<ul style="list-style-type: none"> Three foundational principles in the strategy are to 'promote equality and human rights', 'work together with local authorities, other services, organisations and charities' and 'use our resources wisely (finances, buildings and staff)'. The proposals in this business case support each of these key principles: they promote equality (as evidenced by the Equality Impact Assessment – Appendix B), they seek to foster improved collaboration and partnerships, and they enable better use of financial resources through fit for purpose, efficient facilities.
North Wales Social Care and Community Health Workforce Strategy (2018)	<ul style="list-style-type: none"> The strategy acknowledges the economic importance of the health and care workforce in North Wales and the strategic importance to BCUHB of 'planning for and attracting the staff we need to deliver services now and in the future'. The user survey carried out as part of the development of this business case has identified that the quality of residential accommodation is an important factor for many health professionals in deciding where to work. This business case therefore supports the strong need to attract health professionals to North Wales.
A Growth Deal for North Wales (2018)	<ul style="list-style-type: none"> One of the key ambitions of the Growth Deal is to develop a 'Resilient North Wales' through 'retaining young people, raising employment levels and improving skills to achieve inclusive growth'. This business case aims to support the retention of Welsh workers in Wales through providing attractive accommodation that meets their needs. There is an array 'spin off' benefits associated with the proposals, including the fact that retaining well-paid staff in the region will support and stimulate the North Wales economy.
Property Collaboration Toolkit (2018) – Welsh Government / CIPFA	<ul style="list-style-type: none"> Builds on the principles in the Well-being of Future Generations (Wales) Act (2015). Actively encourages collaboration, in particular between public and third sector partners, so as to deliver the key objectives of the Act.
BCUHB Annual Operating Plan (2017-18)	<ul style="list-style-type: none"> The operating plan acknowledges and seeks to address BCUHB's challenges with regards its position under special measures. Financially the Health Board has been running at a deficit of c.£30m. In view of its current substantial overspend the BCUHB needs to manage its estate and facilities in a way that is financially affordable and sustainable. Whilst there are immediate financial pressures on the Health Board, short term 'savings' in the form of a lack of investment in residential accommodation will not deliver a sustainable solution over the medium to longer term – which the Board is aiming towards as it seeks to return to developing an IMTP and implementing its long term strategy, Living Healthier, Staying Well.

	<ul style="list-style-type: none"> The plan references BCUHB's Recruitment and Retention Strategy, acknowledging that 'there are substantial areas of shortage and risk within a number of staff groups which is a significant challenge for the Health Board and across NHS Wales'. Meanwhile the plan states that key strands of the Health Board's estates strategy include reducing backlog maintenance, ensuring fitness for purpose of its estate and managing risk effectively. The proposals in this business case are very well aligned with these objectives – they will deliver long term financial sustainability through fit-for-purpose estate that supports recruitment and retention.
BCUHB Annual Report (2017)	<ul style="list-style-type: none"> One of BCUHB's strategic objectives is to 'support, train and develop our staff to excel' and one of its identified key risks is 'failure to sustain an engaged and effective workforce'. This business case supports this objective because it addresses an area where the Health Board is not currently supporting its staff well or creating an environment where they can truly thrive. As evidenced by the user survey carried out as part of this work, residential accommodation is viewed in a very poor light and is therefore not supporting BCUHB's vision for recruiting and retaining high calibre staff and supporting and motivating them to excel.
Well North Wales Annual Report (2016-17)	<ul style="list-style-type: none"> The report states that 'housing conditions are acknowledged as a key issue in improving health and well-being'.
A Growth Vision for North Wales (2016)	<ul style="list-style-type: none"> This document presents a 'single, joined-up vision for economic and employment growth for North Wales' that can 'only be achieved through collaboration and partnership working' and a 'Team North Wales' approach. One of the key aims behind the vision is to support and retain young people in the region's communities. Retention of Welsh trained workers in Wales is also a key strategic aim behind this business case.
Junior Doctor Review Group Audit Report April (2012)	<ul style="list-style-type: none"> This audit (carried out in 2011 and reported 2012) found that the Health Board was failing against various requirements of the Welsh Government and BMA standards for residential accommodation. BCUHB noted that some of these failings had major structural reconfiguration implications requiring major capital investment (specifically the failure to meet required ratios for occupants to kitchen, dining, living and bathroom facilities). Minimal investment has been made in the accommodation since this audit, meaning the configuration issues remain.

1.4 Other relevant strategies

- 1.4.1 The proposals in this business case are also well aligned with the national strategic environment, as summarised in Figure 1-2.

Figure 1-2 National strategic drivers for residential accommodation

Document	Implications for this business case
A Healthier Wales: Our Plan for Health and Social Care (2018)	<ul style="list-style-type: none"> The Plan includes specific actions to 'align recruitment across sectors and with partners to attract talented people to train work and live in Wales' and to 'make NHS Wales an exemplar employer on wellbeing at work', both to be accomplished by 2019. As established by the user survey that supports this business case, the quality of residential accommodation is an important factor in where health professionals choose to locate themselves. The poor quality of accommodation at BCUHB is therefore currently working against rather than supporting the policy objective to attract talented workers to Wales. Meanwhile, current residential accommodation at BCUHB falls well short of the aspiration for NHS Wales to be an 'exemplar employer' with regards the wellbeing of its staff – as staff experience of the accommodation is currently very poor, and it is failing to meet even some of the most basic reasonable expectations for accommodation, such as – in some instances – double glazing.
BMA Minimum Standards for Hospital Accommodation (BMA website – updated 2016)	<ul style="list-style-type: none"> The Welsh Government standards for residential accommodation (see above) mirror the BMA standards. As described above, BCUHB is currently failing against the standards, and the user survey carried out as part of this business case indicates that this position is very damaging for the Health Board reputationally among the medical workforce.
Well-being of Future Generations (Wales) Act (2015)	<ul style="list-style-type: none"> At the heart of the act is delivering long term, sustainable benefits for the people of Wales. The proposals in this business case are focused on exactly this – moving from a 'sticking plaster' approach to a long-term solution that is economically, politically and environmentally sustainable. The Acts stresses environmental sustainability. The new buildings and renovations proposed in this business case will deliver much higher standards of energy efficiency than the existing facilities and will therefore significantly reduce the impact on the environment.
NHS Wales Workforce: Key Themes and Trends (2014)	<ul style="list-style-type: none"> Wales has a net outflow of workers and there are recruitment shortfalls in a number of professions and specialties. In response to these challenges the Welsh Government has a set out clearly the strategic importance it places on recruitment and retention of high-quality NHS staff. It has also made clear that it wants medical students to be trained in Wales and become qualified doctors residing and serving the population of Wales. High quality, affordable accommodation is one factor that can help enable these ambitions.
Welsh Government Standards for	<ul style="list-style-type: none"> The national standards for residential accommodation were last reviewed and updated in 2011 and remain in force.

Residential Accommodation (2011)	<ul style="list-style-type: none"> Health Boards in Wales are obligated to meet the essential requirements and to at least be working towards best practice standards. BCUHB is currently failing against most of the best practice standards and many of the essential standards – including with regards ratios of occupants to kitchen, dining, living and bathroom facilities.
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1.5 Spending objectives

1.5.1 The Health Board established a Residential Accommodation Working Group to identify and appraise the range of options available. The group agreed a set of spending objectives for the project as shown in Figure 1-3.

Figure 1-3 Spending objectives

Key dimension	Spending objective	Measures
Effectiveness	1. Improve resident satisfaction and support recruitment and retention through providing good quality residential accommodation.	<ul style="list-style-type: none"> Improved resident satisfaction. Reduced number of resident complaints.
Efficiency	2. Achieve modern, energy-efficient, fit-for-purpose facilities.	<ul style="list-style-type: none"> Reduced utility costs per sq m. Reduced CO2 emissions. Compliance with Welsh Government best practice standards. Reduced backlog maintenance. Reduced maintenance costs.
Economy	The Working Group agreed that economy is not the most effective measure for the project, preferring instead to make an assessment based on overall value for money. This is therefore encapsulated within the Critical Success Factors and is assessed as part of the Economic Appraisal.	
Compliance	3. Fully comply with Welsh Government best practice standards for residential accommodation.	<ul style="list-style-type: none"> Internal / external audit against standards.
Avert service failure	4. Ensure sufficient capacity, flexibility in capacity and resilience to meet demand for accommodation from in-scope applicants.	<ul style="list-style-type: none"> Number/percentage of rejected applications. Number/percentage of rooms out of use.

1.6 Existing arrangements

1.6.1 BCUHB currently provides residential accommodation for a wide range of staff groups including:

- Medical students on placement;
- Junior doctors in training;
- Students and staff allied to health;
- On-call doctors;
- Locums;
- Foreign recruitment;
- Staff requiring accommodation due to personal reasons e.g. working unaccompanied due to family living out of area; and
- Other clinical or medical staff funded by departments.

1.6.2 Applications for accommodation are made either directly to the Health Board or via agencies. BCUHB employs two Accommodation Managers who are responsible for allocating all types of accommodation to staff where available, in accordance with the Health Board's accommodation policies, ensuring that short-hold tenancy agreements are issued to all residents. They also manage all aspects of the accommodation including (but not limited to) keeping track of income and expenditure, liaising with finance with regards to invoices, liaising with appropriate departments to report maintenance requirements, keeping inventories, procuring fixtures and fittings, managing day to day issues and keeping appropriate records.

Capacity

1.6.3 BCUHB currently provides residential accommodation on four of its sites across three areas:

- West (Bangor Ysbyty Gwynedd Hospital);
- Central (Glan Clwyd Hospital and Abergelwydd Hospital); and
- East (Wrexham Maelor Hospital).

1.6.4 As shown in Figure 1-4, at full capacity 731 residents can currently be accommodated within 549 residential accommodation units. The units predominantly comprise single rooms, with some double rooms and 2/3 bed flats/houses. Also included in these figures are 18 units (25 bedrooms) that are currently not in use, as they are not fit for purpose.

Figure 1-4 Current residential accommodation capacity

	West		Central		East		Total	
	Units	Bedrooms	Units	Bedrooms	Units	Bedrooms	Units	Bedrooms
Single	167	167	127	127	126	126	420	420
Double	6	6	3	3	14	14	23	23
2 Bed	3	6	24	48	3	6	30	60
3 Bed	20	60	30	90	26	78	76	228
Total	196	239	184	268	169	224	549	731

1.6.5 The current value of the Health Board's residential accommodation estate is around £21m in total, based on District Valuer valuation, as presented in Figure 1-5.

Figure 1-5 Net book value of residential estate (land and buildings) (£000)

Net book value of residential accommodation (land and buildings)				
	West	Central	East	Total
Net book value	£5.6m	£5.4m	£10.4m	£21.4m

Condition of estate

1.6.6 Most of BCUHB's residential accommodation was designed and constructed in the 1970s and is now in very poor condition. This is evidenced by:

- High levels of backlog maintenance (estimated at £5.8m across the three sites to achieve condition B);
- The outcome of the Junior Doctors Review Group (JDRG) audit of all BCUHB residential accommodation carried out in February 2011 and accompanying report (April 2012);
- BCUHB's own Accommodation Review Report (2013); and
- Subsequent ad hoc internal condition reviews of accommodation carried out by the accommodation managers.

1.6.7 There are certain elements of the Welsh Government 2011 Standards for Hospital Residential Accommodation **that BCUHB cannot currently meet and will not be able to meet within the constraints of the current building configurations**; most notably the requirement for toilet and shower facilities to be provided in the ratio of one for every two occupants, and living/dining facilities in the ratio of one for every four occupants. Figure 1-6 summarises the position against Welsh Government

Essential Standards. Compliance is even lower against Best Practice Standards (which include the provision of en suite facilities) as shown in Figure 1-7.

Figure 1-6 Compliance of estate with required ratios of occupants to facilities – FY16-17 (WG Essential Standards)

	West			Central			East		
	All	Compliant	%	All	Compliant	%	All	Compliant	%
Units	196	15	8%	184	99	53%	169	33	20%
Bedrooms	239	18	8%	268	123	46%	224	36	16%

Figure 1-7 Compliance of estate with en suite requirements – FY16-17 (WG Best Practice Standards)

	West			Central			East		
	All	Compliant	%	All	Compliant	%	All	Compliant	%
Units	196	6	3%	184	57	31%	169	14	8%
Bedrooms	239	6	3%	268	57	21%	224	14	6%

Demand

1.6.8 Demand for residential accommodation at the Health Board falls within the following categories:

- **Foundation Year 1 doctors in training** – BCUHB is obligated under Welsh Government policy to provide free residential accommodation for this cohort;
- **Students** – Students receive accommodation free of charge although BCUHB receives revenue funding from the universities in lieu of this;
- **On-call doctors** – Accommodation is provided for doctors who live outside of the required geographical boundaries for response times; and
- **Other groups** – Accommodation is provided, typically on a rent-paying basis, to other staff groups including foundation year 2 doctors, locums, foreign recruitment and others.

1.6.9 Figure 1-8 summarises current met demand for accommodation (FY17-18). This reflects the number of residents who were accommodated for an individual stay (stays can range from a few days through to a whole year).

Figure 1-8 Met demand for residential accommodation by group (FY17-18)

Group	West	Central	East	Total
Students	623	667	511	1,801
Foundation Y1	23	23	24	70
Foundation Y2	25	25	25	75
Other staff	258	277	140	675
On Call	244	310	71	625
Total	1,173	1,302	771	3,246

1.6.10 However, current demand for accommodation is outstripping capacity. Figure 1-9 below shows combined met and unmet demand for accommodation. Unmet demand accounts to requests for stays which BCUHB has to turn down due to lack of capacity. In 2017-18 it amounted to 209 requests in West, 486 in Central and 188 in East, a total of 883. This unmet demand is largely going out into the private sector. In some instances, BCUHB is effectively paying for accommodation for these workers, via increased rates for agency staff.

Figure 1-9 Combined met and unmet demand for residential accommodation by group (FY17-18)

Group	West	Central	East	Total
Students	623	667	511	1,801
Foundation Y1	23	23	24	70
Foundation Y2	25	25	25	75
Other staff	467	763	328	1,558
On Call	244	310	71	625
Total	1,382	1,788	959	4,129

1.6.11 In addition, as noted above, BCUHB is not currently able to accommodate all residents who apply for its accommodation (unmet demand) due to the required type of accommodation not always being available for the requested time period. Furthermore, BCUHB believes that some hospital staff who have opted to rent in the private sector could be attracted to stay in Health Board residential accommodation should the accommodation meets their needs at a competitive price.

Income

- 1.6.12 Charges for accommodation vary depending on the type and standard of accommodation provided. Charges can either be inclusive or exclusive of utilities.
- 1.6.13 As per Welsh Government policy, all Foundation Year One Junior Doctors receive free single accommodation. This has been the case for several years in order to aid recruitment. The residences budget does not receive any income in lieu of this.
- 1.6.14 Similarly, all medical students receive free accommodation for the duration of their stay, although the Health Board receives SIFT infrastructure (revenue) funding from the universities in lieu of this to which the residences department can submit bids for replacement items etc. Students allied to medicine are exempt from this clause and therefore pay fully for their accommodation.
- 1.6.15 Medical staff / staff allied to medicine who are on call reside in their own private accommodation although if they reside outside the driving time / response time boundaries for on call they may apply for an on-call room. Under Welsh Government policy all on call rooms are deemed free of charge.
- 1.6.16 All residents who are on the BCUHB payroll have rental charges deducted from their salary. All residents not on the payroll, for example locums, have rental charges invoiced to their agency or university.
- 1.6.17 Rental charges for accommodation rise annually as recommended by the Finance Department. The Accommodation Manager reports that rental charges for some of the Health Board's accommodation are very close to and in a few cases more expensive than properties available within the private sector. Based on verbal feedback from potential residents, some are opting for private sector accommodation because they find this better value in terms of the level of rent relative to the standard of accommodation.
- 1.6.18 Current annual Health Board income from residential accommodation is approximately £2.1m, which includes £0.8m of SIFT infrastructure (revenue) funding and £0.1m income from universities received in lieu of provision of accommodation for students.

Costs

- 1.6.19 Baseline costs are outlined in the economic case.

1.7 Business needs – the case for change

Strategic drivers

- 1.7.1 There are four key drivers for change, which map directly to the four agreed spending objectives for the project as follows:
- 1.7.2 Firstly, **the residential accommodation estate is for the most part in poor condition** (spending objective 1) and is also **not compliant with national standards** (spending objective 3). This Board has accepted that this is an unsustainable position. In addition, the building configuration of some of the existing stock means that required ratios of occupants to toilet, shower, living and dining room facilities cannot be met.
- 1.7.3 Secondly, the current state is **not delivering modern, energy efficient and fit-for-purpose facilities** (spending objective 2) and backlog maintenance is high. Residential accommodation has been identified as a priority for investment in the Health Board's estates strategy, which seeks to deliver modern, fit-for-purpose,

sustainable facilities that support delivery of the Health Board's Living Healthier, Staying Well strategy.

1.7.4 Thirdly, the current state is **failing to support the Health Board's objectives in relation to recruitment and retention** (spending objective 1) as set out in its 2017-18 Annual Operating Plan. High quality, affordable accommodation plays an important role in aiding the recruitment and retention of quality staff. Meanwhile poor standards of accommodation along with unbalanced rental charges have the potential to disincentivise staff from wanting to work within the BCUHB area.

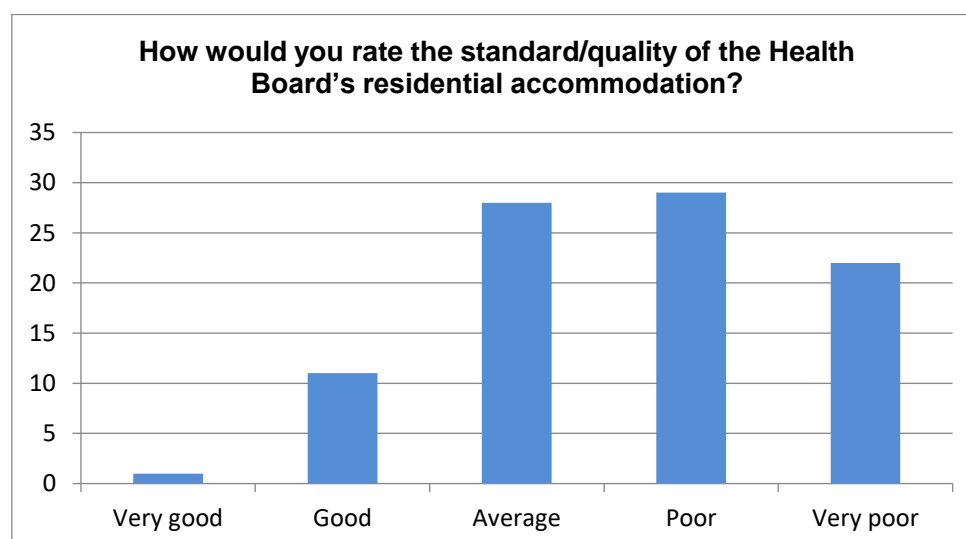
1.7.5 Fourthly, **current capacity is not well aligned to demand**, either in terms of the level or type of demand. This is resulting in a proportion of demand going out into the private sector. In some instances, BCUHB is paying for this accommodation. BCUHB may decide as part of this process that it does not wish to provide accommodation for all potential demand, that it wishes to retain the status quo, or that it wishes to accommodate currently unmet demand. Following a decision on this, it will then need to ensure that capacity is right-sized for the anticipated level and type of in-scope demand. This is not currently the case.

Residential accommodation user survey

1.7.6 To gain a better understanding of residents' current experience of the accommodation, and to identify the key areas for improvement, the Working Group developed and ran an online survey in May 2018. Summary results are provided below, with detailed analysis contained in Appendix A.

1.7.7 Figure 1-11 shows that 51 out of 91 respondents (56%) rated the standard/quality of the Health Board's as 'poor' or 'very poor'. A further 28 respondents (31%) rated it as average. On balance, the standard of the accommodation on offer is therefore considered to be poor.

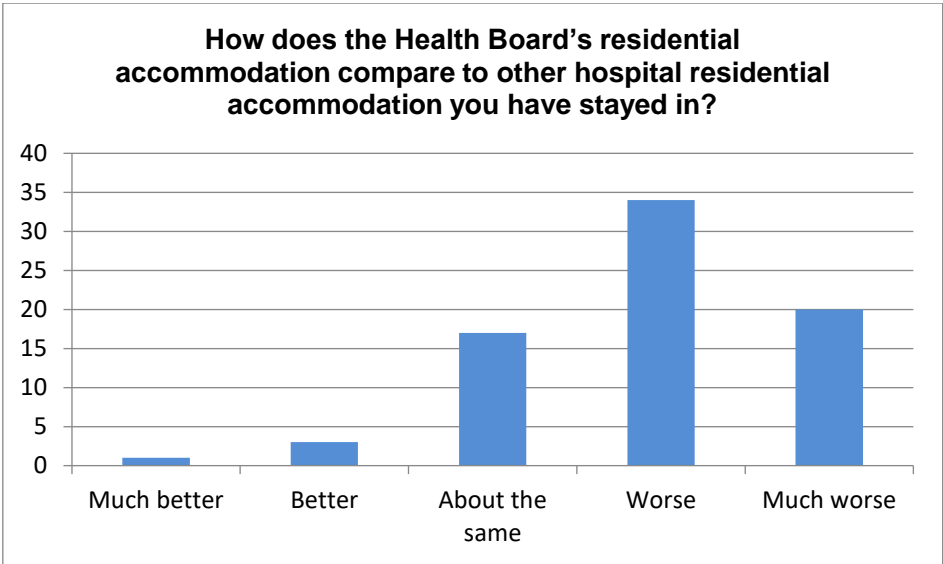
Figure 1-11 User rating of standard of Health Board accommodation



1.7.8 54 out of 91 respondents (59%) considered the Health Board's accommodation to be 'worse' or 'much worse' than other hospital accommodation they have stayed in (Figure 1-12). This is impacting on the BCUHB's reputation in comparison with NHS

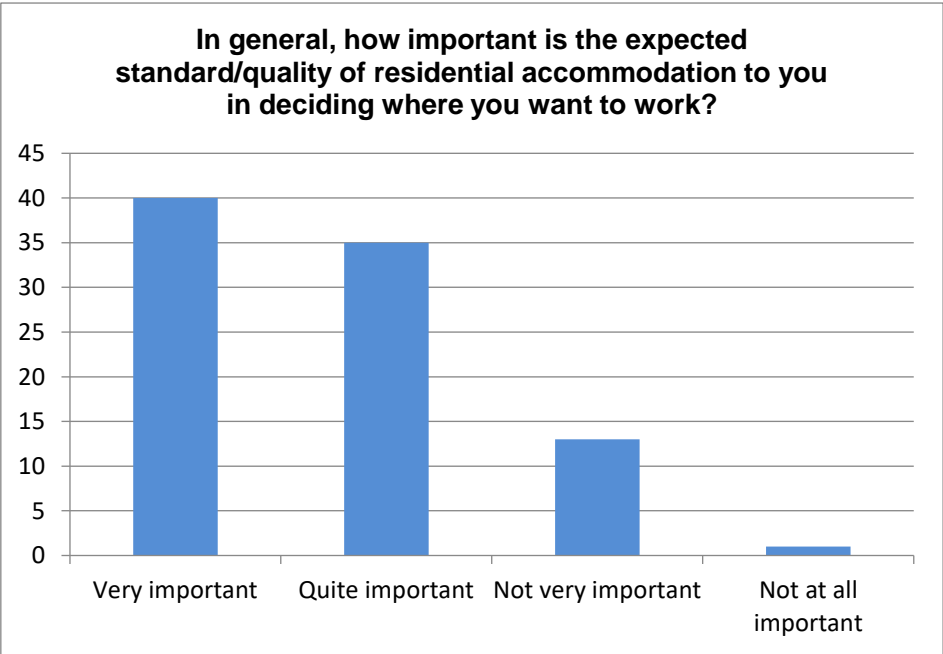
employers in other parts of the UK and is most likely contributing to recruitment and retention challenges.

Figure 1-12 User comparison of BCUHB accommodation to other Health Boards



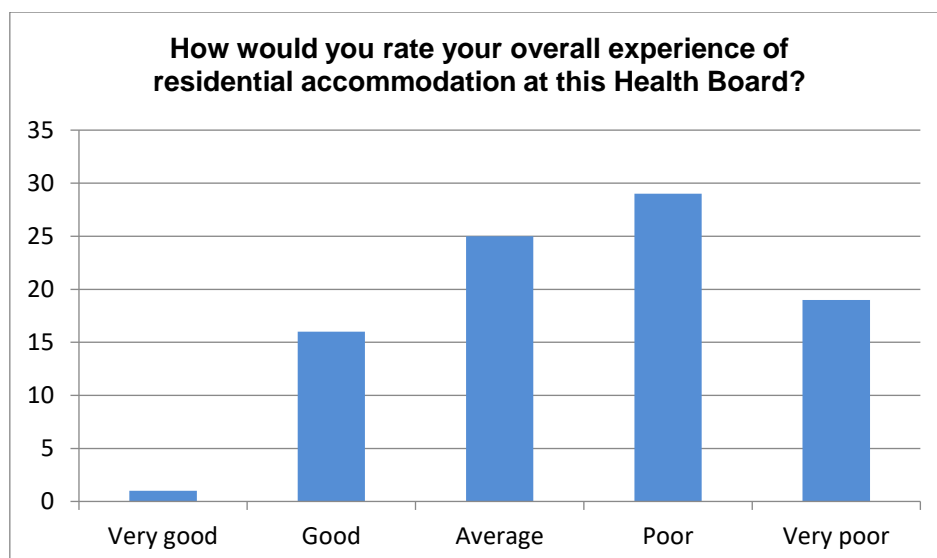
1.7.9 This is reinforced by Figure 1-13, which shows that 75 out of 89 respondents (84%) said that the expected standard/quality of accommodation is 'very important' or 'quite important' in deciding where they want to work.

Figure 1-13 User assessment of importance of standard of residential accommodation



- 1.7.10 Overall user experience of residential accommodation at the Health Board is on balance poor, as shown in Figure 1-14, whereby only 16 out of 90 respondents (18%) rated their experience as 'good', and only one as 'very good'.

Figure 1-14 User rating of overall satisfaction with BCUHB accommodation



- 1.7.11 Comments from users in their responses to the survey further highlight the inadequacies and risks associated with the current provision of residential accommodation at BCUHB. Examples include:

"Hospital accommodation is a shocking embarrassment. Management should reflect on what this says about their attitude towards doctors, and the knock-on effect on healthcare."

"Accommodation for healthcare professionals extremely poor and demoralising."

"Ysbyty Gwynedd accommodation is outdated, shabby, noisy, too hot, lacks en suite facilities and is a major disincentive to doctors thinking of coming here to work. I think serious investment is required and that some of this expense may be recouped by improved recruitment rates."

"Get rid of the lot and rebuild – mouldy, dirty, poorly maintained."

- 1.7.12 In light of the strategic drivers, together with the evidence provided by the user survey, there is a clear case for the Health Board exploring alternative options regarding the scope, provision and financing of its residential accommodation. **This case for change has been accepted by the Board when it was presented with an Option Appraisal in February 2018.**
- 1.7.13 Figure 1-15 summarises the challenges associated with the current state, against the identified spending objectives for the project.

Figure 1-15 Problems with the current state

Spending objective	Problems with the current state
SO1: Improve resident satisfaction and support recruitment and retention through providing good quality residential accommodation.	<ul style="list-style-type: none"> • Most the Health Board's residential accommodation was built in the 1960/70s and is now in overall poor condition. • Backlog maintenance is high and the continued lack of investment in the stock means condition will only deteriorate further – an issue that at some point the Health Board is going to have to address. • In the meantime, repairs and maintenance requirements and costs are continuing to increase. • The accommodated is rated very poorly by current and recent residents and other staff and is considered of poorer quality than other hospital accommodation they have stayed in – therefore leading to a knock-on negative impact on BCUHB's reputation among existing and prospective clinical colleagues. • Good quality accommodation is an important factor in attracting and retaining staff – as emphasised by our user survey which found that 84% of respondents view the quality of accommodation as an 'important' or 'very important' consideration regarding where they choose to locate themselves. • Residential accommodation is therefore not currently supporting and contributing to the Health Board and Welsh Government's strategic objectives with regards training and keeping high quality staff in Wales. • This is having and will increasingly have a negative impact on the Health Board's ability to deliver high quality, sustainable services. • It will also have a knock-on impact on the North Wales economy – since retaining professional staff in the area contributes to the wider economic prosperity of the region. • BCUHB is the largest employer in the region and should be leading the way in attracting and retaining the best talent, for the good of both the Health Board and population in general. It should also endeavour to be an 'exemplar' employer – setting the right standards for looking after its staff. The current accommodation is unfortunately sending out all the wrong messages about BCUHB as the largest employer and a key influencer in the region.
SO2: Achieve modern, energy-efficient, fit-for-purpose facilities.	<ul style="list-style-type: none"> • The current design and build of residential accommodation does not conform with modern standards and is not fit-for-purpose in terms of quality, energy efficiency or environmental sustainability. • This is out of line with BCUHB's Estates Strategy and Welsh Government standards for quality and sustainability as set out in a variety of policy and strategic documents, including the Wellbeing of Future Generations Act. • Inefficient buildings are costing the Health Board more to run in terms of energy and utilities costs. • Older buildings mean the Health Board will increasingly have to put in place mitigation measures to ensure that Health and Safety requirements continue to be met in the context of an evolving policy environment.
SO3: Fully comply with Welsh Government and	<ul style="list-style-type: none"> • Most of the accommodation does not conform with the required ratios for occupants to bathroom, kitchen and dining facilities. The limitations of the configuration of the buildings means that most of the

BMA best practice standards for residential accommodation.	<p>accommodation simply cannot meet the ratio requirements as set out in the national standards.</p> <ul style="list-style-type: none"> • The general state of decoration and repair is below that required by the standards. • Other best practice standards – for example with regards individual temperature controls in rooms and soundproofing – are not being met.
SO4: Ensure sufficient capacity, reliability and resilience to meet demand for accommodation from in-scope applicants.	<ul style="list-style-type: none"> • Demand for accommodation is currently outstripping supply, and capacity is also not well aligned to the type of demand e.g. the increasing trend towards demand for single rooms as opposed to shared accommodation. • This is resulting in demand being pushed into the private sector. In some cases, this is leading to BCUHB having to pay for accommodation in hotels, and in other cases is resulting in loss of potential income. • The Heath Board therefore needs to ensure it has the right level and type of capacity both now and in the future to accommodate the staff groups it wishes to provide for beyond the statutory requirement of free accommodation for F1 doctors in training.

1.7.14 The analysis confirms that Business as Usual is not delivering – and indeed cannot deliver – against the specified spending objectives for the project and is poorly aligned with the strategic environment. It therefore represents an unsustainable and unjustifiable position for the Health Board. There is a compelling case for BCUHB pursuing an alternative model for the provision and financing of its residential accommodation in order to secure modern, attractive and sustainable facilities in support of national and local objectives.

1.8 Potential scope and service requirements

1.8.1 The proposed service development is to introduce a new solution for the provision and funding of BCUHB's residential accommodation. An outline set of service requirements is presented in Figure 1-16.

Figure 1-16 Service requirements

Ref.	Service requirement
1.	Scope
1.1	Free accommodation must be provided for all Foundation Year One doctors in training.
1.2	<p>Accommodation must also be available for BCUHB staff and students in line with demand (even if not directly provided by the Health Board) including the following groups:</p> <ul style="list-style-type: none"> • Medical students; • On-call doctors who live outside of geographical/response limits; • Foundation Year Two doctors in training; • Locums; • Visitors; and

	<ul style="list-style-type: none"> Other staff groups in line with demand and alignment with BCUHB priorities for recruitment and retention.
1.3	Accommodation may be provided for non BCUHB key workers (where capacity is available and not required for BCUHB staff and students).
1.4	Accommodation must be available within close proximity to hospital sites (but not necessarily on site).
2.	Quality and standards
2.1	The available accommodation must meet all legal obligations, including those set out in the Housing Act (2004) and Welsh Statutory Instruments 1713 and 1702 (2006).
2.2	<p>The available accommodation must meet Welsh Government and BMA 'essential requirements' for accommodation, including but not limited to:</p> <ul style="list-style-type: none"> Providing rooms and facilities in line with the standards, and maintained in good decorative order; Providing furniture, fixtures, fittings and equipment as stipulated in the standards, in good condition and repair, with regular refresh programmes; Providing hotel services including linen changes in line with the standards; Providing toilets and showers in the ratio of one between no more than two occupants; Providing kitchen, dining and living room areas in the ratio of one between no more than four occupants; and Providing doctors' mess and hospital at night facilities as stipulated in the standards.
2.3	The solution must have the means of securing the required capital investment and revenue funding streams for rebuilding and/or refurbishing all residential accommodation to meet the above standards.
3.	Contribution to wider social, economic and environmental benefits
3.1	The solution must be aligned with BCUHB policy, strategy and priorities for improving health and wellbeing across North Wales.
3.2	The solution must be aligned with BCUHB and Welsh Government policy, strategy and priorities for working effectively with public and third sector partners to deliver high quality, accessible, integrated and timely care for the North Wales population.
3.3	The solution must be aligned with BCUHB and Welsh Government policy, strategy and priorities for working with public and third sector partners across North Wales to provide socially, economically and environmentally sustainable services that benefit the people of North Wales.

4.	Facilities management
4.1	The solution must include arrangements for managing and administering residential accommodation – including administrating requests for and allocations of accommodation, invoicing and collecting income from residents, coordinating repairs and maintenance, liaising with other Health Board departments as required and managing any day to day issues.
4.2	The solution must include arrangements for repairing and maintaining residential accommodation.

1.9 Main benefits

1.9.1 The Working Group has identified the benefits associated with meeting the agreed scope and service requirements. These have been mapped to the project spending objectives and are presented in Figure 1-17.

1.9.2 They are categorised as follows:

- **Cash releasing benefits:** Can be monetised and include improved economy (i.e. reduction in costs);
- **Non cash releasing benefits:** Can be monetised and include improved efficiency (i.e. staff time released to focus on more value-added tasks);
- **Quantifiable benefits:** Can be measured but not monetised (i.e. patient experience); and
- **Qualitative benefits:** Cannot be measured or monetised.

Figure 1-17 Expected benefits

Spending objective	Ref	Benefit	Class
1. Improve resident satisfaction and support recruitment and retention through providing good quality residential accommodation.	B1.1	Improved resident satisfaction.	Quantifiable
	B1.2	Reduced resident complaints.	Quantifiable
	B1.3	Support Health Board recruitment and retention.	Qualitative
	B1.4	Contribution to broader strategies around community regeneration and sustainable economic development through attracting workers to North Wales.	Qualitative
2. Achieve modern, energy-efficient, fit-for-purpose facilities.	B2.1	Reduced backlog maintenance.	Quantifiable
	B2.2	Reduced cost of maintaining estate.	Cash releasing
	B2.3	Improved energy efficiency.	Cash releasing
	B2.4	Reduced CO2 emissions.	Quantifiable
	B2.5	Contribution to Health Board financial sustainability.	Cash releasing
3. Fully comply with Welsh Government best practice standards for residential accommodation.	B3.1	Meet Welsh Government best practice standards for residential accommodation.	Quantifiable
	B3.2	Exemplar residential accommodation.	Qualitative
4. Ensure sufficient capacity, reliability and resilience to meet demand for accommodation from in-scope applicants.	B4.1	Ability to meet current and future demand therefore securing staff and income.	Cash releasing
	B4.2	Support sustainable and resilient services.	Qualitative

1.10 Main risks

1.10.1 The principal project risks are assessed in Figure 1-18. The likelihood of the risk occurring is rated on a scale of 1-5 where 1 is 'rare' and 5 is 'almost certain'. The impact – should the event occur – is rated on a scale of 1-5 where 1 is 'negligible' and 5 is 'catastrophic' (in the context of the project). Likelihood is multiplied by impact to provide the risk score.

Figure 1-18 Risk assessment

Risk description	Likelihood	Impact	Score	Mitigating actions
Welsh Government funding/support not obtained	3	4	12	<ul style="list-style-type: none"> Robust business case Liaison with WG
Baseline financial position on residential accommodation not available/clear	4	2	8	<ul style="list-style-type: none"> Business Case financial workstream has identified gaps in data and made reasonable estimates/assumptions
Demand/income streams for accommodation not as strong expected	2	4	8	<ul style="list-style-type: none"> Demand analysis Sensitivity analysis
Hospital sites change location	2	3	6	<ul style="list-style-type: none"> Develop some residential accommodation off site Consider impact on residential accommodation in strategic estates planning
More attractive accommodation becomes available in private sector	2	3	4	<ul style="list-style-type: none"> Test the market to ensure accommodation provided is attractive and competitive

1.11 Constraints

1.11.1 The main project constraints are

- Capital funding envelope of Health Board and Welsh Government;
- Requirement to provide F1 accommodation free of charge;
- Requirement to meet building and health and safety regulations;
- Requirement to comply with national standards for residential accommodation; and
- Requirement to have accommodation available for students on placement at the Health Board (even if not on-site or provided directly by BCUHB).

1.12 Dependencies

1.12.1 The main dependencies are listed in Figure 1-19.

Figure 1-19 Main dependencies

Lead stakeholder(s)	Dependency
Welsh Government	Approval for and release of capital funding
Well North Wales	Alignment with Well North Wales strategy
Local Authorities	North Wales planning and regeneration strategies
Local Authorities	Key Worker planning requirements
Health Board	Plans for redevelopment of the Wrexham site
Health Board	Impact of doctors in training funding stream changes with the move to all funding in Wales coming through Health Education and Innovation Wales

2 ECONOMIC CASE

2.1 Introduction

2.1.1 This section describes the process for identifying and appraising options and presents the preferred option.

2.2 Critical success factors

2.2.1 Critical success factors (CSFs) are the essential attributes for successfully delivering the project. CSFs are used alongside the spending objectives to evaluate the options. The Working Group identified these at workshop 1 and they are presented in Figure 2-1.

Figure 2-1 Critical Success Factors

CSF	Description	Specific details
Strategic fit	Meets agreed investment objectives, related business needs and service requirements.	Aligned with Health Board and Welsh Government strategic direction specifically in relation to: <ul style="list-style-type: none">• Service and financial sustainability.• Estates strategy.• Effective partnership working.• Alignment of selected funding vehicle with Health Board, NHS and Welsh Government constitutions.
Value for money	Maximises the return on the required investment and minimises risks.	Proposed service model optimises value for money by: <ul style="list-style-type: none">• Maximising profitable income.• Making best use of existing resources.• Investing in modern facilities.• Improving productivity and increasing efficiencies.
Achievability	Is likely to be delivered in relation to the required level of change. Matches the available skills required for successful delivery.	<ul style="list-style-type: none">• Skills and resources available to implement and deliver the new service model.• Ability to deliver in line with the agreed budget and timescales.
Supply side capacity and capability	Matches the ability of service providers to deliver required services.	<ul style="list-style-type: none">• Appropriate construction/ delivery partners available with the required skills, materials and knowledge.• Level of market interest.
Affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services.	<ul style="list-style-type: none">• Solutions affordable to Health Board and its partners/other stakeholders.

2.3 Long listed options

2.3.1 The options framework outlined in the Welsh Government Better Business Cases guidance provides a systematic approach for identifying and filtering a broad range

of options based on operational scope, service solutions, service delivery vehicles, implementation timeframes and funding mechanisms.

2.3.2 An overview of these key dimensions is provided in Figure 2-2.

Figure 2-2 Options framework

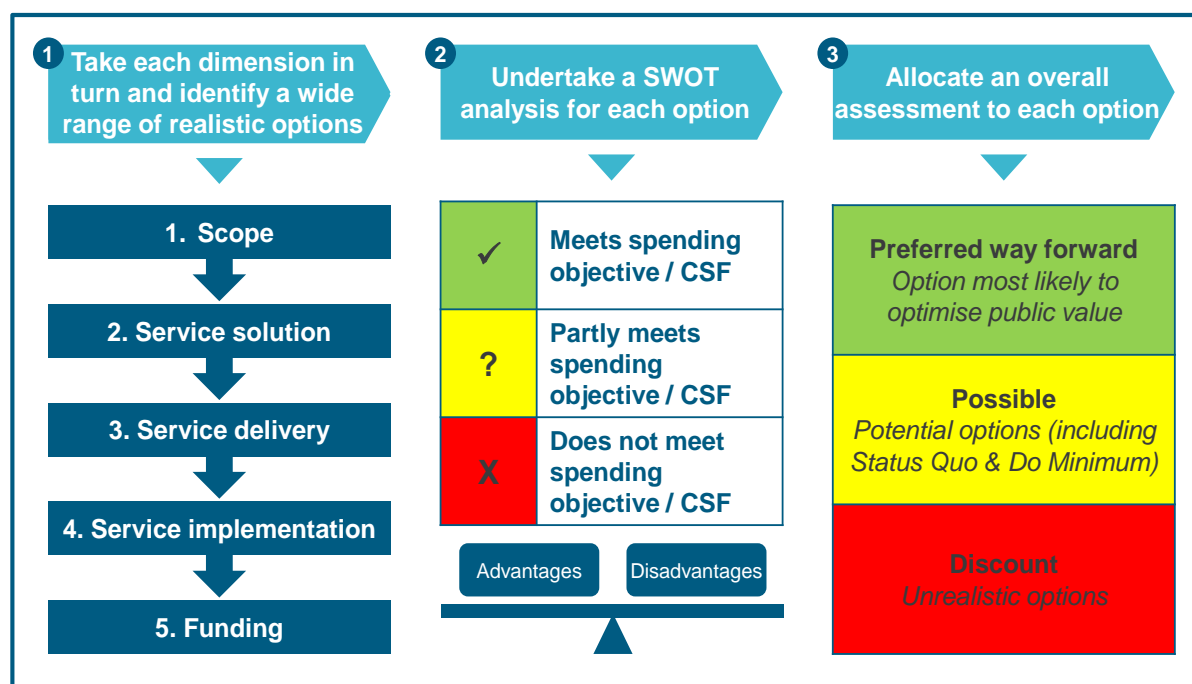
Dimension	Description
Scope	What is the potential coverage of the project
Service solution	How the preferred scope of the project can be delivered
Service delivery	Who can deliver the preferred scope and service solution for the project
Implementation	When the preferred scope, service solution and delivery arrangements for the project can be delivered
Funding	Potential funding requirements for delivering the preferred scope, solution, service delivery and implementation arrangements for the project

2.3.3 The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

- Identify a wide range of realistic potential options within that dimension.
- Assess how well the option meets the project's spending objectives and critical success factors.
- Determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

2.3.4 A diagram illustrating this process is shown in Figure 2-3.

Figure 2-3 Process to identify and assess the long list of options



2.4 Long list assessment

2.4.1 The options were identified and assessed at a workshop session of the Residential Accommodation Working Group. The attendees assessed the options against the following criteria:

- Spending objectives; and
- Critical success factors.

2.4.2 Figure 2-4 presents the outcome of this assessment.

Figure 2-4 Results of long list assessment

A. Scope						
Status quo	Do minimum	Intermediate options				Do maximum
A1.1 Continue with existing arrangements (F1s + students + on-call + locums + junior doctors + other allied to medicine groups + nurses + others)	A1.2 Provide accommodation for students + F1s + on-call	A1.3 Continue to meet existing demand				A1.4 Expand capacity and accommodate existing and unmet demand
Carry forward	Carry forward	Carry forward				Carry forward
A2.1 Continue with existing arrangements (continue to provide married accommodation on site)						A2.2 Aim to provide single accommodation only on site
Carry forward						Carry forward
A3.1 Continue with existing arrangements (continue to fail to meet national standards)	A3.2 Meet essential standards					A3.3 Meet best practice standards
Carry forward (comparison only)	Discount					Carry forward (PWF)

Continued failure against standards not sustainable	Health Board aiming for best practice					
B. Solution						
Status quo	Do minimum	Intermediate options				Do maximum
B1 Continue with existing arrangements (repair and maintain existing stock)		B2 Decommission existing stock and recommission alternative	B3 Refurbishment (bring buildings up to spec as far as possible within existing constraints)	B4 Hybrid – mixed programme of refurbishment and new build		B5 New build fit for purpose facilities with capacity aligned to 'in scope' demand
Carry forward (comparison only)		Discount	Discount	Carry forward (PWF)		Carry forward
Not sustainable – standards not met		Expensive and unviable	Cannot meet standards in all buildings due to configuration			

C. Service delivery						
Status quo	Do minimum	Intermediate options				Do maximum
C1 Continue with existing arrangements (no partner)						C2 Partnership model
Carry forward (Assess VFM)						Carry forward (Assess VFM)

D. Implementation						
Status quo	Do minimum	Intermediate options				Do maximum
D1 Continue with existing arrangements (No implementation required)		D2 Phased implementation				D3 “Big bang” or single-phase implementation
Carry forward (comparison only)		Carry forward				Discount
Not sustainable						Disruptive

E. Funding						
Status quo	Do minimum	Intermediate options				Do maximum
D1 Continue with existing arrangements (Health Board’s own capital)	D2 Health Board ring-fences residential accommodation income for reinvestment	D3 Health Board seeks capital funding from Welsh Government	D4 Health Board establishes a limited company to hold the assets and attract capital investment	D5 Health Board enters into a joint venture with third party	D6 Health Board commissions a managed service	D7 Health Board outsources to third party
Carry forward (comparison only)	Carry forward	Carry forward (PWF)	Carry forward	Carry forward	Discount	Carry forward
					The issue is not with the management of the service but assets requiring investment	

2.5 Shortlisted options and Preferred Way Forward

2.5.1 Further work was carried out following the long list assessment, to inform the development of the shortlist:

- **Soft market testing** – to determine whether a partnership model was a viable option to take through to the shortlist; and
- **Analysis of potential partnership models** – to identify the form of partnership that might be preferable, so that reasonable assumptions could be made with regards the economic modelling of this option.

Soft market testing

2.5.2 Based on the analysis carried out for the strategic case it was decided to focus the soft market testing on the six Registered Social Landlords (RSLs) operating in North Wales, to gauge the level of appetite in the market for entering into a partnership with the Health Board to provide high-quality residential accommodation.

2.5.3 The exercise identified substantial interest and enthusiasm for such a partnership among three of the six RSLs operating in North Wales.

2.5.4 Joint Venture was the most commonly referenced potential form of partnership. The arguments for this model centred on the ability to manage risk, secure access to capital, and have clear delivery arrangements. Other options referenced included a 'direct transfer' to the RSL, 'sale and leaseback', and 'collaboration arrangements with a consortium'.

2.5.5 In terms of the structure of such a partnership, the RSLs would be looking for either a freehold transfer of land/buildings or a long-term lease (potentially 60 years). In the view of the RSLs such an arrangement would be required as a minimum to give sufficient security to enable capital investment to be secured from the market.

2.5.6 Given the evidence of appetite in the market, the Working Group agreed to include a partnership model option on the shortlist. The Group acknowledged that, should this option be identified as the preferred option, wider engagement with the market would be required, extending beyond RSLs and beyond North Wales.

Analysis of potential partnership models

2.5.7 To inform the formulation of the shortlist option for a partnership model the Working Group carried out a high-level analysis of the benefits and risks of various forms of potential partnerships, as summarised in Figure 2-5.

2.5.8 The outcome of this high-level analysis was to identify Joint Venture with BCUHB as the minority partner as the most likely form of partnership model, to use as a working assumption for the economic appraisal. However, the Group acknowledged that, should partnership model emerge as the preferred option, further work would be required – including seeking legal and financial advice – to identify the optimal partnership model with which to proceed.

Figure 2-5 Benefits and risks of potential partnership models

Partnership model option	Benefits	Risks
A – No partnership (retain in-house)	<ul style="list-style-type: none"> BCUHB retains full control of residential accommodation strategy, planning and management Retention in full of the current net trading surplus 	<ul style="list-style-type: none"> Limited capital available and residential accommodation not a high priority for investment Not compliant with standards User survey identified concerns on quality, with a likely impact on recruitment and retention Refer to case for change
B1 – Joint Venture with BCUHB as majority partner (Joint Venture established in which BCUHB has more than 50% control)	<ul style="list-style-type: none"> BCUHB retains substantial control of residential accommodation strategy, planning and management 	<ul style="list-style-type: none"> Greater exposure to risk and liability Less attractive to potential partners Potentially less market attraction/credibility = less leverage Need for greater operational control
B2 – Joint Venture with equal control (Joint Venture established in which the parties have equal control)	<ul style="list-style-type: none"> Equal partners and equal risk and reward More attractive to partners 	<ul style="list-style-type: none"> Could reach deadlock
B3 – Joint Venture with BCUHB as minority partner (Joint Venture established in which BCUHB has less than 50% control)	<ul style="list-style-type: none"> Less exposure to risk Attractive for partners Less requirement for BCUHB resource More attractive to lenders Stronger business model – brings the partner's expertise and credit history at the fore 	<ul style="list-style-type: none"> Partner has control (but BCUHB would secure appropriate terms, conditions and governance arrangements through the JV agreement to protect Health Board and Welsh Government interests)
C – Managed service (Long term lease of assets to partner – they run, maintain and charge back to BCUHB)	<ul style="list-style-type: none"> Limited BCUHB operational input 	<ul style="list-style-type: none"> Revenue contract cost (fixed and high) Loss of the current net trading surplus Guaranteed occupancy and no flexibility No improvement of facilities – continued failure against national standards
D – Public Private Partnership / Mutual Investment Model (Capital investment secured through private sector partner under long term lease)	<ul style="list-style-type: none"> Access to private sector funds 	<ul style="list-style-type: none"> Poor strategic fit Partner's objectives may not be well aligned with Health Board's objectives

Confirmation of the shortlist

2.5.9 Following the long list appraisal and the additional work undertaken, the shortlisted options were confirmed as follows:

- **BAU:** Maintain business as usual;
- **Option 1:** Provide refurbished accommodation for students, F1 doctors in training and on-call staff to meet national best practice standards through Welsh Government capital;
- **Option 2:** Refurbish / rebuild and right-size all accommodation to meet national best practice standards through Welsh Government capital; and
- **Option 3:** Refurbish / rebuild and right-size all accommodation to meet national best practice standards through a partnership model such as a Joint Venture.

2.5.10 The Working Group's assessment of the key advantages and disadvantages of each shortlisted option is provided in Figure 2-6.

Figure 2-6 Advantages and disadvantages of shortlisted solution options

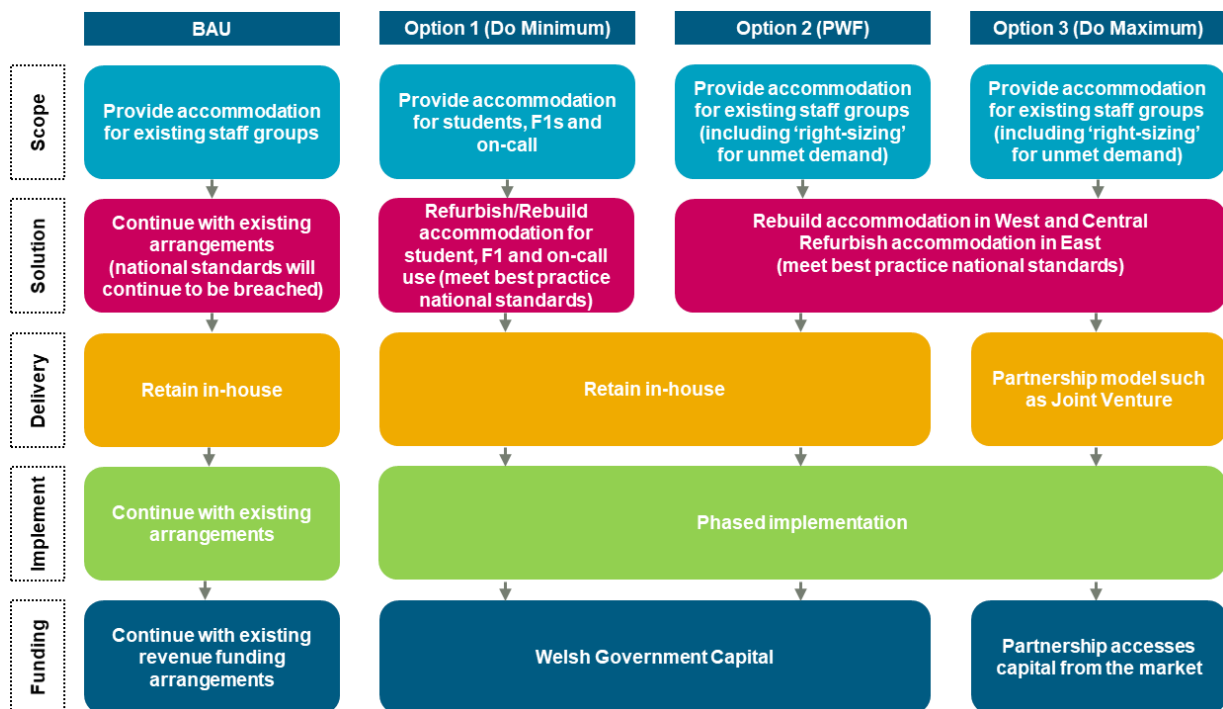
Solution option	Advantages	Disadvantages
BAU	<ul style="list-style-type: none"> • Limited disruption 	<ul style="list-style-type: none"> • Continue to breach national standards • Continued negative impact on Health Board reputation and recruitment/retention • Potential for accommodation to further deteriorate and become unsafe
1 – Provide refurbished accommodation for students, F1s and on-call staff through Welsh Government capital	<ul style="list-style-type: none"> • F1s would go into medical student accommodation, therefore giving them a better standard • Release accommodation on site • Limit to 12 months (university model) • Stimulate local economy 	<ul style="list-style-type: none"> • Not attractive for non F1s • Loss of staff • Will fail to recruit • Loss of all residential accommodation income • Providing accommodation for other staff groups probably not a material cost in comparison to increased locum costs etc.
2 Refurbish / rebuild and right-size all accommodation through Welsh	<ul style="list-style-type: none"> • Attractive for staff – improved quality, meet standards 	<ul style="list-style-type: none"> • Requires public capital • Reduced ability to access wider opportunities presented by

Government capital	<ul style="list-style-type: none"> • Use existing stock where it is fit for purpose • Allows phased programme 	partnership model e.g. key worker accommodation
3 – Refurbish / rebuild and right-size all accommodation through a partnership model such as a Joint Venture	<ul style="list-style-type: none"> • There is appetite in the market for a partnership model • Potential vehicle for accessing social capital • Ability to charge higher rents for better accommodation • Opportunities to further commercialise e.g. providing other facilities on site that non-residents pay for • Potential for efficient service model 	<ul style="list-style-type: none"> • Feasibility • Loss of control • Likely to cost the Health Board more in revenue • Question over how competitive the rental prices would be in the market

2.5.11 Based on this assessment, Option 2 was identified as the Preferred Way Forward (PWF) for further testing within the economic appraisal.

2.5.12 The key features of the shortlisted options against the Welsh Government Options Framework are summarised in Figure 2-7.

Figure 2-7 Summary of shortlisted options



2.6 NPSC/NPSV findings

Baseline costs

- 2.6.1 It is estimated that it currently costs the Health Board £1,116k p.a. to manage existing residential accommodation, for which it receives income of £2,104k p.a. This results in an estimated surplus for the Health Board of £989k p.a. as shown in Figure 2-8.

Figure 2-8 Overview of baseline income and costs

		WTE	£'000
Medical students	SIFT funding		809
Non-medical students	Income from universities		74
Foundation 2			402
Other staff			820
Income			2,104
Domestic staff		16.75	(373)
Management		2.00	(63)
Pay costs		18.75	(436)
Maintenance	In-house costs + contracts and materials		(165)
Utilities			(261)
Premises			(195)
Support services	Linen services + IT & communications		(59)
Non pay costs			(680)
Total costs			(1,116)
Surplus			989

Costs excluded from baseline

- 2.6.2 It is important to note that these baseline costs relate to existing arrangements which, as outlined in the case for change, do not involve maintaining accommodation at the required standards. Current backlog maintenance liability is estimated at £5,833k but even that would not bring the accommodation to best practice standards. Indeed, it is not possible to bring the accommodation up to best practice standards within the current configuration. Therefore, continuing with Business as Usual will ultimately require significant capital investment and result in increasing recurring revenue costs.

Provision of accommodation for F1 and On Call

- 2.6.3 The Health Board does not receive income for the accommodation it provides for F1 or on-call staff. The potential income on these units if they could be used for rent-paying residents instead (i.e. the opportunity costs) is estimated at £400k p.a. based on current rental rates, as shown in Figure 2-9.

Figure 2-9 Potential income

		£'000
Foundation 1	No of units x current rental rate per month x 12 months	300
On call	No of days per month x current rental rate per day x 12 months	100
Potential income of units used for F1 and on call		400

Capital costs of delivering the options

2.6.4 The estimated capital costs for the shortlisted options are shown in Figure 2-11. These capital costs include an allowance for fees, equipment, contingency and inflation to the expected mid-point of construction in 2022. They are exclusive of VAT.

Figure 2-11 Capital costs of shortlisted options

Solution option	Key features	Capital £'000
BAU	<ul style="list-style-type: none"> Capital investment to address backlog maintenance to achieve condition B Revenue funding only – maintenance but not refurbishment Standards will continue to be breached Deteriorating standard of accommodation 	5,883
Option 1 (Do minimum)	<ul style="list-style-type: none"> Only accommodate the core requirement of students, F1 doctors in training, and on-call staff. Use the best accommodation (typically the medical student accommodation) and demolish / change use of the rest. The accommodation will meet best practice national standards. 	24,568
Options 2 and 3	<ul style="list-style-type: none"> Rebuild the accommodation in West and Central; Refurbish the accommodation in East; Each asset will meet best practice national standards; and Each asset will be right-sized for anticipated demand. 	55,811

Recurring revenue costs of delivering the options

2.6.5 Analysis of the revenue impact of the options (Figure 2-12) reveals the following:

- Option 1 would cost c.£694k p.a. more than BAU because, although costs would be reduced by c.40%, the Health Board would no longer receive any income from paying residents.
- Option 2 would generate a surplus of c.£2,161 p.a. (an improvement of £1,172k p.a. against BAU) resulting from accommodating unmet demand, the

ability to charge higher rentals, and saving on maintenance and utilities costs; and

- Option 3 would have the largest negative revenue impact for the Health Board against BAU (£1,517k p.a.) largely because the Health Board would have to pay an estimated £1,411k p.a. to the partnership to access accommodation for students, F1 doctors in training, and on-call staff. As a prudent assumption, it is assumed that any residual surplus generated by the partnership will be reinvested into the partnership rather than distributed back to partners.

Figure 2-12 Recurring revenue costs of options

Option	Income £'000	Costs £'000	(Surplus)/Deficit £'000	Impact versus baseline
BAU	-2,105	1,116	-989	-
1 – Provide refurbished accommodation for F1s only through Welsh Government capital	-883	588	-295	694
2 Refurbish / rebuild accommodation through Welsh Government capital	-3,367	1,206	-2161	-1,172
3 – Partnership model such as Joint Venture	-883	1,411	528	1,517

Risk analysis

- 2.6.6 The risks for each option have been assessed and expressed in monetary equivalent terms by calculating an 'expected value'.
- 2.6.7 The Working Group assessed probability in terms of the likelihood of each of the risks occurring in relation to the four options. Figure 2-13 summarises the resulting final assessment.

Figure 2-13 Likelihood of risks occurring

Risk	BAU	Option 1	Option 2	Option 3
SIFT funding reduces	5%	5%	5%	5%
SIFT funding insufficient to cover costs of providing accommodation for students	5%	5%	5%	25%
Partnership charge to Health Board for F1s and on-call is higher than expected	0%	0%	0%	25%
Occupancy level is lower than expected	20%	10%	20%	20%
Redeployment of management staff will be required	0%	0%	0%	50%
Surplus will need to be reinvested into deteriorating accommodation	90%	0%	0%	0%

- 2.6.8 The Working Group agreed assumptions for estimating the most likely impact should the risk occur as shown in Figure 2-14.

Figure 2-14 Likely impact should the risk occur

Risk	Cost area and estimated impact
SIFT funding reduces	SIFT income of £809k
SIFT funding insufficient to cover costs of providing accommodation for students	SIFT income of £809k
Partnership charge to Health Board for F1s and on-call is higher than expected	Estimated charge for F1s and on-call of £440k
Occupancy level is lower than expected	Surplus of £295k - £1,172k
Redeployment of management staff will be required	Management pay costs of £63k
Surplus will need to be reinvested into deteriorating accommodation	BAU surplus of £989k

- 2.6.9 The expected outcome is multiplied by the probability each risk occurring. This combines over the full 60-year appraisal period to create an overall expected risk value for each option, which feeds the economic appraisal.

Benefits analysis

- 2.6.10 To provide an overall assessment of the value for money of each option it is necessary to undertake an assessment of the project benefits.
- 2.6.11 Benefits have been quantified over the full 60-year appraisal period and incorporated into the economic modelling as presented in Figure 2-15. Under Option 3 any benefits delivered in these areas would accrue to the partnership rather than the Health Board.

Figure 2-15 Quantification of monetary benefits

60-year appraisal period	BAU	Option 1	Option 2	Option 3
Increased income from currently unmet demand	-	-	75,717	-
Reduced domestic staff costs	-	8,810	-	-
Reduced management costs	-	1,890	-	-
Reduced maintenance costs	-	6,899	3,812	-
Reduced utilities costs	-	8,064	252	-
Reduced premises costs	-	4,606	-	-
Reduced support service costs	-	1,394	-	-
TOTAL BENEFITS	-	31,662	79,781	-

Economic appraisal of options

2.6.12 The key assumptions underpinning the economic appraisal are as follows:

- 60-year appraisal period based on expected life of assets;
- 3.5% discount rate for years 1 to 30, and 3.0% thereafter; and
- Lifecycle costs assume a complete replacement of the accommodation over a 60-year period, carried out in three phases of refurbishment/rebuild occurring after 15, 30 and 45 years);

2.6.13 The following costs are excluded from the economic appraisal:

- Exchequer 'transfer' payments, such as VAT;
- General inflation;
- Sunk costs; and
- Non-cash items such as depreciation and impairments.

2.6.14 Some specific assumptions are also applied to the respective options as shown in Figure 2-10.

Figure 2-10 Option-specific assumptions

Option	Capacity	Cost Revenue	Income/Benefits Revenue	Capital Investment
BAU	Retain capacity at existing levels	Costs continue at baseline levels (likely cost increases due to ageing accommodation are captured under risks)	Income continues at baseline levels	Initial capital investment to achieve condition B
1 – Provide refurbished accommodation for students, F1s and on-call only through Welsh Government capital	Capacity for students, F1s and on-call only	Costs reduced to c.60% of baseline reflecting reduced capacity requirement c.50% decrease in maintenance costs and 20% decrease in utilities costs due to new/ refurbished accommodation	SIFT and university income continues at baseline levels	WG capital to: Re-build/ refurbish accommodation for students, F1s and on-call (approx. 60% of existing capacity required) (Re-build West and Central and refurbish East)
2 Refurbish / rebuild and right-size the accommodation through Welsh	Additional capacity to accommodate estimated unmet demand	c.50% decrease in maintenance costs and 20% decrease in utilities costs due to new/	Base income plus additional income for accommodating currently unmet demand (based	WG capital to: Re-build West and Central Refurbish East

Government capital		<p>refurbished accommodation and adjusted in proportion to additional demand</p> <p>Premises and support service costs increased in proportion to additional demand</p>	<p>on current average income for 'other staff'</p> <p>Rental prices increased by 10% due to better quality accommodation</p>	
3 – Partnership model such as Joint Venture	Additional capacity to accommodate estimated unmet demand	Partnership covers its own costs through the income it receives from the Health Board (SIFT, F1s, on-call) and directly from paying residents.	<p>Health Board continues to receive SIFT/university income but passes this through to the partnership.</p> <p>Health Board pays the partnership for F1 and on-call accommodation.</p>	<p>Partnership will access capital from the market to:</p> <p>Re-build West and Central</p> <p>Refurbish East</p>

2.6.15 A discounted Net Present Cost (NPC) has been calculated for each shortlisted option over a 60-year appraisal period (Figure 2-16). Excluding the unsustainable BAU, Option 2 is the top ranked option in terms of both Net Present Cost and Benefit Cost Ratio.

2.6.16 A public sector comparison will be developed at OBC stage.

Figure 2-16 Net present costs of the shortlisted options

Cost (£'000)	BAU - Maintain business as usual	Option 1: Refurbish/ rebuild accommodati on for student, F1 and on-call use through Welsh Government capital	Option 2: Refurbish/ rebuild and right-size all accommodati on to meet national standards through Welsh Government capital	Option 3: Refurbish/ rebuild and right-size all accommodati on to meet national standards through a partnership model
Initial capital requirements	5,833	24,568	55,811	0
Lifecycle capital requirements	5,833	24,568	55,811	0
Total capital investment (excl. VAT)	11,667	49,137	111,622	0
One-off revenue costs	0	0	0	1,000
Annual recurring revenue costs / (surplus) including benefits	-989	-295	-2,161	528
Quantified benefits	0	-31,662	-79,781	0
Expected risk value	70,350	6,844	19,134	38,220
Undiscounted net present cost / (surplus) (NPC)	21,688	37,310	136	69,929
Discounted total costs	11,967	41,981	62,473	30,616
Discounted total benefits	0	-13,859	-34,922	0
Discounted net present cost / (surplus) (NPC)	11,967	28,122	27,551	30,616
Rank	1	3	2	4
Benefit Cost Ratio (BCR)	0.00%	-33.01%	-55.90%	0.00%
Rank	3	2	1	3

Sensitivity analysis

2.6.17 The results of the economic appraisal have been subject to a sensitivity analysis to examine the impact of potential movements in capital and revenue costs. This includes:

- **Switching analysis** which has been applied to areas of material cash flows to identify the extent that costs must change for the Benefit Cost Ratio to reflect that of the highest-ranking option, excluding Business as Usual (Figure 2-17); and
- **Scenario analysis** which explores the potential impact on ranking under two scenarios whereby risks and benefits respectively are applied equally across all options, excluding Business as Usual (Figure 2-18).

Figure 2-17 Switching analysis

Cost (£'000)	Option 1: Refurbish/ rebuild accommodation for student, F1 and on- call use through Welsh Government capital	Option 3: Refurbish/ rebuild and right- size all accommodation to meet national standards through a partnership model
Capital costs	-1.7%	
Revenue costs	-11.1%	-22.1%
Benefits	4.1%	
Risks	-19.1%	-18.3%
Discounted NPC	-2.0%	-10.0%

Figure 2-18 Scenario analysis

Cost (£'000)	BAU - Maintain business as usual	Option 1: Refurbish/ rebuild accommodation for student, F1 and on-call use through Welsh Government capital	Option 2: Refurbish/ rebuild and right- size all accommodation to meet national standards through Welsh Government capital	Option 3: Refurbish/ rebuild and right- size all accommodation to meet national standards through a partnership model
Discounted NPC	11,967	28,122	27,551	30,616
Original Ranking	1	3	2	4
Scenario 1: NPC if level of risk is equal across all options	11,967	33,502	27,551	22,261
Scenario 1: Impact on ranking	1	4	3	2
Scenario 2: NPC if level of benefits apply equally to Options 1-3	11,967	7,059	27,551	-4,306
Scenario 2: Impact on ranking	3	2	4	1

2.6.18 The results of the sensitivity analysis suggest that:

- The ranking of options is very sensitive to changes in capital costs, benefits and overall discounted NPC – therefore the results of the economic appraisal must be treated with caution with regards decision making about options; and
- The ranking of options would change if the monetary value of risks or benefits were equal across all options, with Option 3 becoming a much more favourable option – likely reflecting the fact that Option 3 has the most uncertainty attached to it in terms of future benefits and costs, given it represents a more ambitious delivery model.

Preferred Way Forward

2.6.19 The economic appraisal identifies Option 2 (Refurbish / Rebuild and right-size the residential accommodation to meet national standards through Welsh Government capital) as the Preferred Way Forward. BAU has been ruled out as unsustainable.

3 COMMERCIAL CASE

3.1 Introduction

- 3.1.1 This section outlines how the preferred option can be purchased from the market.

3.2 Required services and procurement strategy

- 3.2.1 Under the preferred option BCUHB's residential accommodation will be rebuilt in West and Central and refurbished in East, using Welsh Government capital.
- 3.2.2 Construction design and development will be procured using either a framework such as Design for Life or a full OJEU process. The specific procurement route will be determined as part of the development of the OBC.
- 3.2.3 The procurement process would likely commence in Summer 2020 and run for approximately 9 months, in parallel with the development of an OBC and FBC.

3.3 Risk Allocation

- 3.3.1 Risk allocation will be defined at OBC stage.
- 3.3.2 The general principle will be that risks will be allocated to 'the party best able to manage them', subject to value for money.

3.4 Personnel implications (including TUPE)

- 3.4.1 It is not anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 – will apply to this investment.

4 FINANCIAL CASE

4.1 Introduction

4.1.1 This section sets out the financial implications of delivering the preferred option.

4.2 Capital costs

4.2.1 The implementation of the preferred option involves a combination of refurbishing existing accommodation and investing in new build accommodation to meet national standards. Indicative costs are estimated at £55,811k, including an allowance for fees, equipment, contingency, and an inflation adjustment to the estimated construction mid-point in 2022. They are exclusive of VAT.

4.2.2 The cost estimates are based on the following assumptions:

- Rebuild the accommodation in West and Central;
- Refurbish the accommodation in East;
- Each asset will meet best practice national standards; and
- Each asset will be right-sized to accommodate currently unmet demand.

4.3 Revenue costs

4.3.1 It is anticipated that delivery of the preferred option will result in increased income that will more than offset the additional costs of managing the refurbished and new accommodation. This is shown in Figure 4-1.

Figure 4-1 Recurring revenue costs

Cost (£'000)	Baseline costs	Preferred option	Variance
Total income	-2,105	-3,367	-1,262
Domestic staff	373	473	100
Management	63	63	0
Total pay costs	436	536	100
Maintenance	165	101	-64
Utilities	261	257	-4
Premises	195	240	45
Support services	59	73	14
Total non pay costs	680	671	-9
Total recurring revenue costs / (Surplus)	-989	-2,161	-1,172

4.3.2 The preferred option includes additional income from currently unmet demand and also assumes a 10% uplift in rental income resulting from higher quality residential accommodation across all sites. Domestic staff costs are increased to service the additional demand. Maintenance and utilities costs reduce as a result of higher quality and more energy efficient accommodation, offsetting the increased usage as a result

of accommodating unmet demand. Premises and support service costs are proportionately higher to service the additional accommodated demand.

Affordability

- 4.3.3 It is anticipated that Welsh Government capital funding of £55,811k is required to deliver the preferred option.

5 MANAGEMENT CASE

5.1 Introduction

5.1.1 This section outlines the project management arrangements for delivering the preferred option.

5.2 Governance

5.2.1 The project will be managed in line with best practice principles of programme and project management as set out in the Cabinet Office's Managing Successful Programmes (MSP) and Projects in Controlled Environments (PRINCE2) methodologies.

5.2.2 The governance structure for the project is summarised in Figure 5-1, and roles and responsibilities detailed in Figure 5-2.

Figure 5-1 Project governance structure

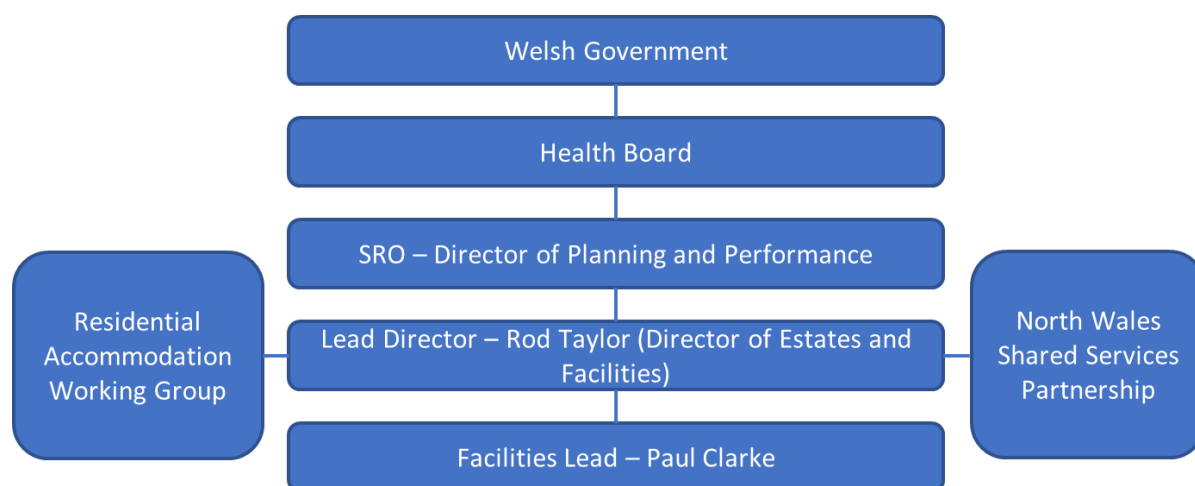


Figure 5-2 Project roles and responsibilities

Role	Responsibilities
Welsh Government	<ul style="list-style-type: none">To set Welsh Government Health Policy.To approve/support business case proposals.
BCUHB Board	<ul style="list-style-type: none">To decide on the Health Board's investment.To ensure that the role of the project sponsorship is established and understood, with appropriate representation and commitment.To define the project owner's terms of reference.To authorise the allocation of funds to the project.

Role	Responsibilities
	<ul style="list-style-type: none"> To oversee project performance through cost and schedule performance; and resolve any issues which fall outside the project owner's delegated authority. To act as Employer under the framework and as client under the CDM Regulations (for each individual project).
Senior Responsible Owner	<ul style="list-style-type: none"> To set the overall direction for the project. To ensure appropriate reporting to the Board.
Lead Director	<ul style="list-style-type: none"> To define the project objectives and ensure they are met. To ensure appropriate reporting to the SRO. To ensure alignment of the project with Health Board and Welsh Government policy and strategy. To ensure appropriate engagement of and reporting to relevant internal and external stakeholders. To present project outputs to the Board. To arrange the post-project evaluation of the scheme.
Residential Accommodation Working Group	<ul style="list-style-type: none"> To develop, review, refine and approve project outputs.
NHS Wales Shared Services Partnership	<ul style="list-style-type: none"> To provide procurement and legal advice to the project.
Facilities Lead	<ul style="list-style-type: none"> To act as the Health Board's day to day lead on the project. To facilitate delivery of project outputs to the timeline.

5.3 Project Plan – Implementation Timeline

5.3.1 The proposed timeline for the next phase of the project is outlined in Figure 5-3.

Key activity	Completion date	Lead
SOC approved by BCUHB	30 April 2020	BCUHB
SOC approved by Welsh Government	31 July 2020	Welsh Government
OBC commenced	1 August 2020	BCUHB
Procurement process commenced	1 August 2020	BCUHB
OBC completed	31 October 2020	BCUHB
OBC approved by BCUHB	30 November 2020	BCUHB
OBC approved by Welsh Government	28 February 2021	Welsh Government
Procurement process completed	31 March 2021	BCUHB
FBC completed	31 March 2021	BCUHB
FBC approved by BCUHB	30 April 2021	BCUHB
FBC approved by Welsh Government	31 July 2021	Welsh Government

5.4 Equality Impact Assessment

- 5.4.1 The Working Group has carried out an Equality Impact Assessment for the project (Appendix B). The outcome of the assessment is that the project is anticipated to have a positive or neutral impact on each of the protected characteristic groups.

5.5 Monitoring of Project Progress

- 5.5.1 Project progress will be monitored against the project brief and project plan in accordance with the principles of PRINCE2 methodology, with reporting through the project governance structure as detailed above.

5.6 Post Project Evaluation

- 5.6.1 BCUHB and its partners are committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process to measure the extent to which expected benefits are achieved and ensure that lessons are learnt.

- 5.6.2 The evaluation will be carried out in line with NHS guidance, and will measure the project against the following factors:

- The extent to which the original objectives have been met;
- The cost of the project and the extent to which it can demonstrate value for money;
- The Project outcome compared with the 'Do Nothing' or 'Do Minimum' scenarios;
- The economic viability of the project in comparison with the 'Do Nothing' option;
- Risk Allocation;
- Timetable;
- Functional Suitability – how the facilities perform;
- User satisfaction;
- Impact on equality and diversity, including 'protected characteristic' groups; and
- Procurement route.

- 5.6.3 We envisage four key stages to the evaluation, outlined as follows:

Stage 1: Project approvals and preparations

- 5.6.4 The objective of the evaluation at this stage is to assess how well the project was managed from the time of approval to proceed to project commencement. This will

be undertaken within three months of project commencement. The evaluation at this stage will examine:

- How effectively the project was managed;
- The quality of the documentation prepared by the Health Board and its partners;
- Communications and involvement during preparations;
- The effectiveness of advisers used on the scheme; and
- The efficacy of NHS guidance in delivering the scheme.

Stage 2: Procuring contractors

5.6.5 The objective of this stage is to assess how effectively the procurement process was managed. This will be undertaken three months following the commencement of construction/improvement works. The evaluation at this stage will examine:

- How effectively the project was managed;
- How effectively the procurement process for selecting contractors was managed;
- Communications and involvement during preparations for rebuild/refurbishment; and
- The effectiveness of the joint working arrangements established between contractors, design team, project team, and BCUHB's Board.

Stage 3: First phase of new/refurbished accommodation in place

5.6.6 The objective of this stage will be to assess how well the project was managed during the delivery of the first phase of rebuild/refurbishment. This will be undertaken up to 3 months after completion of the first phase of redevelopment. The evaluation at this stage will examine:

- How effectively the project was managed;
- Effectiveness of the new facilities;
- Communications and involvement during the process;
- Overall delivery against success factors for the redevelopment in terms of cost, quality and time;
- Impact of the redeveloped accommodation on equality and diversity; and
- Extent to which the new accommodation meets users' needs.

Stage 4: All new/refurbished accommodation in place

5.6.7 This component of the evaluation will be undertaken within 12 months of completion of the redevelopment across all sites. The objective of this stage will assess how well and effectively the project was managed and the impact of the redeveloped

accommodation against the business plan and expected benefits. The evaluation at this stage will examine:

- Outcomes and impact of the redeveloped accommodation against the business case, business plan and benefits realisation plan;
- Overall evaluation of the effectiveness of the project in delivering against the objectives set for it;
- Impact of the redeveloped accommodation on equality and diversity; and
- Extent to which the redeveloped accommodation meets users' needs.

5.6.8 The evaluation process will be managed by the Project Manager via a bespoke team established to oversee the PPE. Evaluation reports will be made available to all relevant stakeholders, including Welsh Government.

Appendix A – Residential Accommodation User Survey Results

Methodology

The survey was designed and approved by the Residential Accommodation Working Group. It was created on the SurveyMonkey platform by BCUHB's Communications Team, who also ensured that the survey complied with the Health Board's Information Governance and arranged for it to be translated so it could be made available in both Welsh and English. The survey was distributed to all BCUHB staff via the staff bulletin as well as to targeted groups of staff via email and was open for the period 14 – 25 May 2018.

Responses

92 responses were received in total. 40% were existing residents.

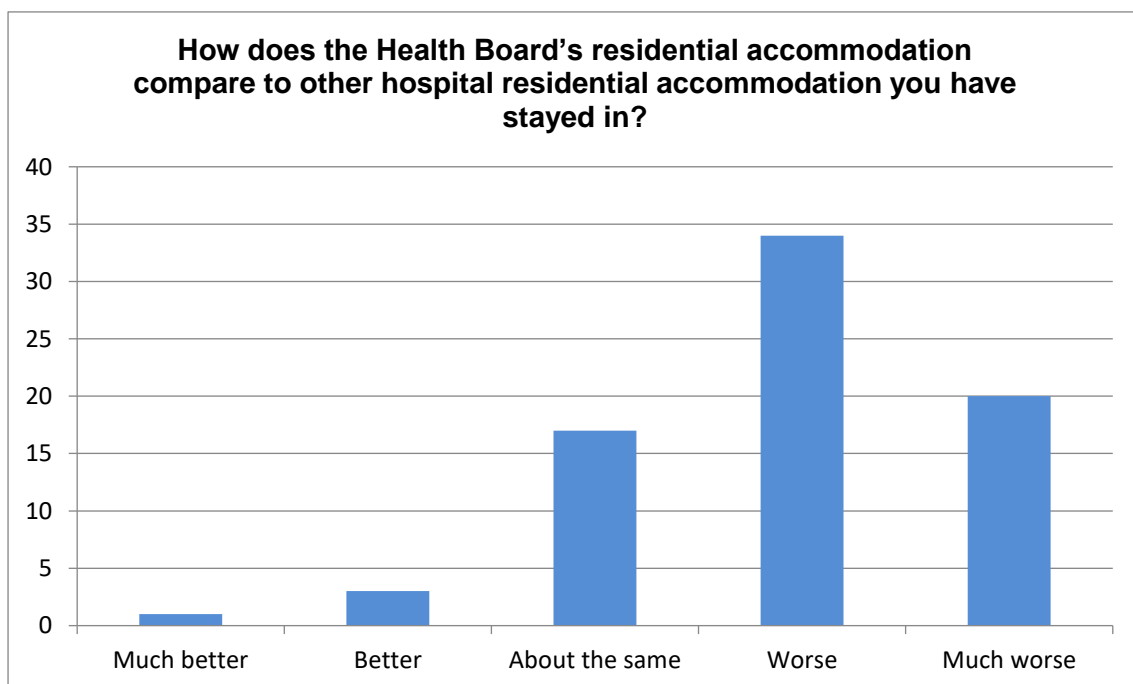
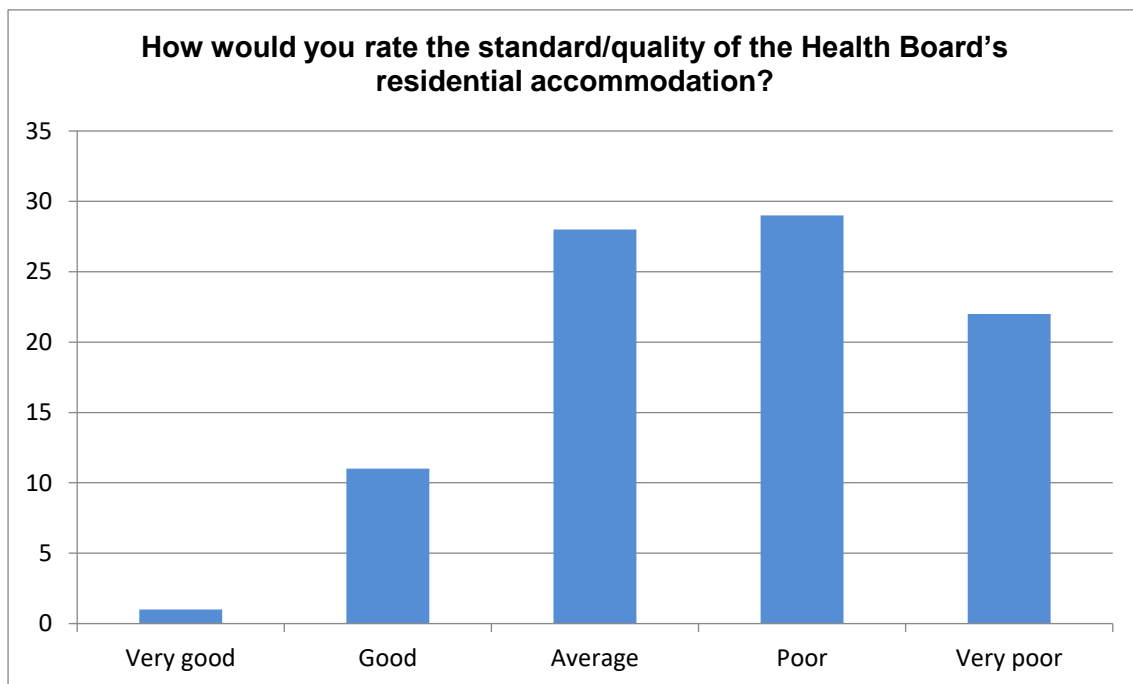
Responses by staff group were as follows:

Medical Student	1%
Student Nurse	0%
Student – professions allied to medicine	5%
Doctor in training – F1	13%
Doctor in training – other	41%
Consultant	18%
Locum Doctor	2%
On call doctor	13%
Nurse	2%
Professions allied to medicine	4%
Other (please specify)	18%

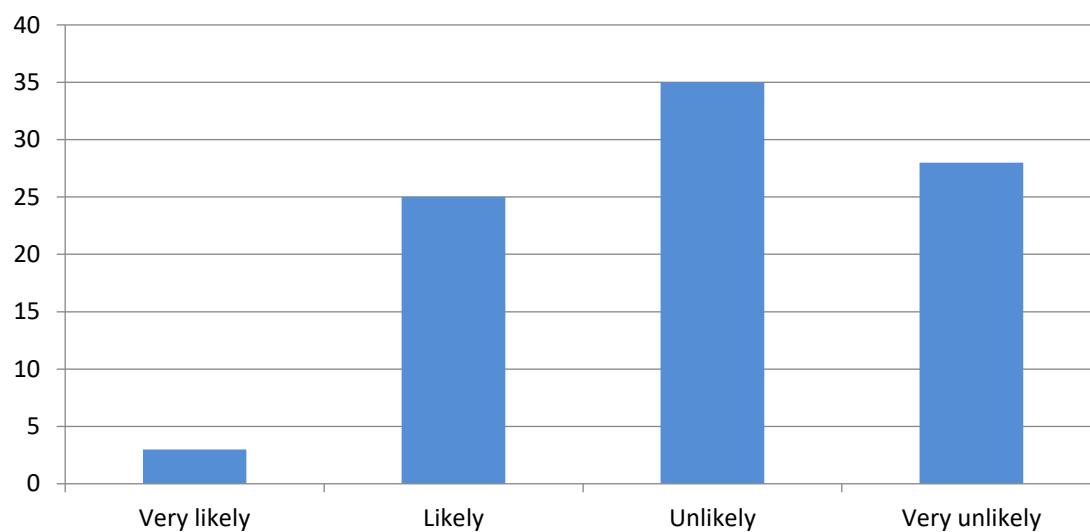
Responses by site were as follows:

Glan Clwyd Hospital	57%
Abergele Hospital	5%
Wrexham Maelor Hospital	20%
Bangor Ysbyty Gwynedd Hospital	18%

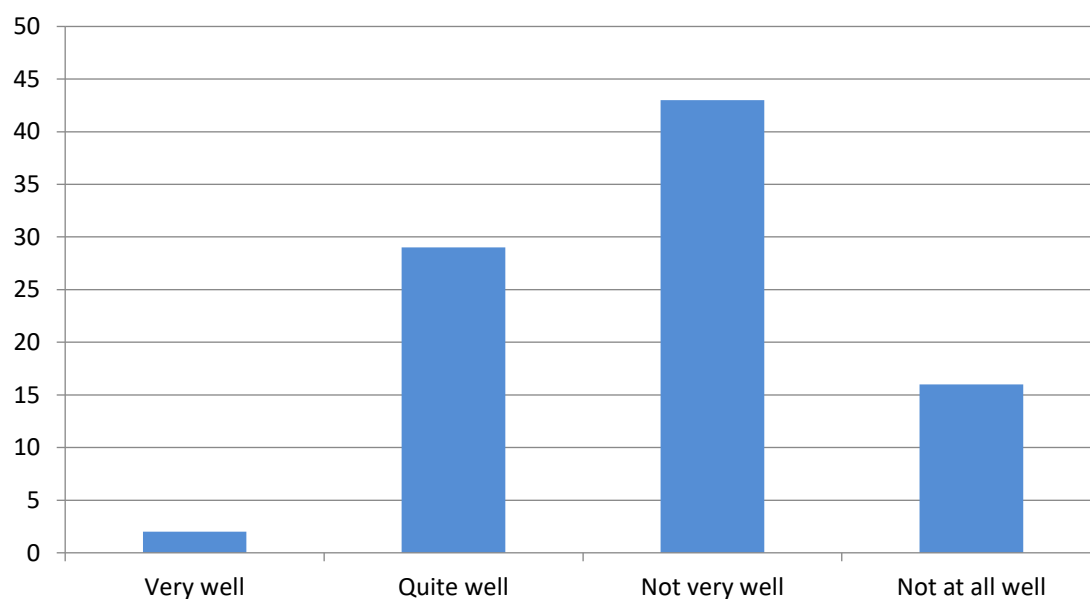
Results

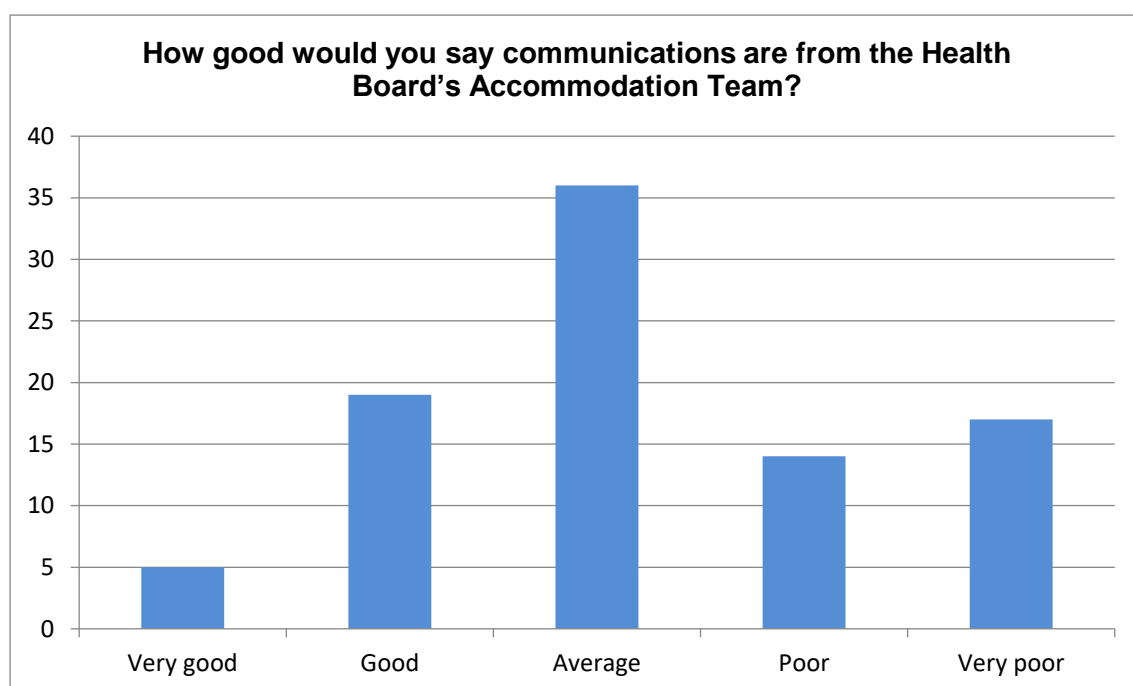
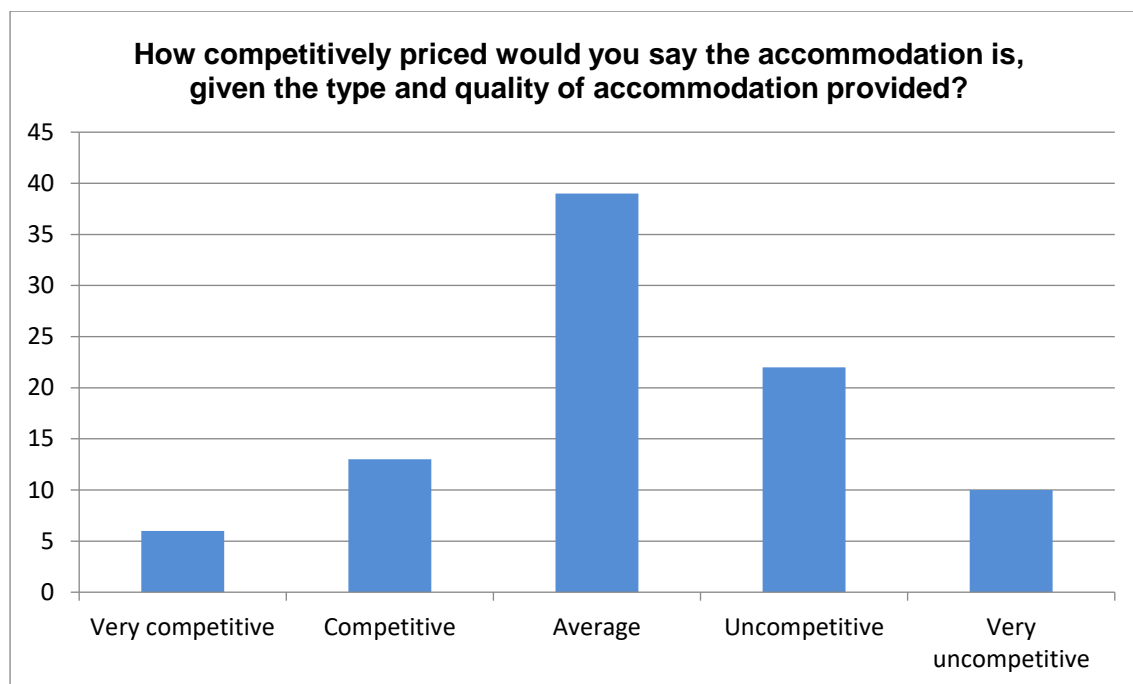


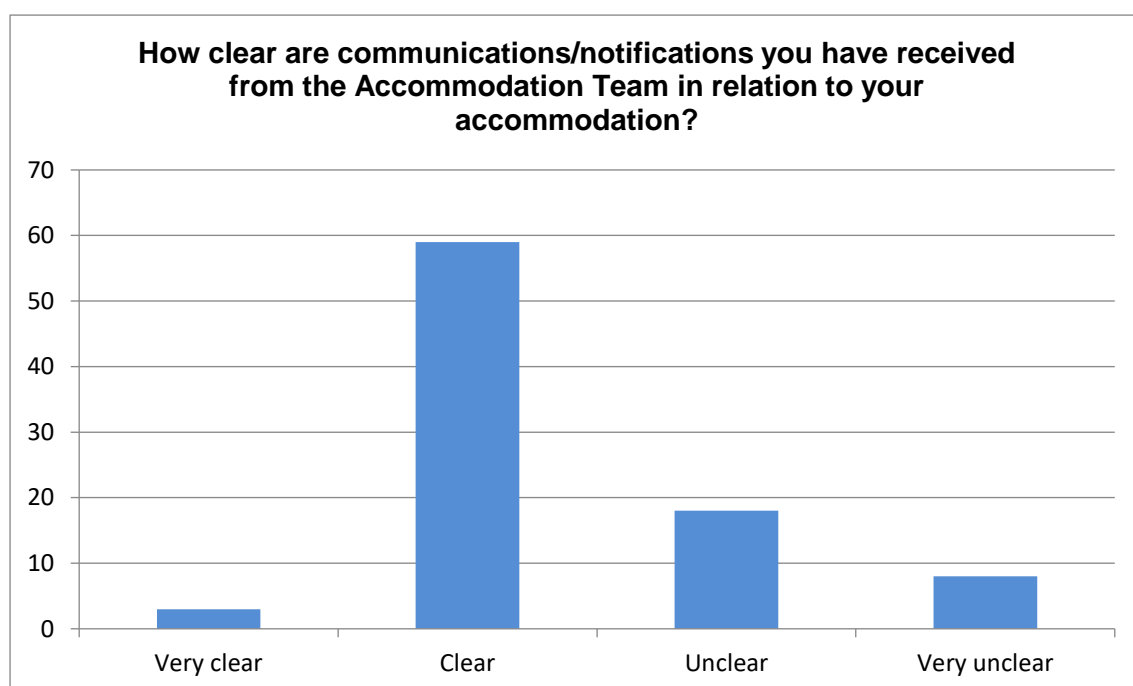
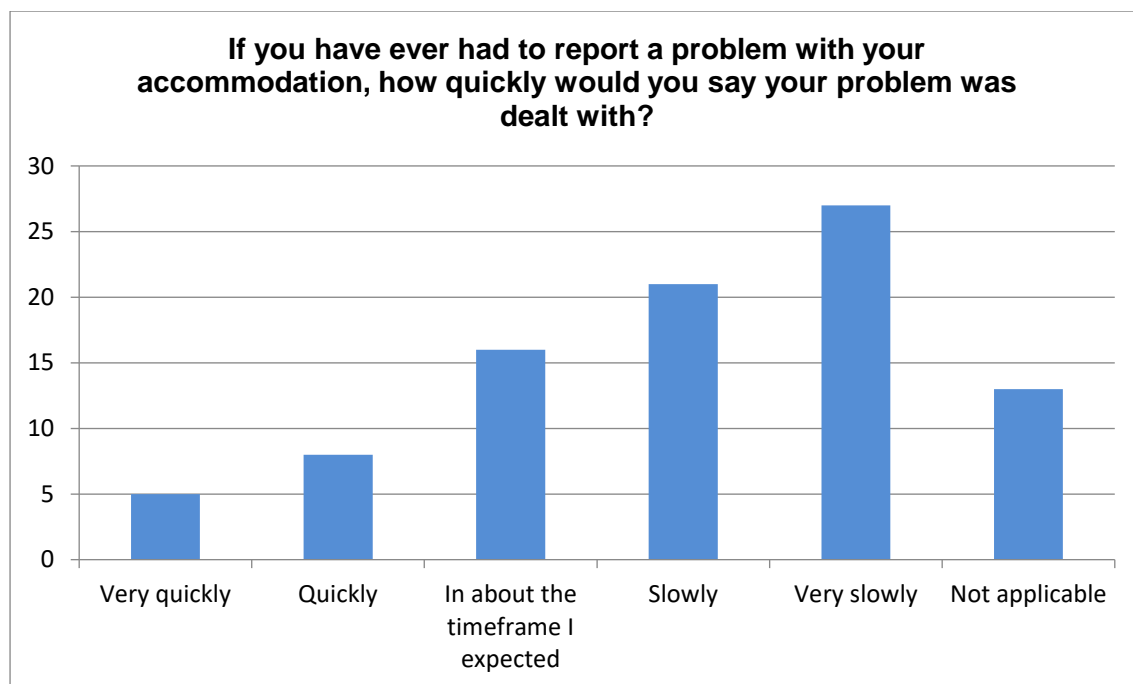
How likely would you be to recommend the residential accommodation at this Health Board to another health professional?

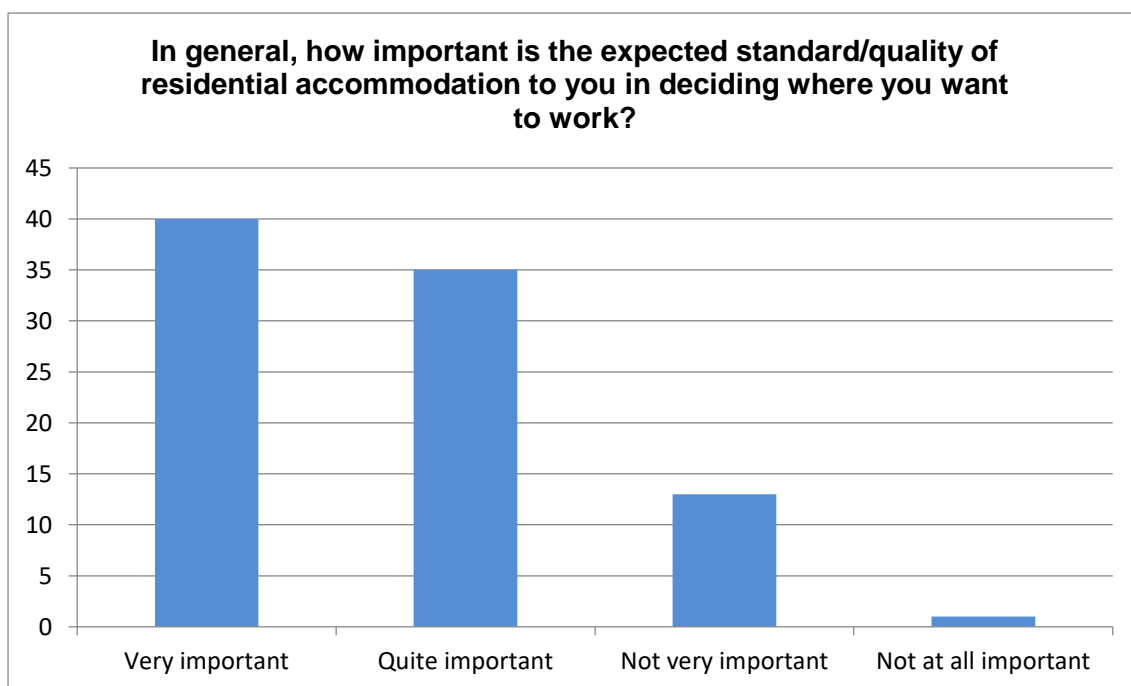
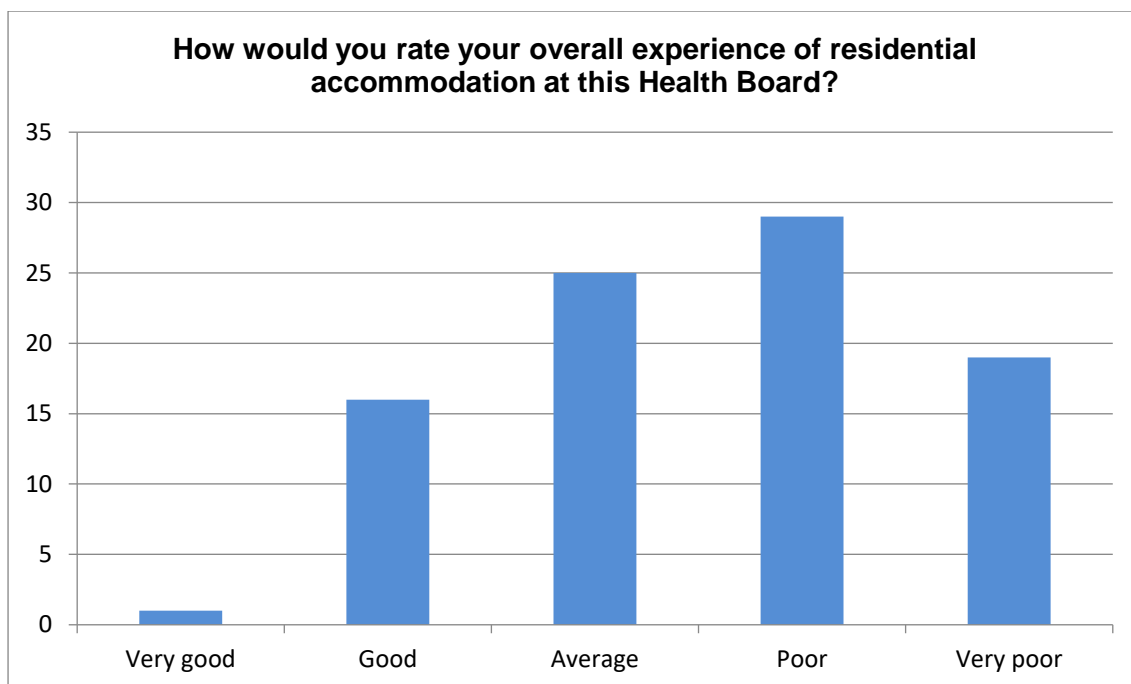


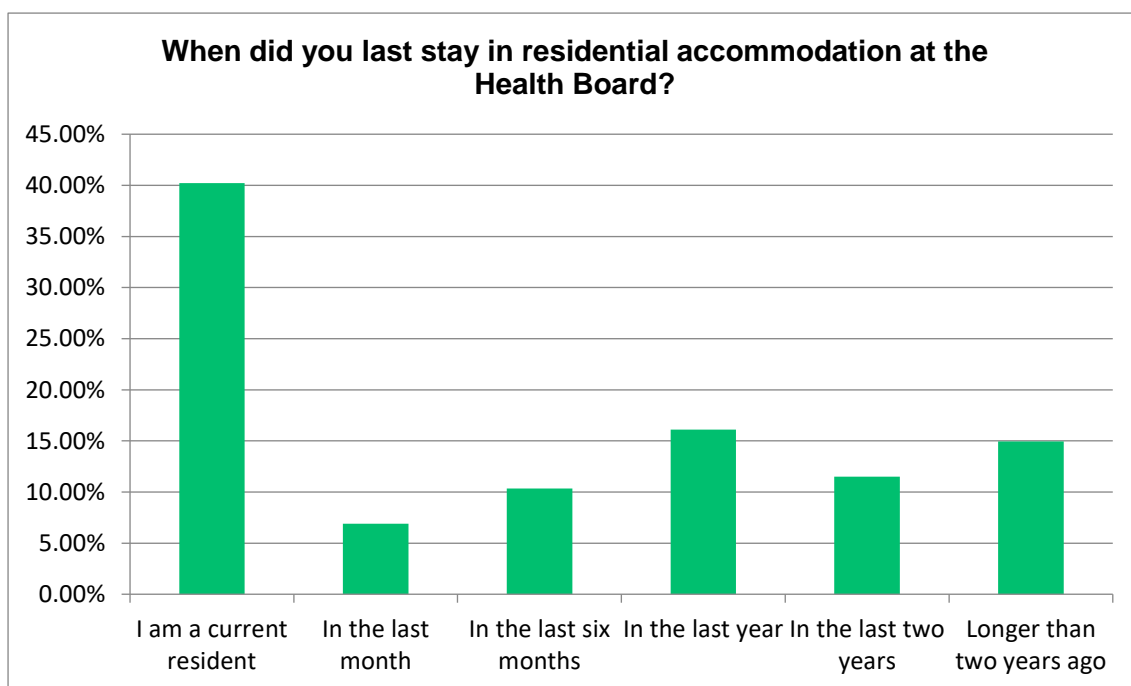
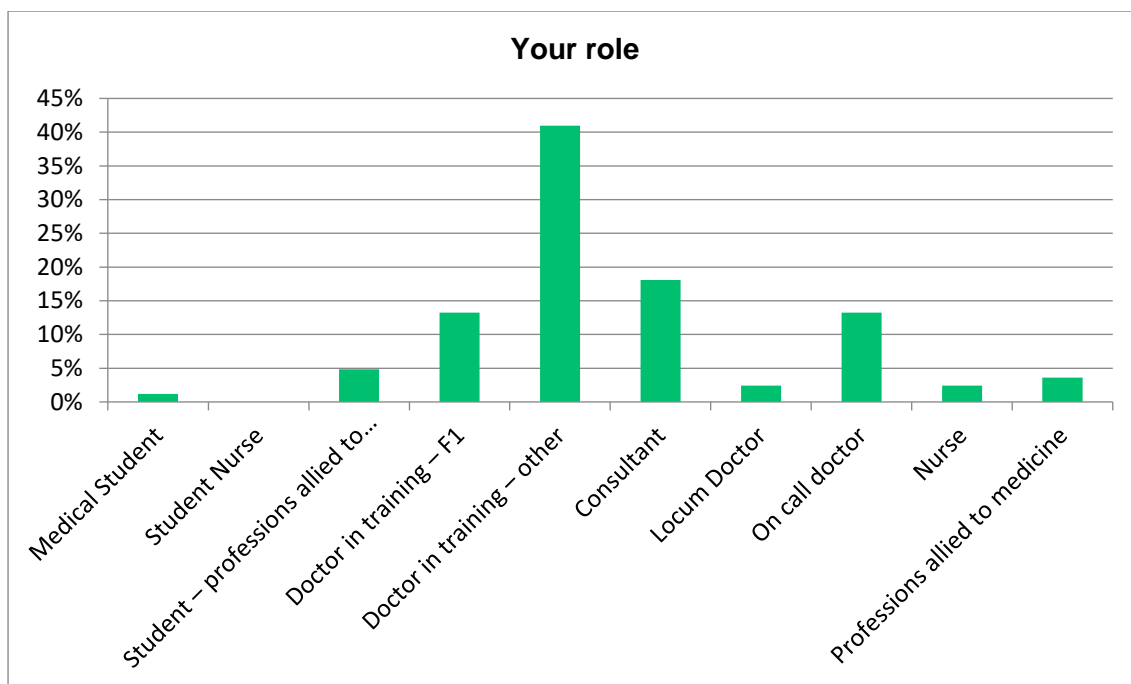
How well does the accommodation meet your needs?

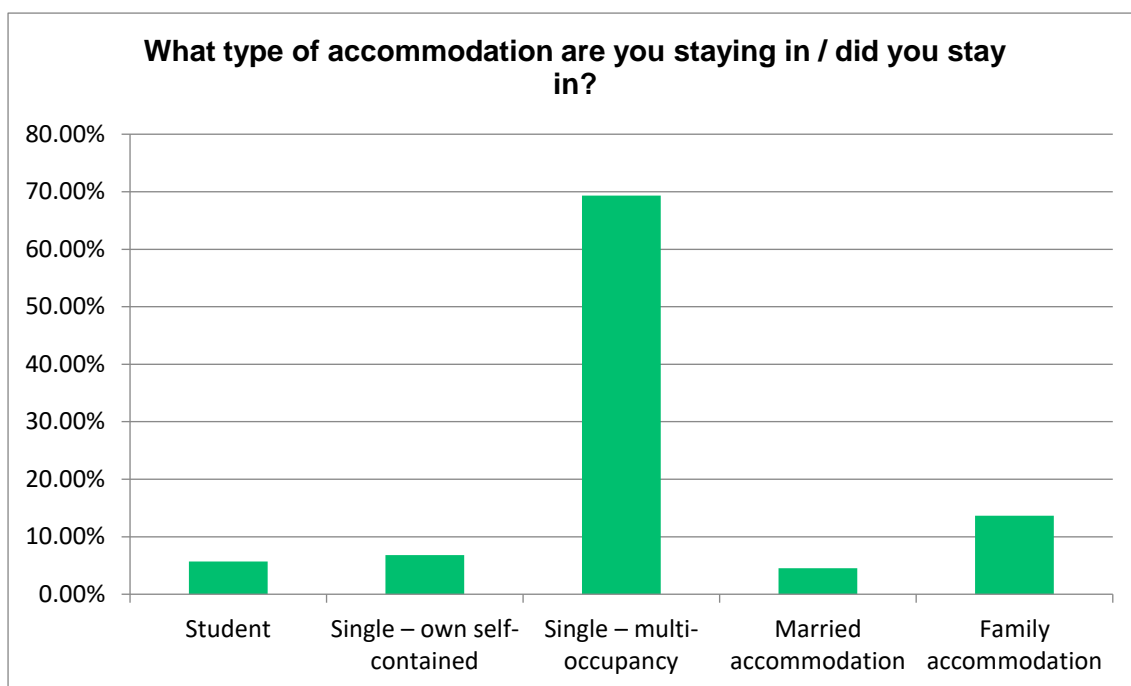
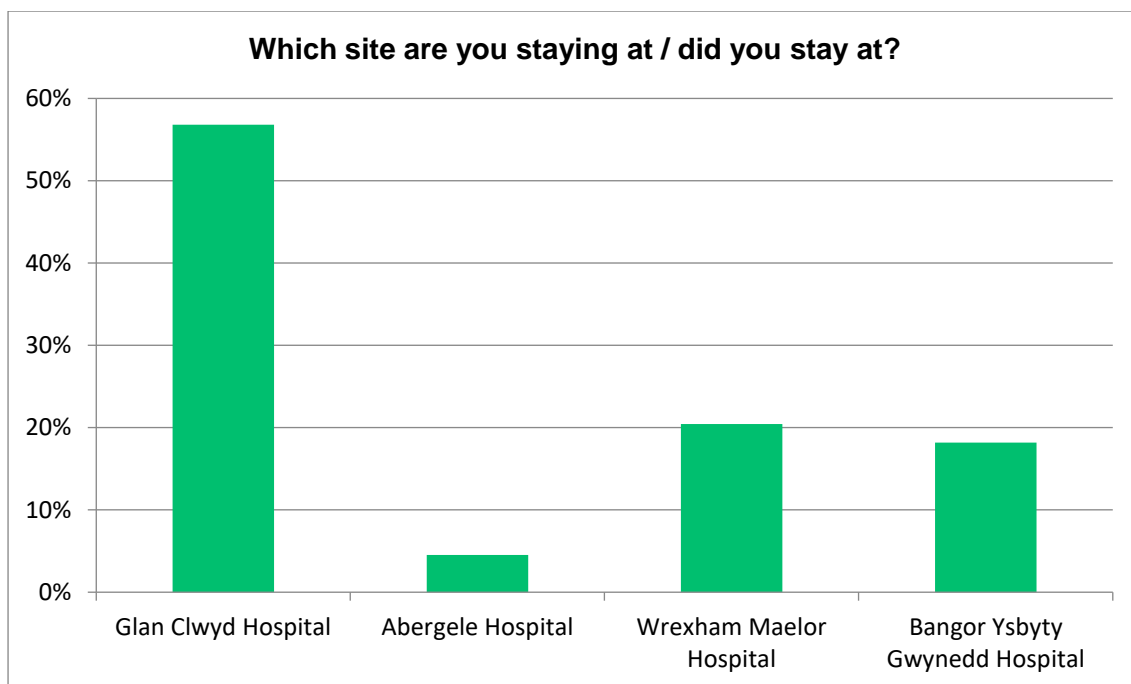


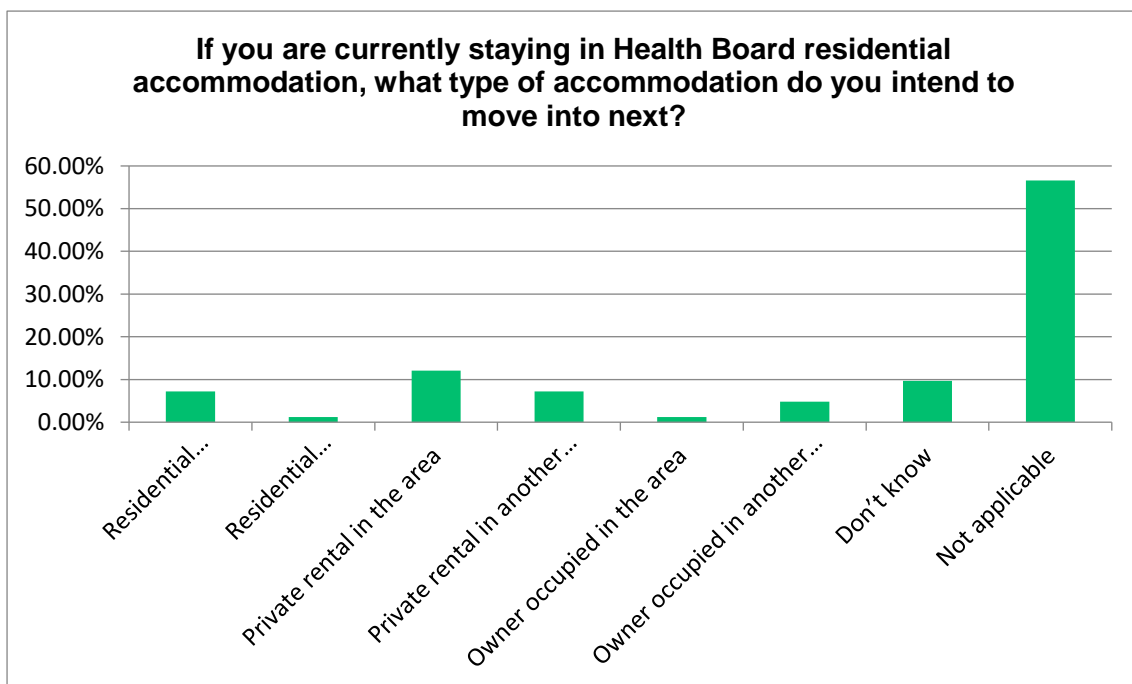
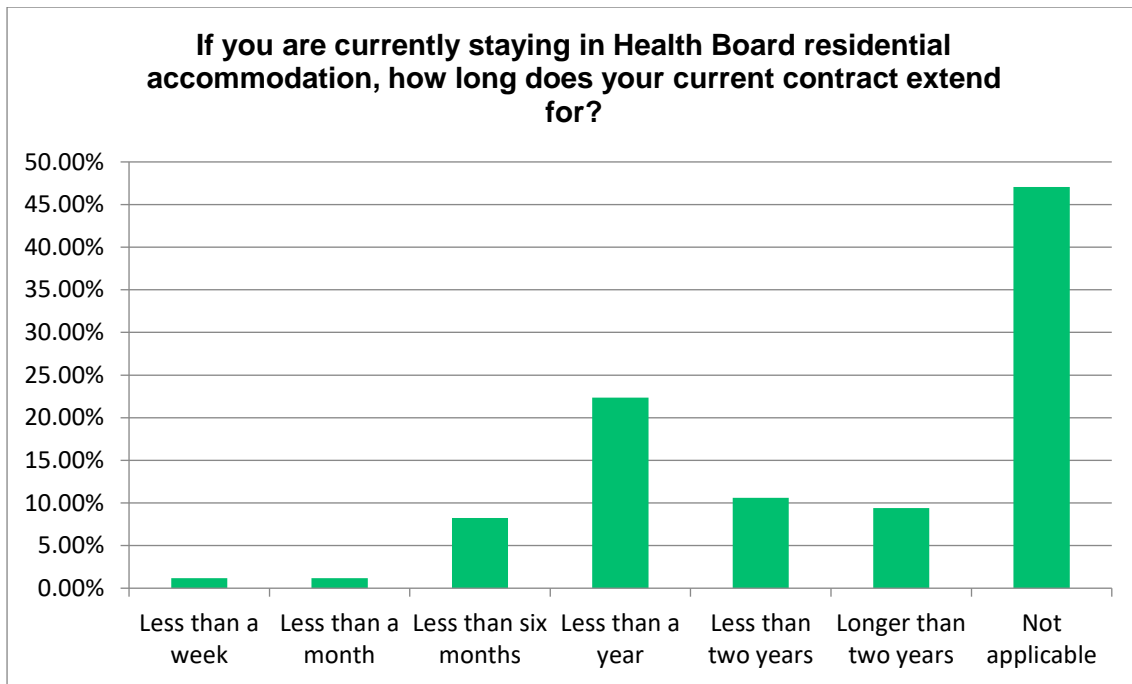












Sample user comments

What improvements would you like to see in residential accommodation at the Health Board?

"Hospital accommodation is a shocking embarrassment. Management should reflect on what this says about their attitude towards doctors, and the knock-on effect on healthcare."

"Accommodation for health care professionals extremely poor and demoralising."

"The most important thing that needs to be done is to do the renovations as most of the accommodation is very old and no proper renovations have been done in ages."

"Get rid of the lot and rebuild- mouldy, dirty, poorly maintained."

"Ysbyty Gwynedd accommodation is outdated, shabby, noisy, too hot, lacks ensuite facilities and is a major disincentive to doctors thinking of coming here to work. I think serious investment is required and that some of this expense may be recouped by improved recruitment rates."

"Completely new buildings are needed. The concrete block foundations can be seen in our flat as the wall are chipped away. Repairs take 6 months+. One of the filthiest buildings I've ever set foot in."

"The accommodation is very good. A separate bathroom would be very useful. Overall, I am very satisfied."

Are there any facilities or services you would like to see provided on site that are not currently provided?

"Nursery, gym, indoor game facility."

"24 hours shop."

"Communal bar/ lounge for games e.g. pool, table tennis."

"A common area where residents can meet (pool table, table tennis, tv). A big ask but a gym would be ideal."

"Short notice on-call accommodation. E.g. too tired to drive home."

"Reserved parking for residents in YGC."

"Double glazing."

"Regular gas checks on not just the boilers but on the kitchen stoves too."

"An outside seating area that could be used for social events / barbeques."

"En suite bathrooms/ toilet."

"A communal area for foundation year doctors."

"Better laundry facilities."

"Fast internet."

"Leisure - swimming pool would be good, but probably totally unrealistic."

"Safety Cameras."

Appendix B Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT FORMS

PARTS A and B: SCREENING AND OUTCOME REPORT



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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?	Residential Accommodation Business Case
2.	Provide a brief description, including the aims and objectives of what you are assessing.	Business case for the future provision of the Health Board's residential accommodation.
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Rod Taylor, Director of Estates and Facilities, is the Senior Responsible Owner for the project.
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	The Business Case follows an Option Appraisal that was reviewed and approved by the Board in February 2018.

5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals?	The key stakeholders have been identified as the Health Board's staff residents, potential future residents including Key Workers, the Board, Welsh Government, construction/delivery partners, planning authorities, North Wales shared Services Partnership, the BMA (with regards standards), trade unions, staff-side and the project Working Group.
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Key success factors include: managing benefits and risks (including mitigation/removal of potential adverse impacts identified), effective stakeholder communications and engagement, and identifying the most suitable construction/delivery partners.

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, <u>for each characteristic listed on the left</u> :- (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	High Medium or Low	
Age	N		Accommodation will continue to be available to people of all ages. Accommodation booking/letting policies and procedures will continue to comply with all relevant legislation, to demonstrate that they are non-discriminatory with regards any of the protected characteristics, and to show how they actively encourage diverse representation.
Disability	+	High	It is envisaged that much of the Health Board's residential accommodation will be replaced, and the new builds will comply with modern standards for accessibility. This will be of considerable benefit for disabled people as the current buildings are predominantly 1960s/70s builds (or older).
Gender Reassignment	N		Accommodation will continue to be available to people regardless of their gender identity. Construction/delivery partners will be assessed as part of the procurement process on their policies, procedures and training in relation to equality and diversity. Accommodation booking/letting policies and procedures in the new partnership will be required to comply with all relevant legislation, to demonstrate that they are non-discriminatory with regards any of the protected characteristics, and to show how they actively encourage diverse representation.
Marriage & Civil Partnership	N		The Health Board has some residential accommodation for couples and can be used by married couples or people in civil partnerships. This will continue to be the case under the new arrangements. Construction/delivery partners will be assessed as part of the procurement process on their policies, procedures and training in relation to equality and diversity. Accommodation booking/letting policies and procedures will continue to comply with all

			relevant legislation, to demonstrate that they are non-discriminatory with regards any of the protected characteristics, and to show how they actively encourage diverse representation.
Pregnancy & Maternity	N		The Health Board currently has some accommodation that meets the needs of children and will continue to do so under the new arrangements so the impact on pregnancy/maternity is expected to be neutral.
Race / Ethnicity	+	Medium	The existing Health Board workforce comprises people from a wide range of ethnic backgrounds, and will continue to evolve in this way due to factors such as overseas recruitment. A key consideration both now and as part of the planning for providing accommodation in the future is how difficult it can be for people from various nationalities and ethnic backgrounds to integrate into, and feel comfortable within local communities. This project may result in some accommodation being provided separate from (but near to) existing hospital sites to aid community integration and provide more pastoral support including facilitating contact with local ethnic minority communities.
Religion or Belief	+	Medium	The refurbishment/rebuild of accommodation will take into account appropriate facilities for staff from faith based communities in consultation with Health Board Chaplaincy and the staff themselves.
Sex	N		Accommodation will continue to be available to people regardless of their sex. Construction/delivery partners will be assessed as part of the procurement process on their policies, procedures and training in relation to equality and diversity. Accommodation booking/letting policies and procedures will continue to comply with all relevant legislation, to demonstrate that they are non-discriminatory with regards any of the protected characteristics, and to show how they actively encourage diverse representation.
Sexual Orientation	N		Accommodation will continue to be available to people regardless of their sexual orientation. Construction/delivery partners will be assessed as part of the procurement process on their policies, procedures and training in relation to equality and diversity. Accommodation booking/letting policies and procedures will continue to comply with all relevant legislation, to demonstrate that they are non-discriminatory with regards any of the protected characteristics, and to show how they actively encourage diverse representation.

Welsh Language	+	Medium	Part of the planning for the future provision of residential accommodation involves exploring whether some of the accommodation can be provided away from current hospital sites. This will have the advantage of placing more residents within a community setting where there will be greater opportunities for use of the Welsh language.
Human Rights	N		Accommodation will continue to be provided in accordance with human rights legislation. Construction/Delivery partners will be assessed as part of the procurement process on their policies, procedures and training in relation to human rights. Accommodation booking/letting policies and procedures will continue to comply with all relevant legislation and to adopt the Health Board's approach to Human Rights principles which are Fairness, Respect, Equality, Dignity and Autonomy (FREDA).

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the "General Duty". This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity; and
- Foster good relations between different groups

1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise

Construction/delivery partners will be assessed as part of the procurement process on their policies, procedures and training in relation to equality and diversity. Accommodation booking/letting policies and procedures will continue to comply with all relevant legislation, to demonstrate that they are non-discriminatory with regards any of the protected characteristics, and to show how they actively encourage diverse representation and promote inclusivity.

2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	All relevant opportunities have been built into the current proposals, and will be further developed in subsequent stages of the business case/business planning process for the new partnership.
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	Equality, diversity and human rights considerations and principles will be at the heart of BCUHB's approach to providing residential accommodation. The proposals present a unique opportunity for BCUHB to promote inclusivity and good relations among the diverse community of people who comprise its residents. This will be achieved through creating an attractive and welcoming environment in which to live, including providing spaces and facilities within which the community can interact socially, and through reinforcing the Health Board's values through residential accommodation staff, communications, policies and procedures.

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
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1. What is being assessed? (Copy from Form 1)	Residential Accommodation Business Case
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2. Brief Aims and Objectives: (Copy from Form 1)	Business case for the future provision of the Health Board's residential accommodation.
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3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could any of the protected groups be negatively affected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

4. Did the decision scoring on Form 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"/>
	The project is expected to have either a neutral or positive effect on each of the groups with protected characteristics.	
5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>
	Record Details:	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	<p>Best practice in equality and diversity will form part of requirements for the project and will be monitored as part of the governance arrangements.</p> <p>Data will be monitored including analysing the demographic profile (including protected characteristics) of people using residential accommodation and comparing it with Health Board staff in general and with the wider population in North Wales. This will enable BCUHB to confirm that those who are using residential accommodation are representative of the diversity of the community. If this analysis highlights any areas where residential accommodation users are not reflecting the diversity of the community, then the reasons for</p>

		<p>this will be explored, including identifying and addressing any barriers to access or inclusion for specific groups.</p> <p>Evaluation of the impact of the project on equalities and diversity will also form part of the post project evaluation.</p>
	Who is responsible?	Rod Taylor, Director of Estates and Facilities
	What information is being used?	<p>Demographic data for residents to be monitored as described above</p> <p>Resident access and experience by protected characteristic group to be to be monitored by the partnership e.g. via data analysis, surveys and focus groups</p>
	When will the EqlA be reviewed? (Usually the same date the policy is reviewed)	To be reviewed upon commencement of the new arrangements, and annually thereafter.

7. Where will your decision or policy be forwarded for approval?	The Board

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	<p>Involvement of stakeholder and service user representatives via project working group</p> <p>Residential accommodation user survey</p>

9. Names of all parties involved in undertaking this Equality Impact Assessment:	Name	Title/Role
	Matt Hill	Project Manager, Capita
	Rod Taylor	Director of Estates and Facilities
	Paul Clarke	Head of Facilities
	Residential Accommodation Working Group	Includes representatives from Medical Staff (including LNC Chair), Residential Accommodation Managers, Estates, Hotel Services, Finance, Procurement
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqlA 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:	No negative impact identified.		
2. What changes are you proposing to make to your document or proposal as a result of the EqlA?	Increase extent of equality and diversity assessment as part of procurement process	Ian Emptage/Matt Hill	April 2020
	Establish equality and diversity monitoring as part of any new arrangements	Rod Taylor	Dec 2020
	Incorporate equality and diversity review into plan for post-project evaluation in Business Case	Matt Hill	Dec 2019
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	Not applicable (see above).		

	Proposed Actions	Who is responsible for this action?	When will this be done by?
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	Not applicable (see above).		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	Build active promotion of equality of opportunity into the new arrangements	Rod Taylor	Dec 2020

Cyfarfod a dyddiad: Meeting and date:	Health Board 21 ST January 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary						
Awdur yr Adroddiad Report Author:	Mrs Kate Dunn, Head of Corporate Affairs						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Board is asked to note the report							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
Asesiad / Assessment							
The Health Board considered the following matters in private session on 12.11.20:							
<ul style="list-style-type: none"> Award of primary care GP contract 							



GIG
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Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

DRAFT Minutes of Meeting held on 29 July 2020

Author: Mark Dickinson**Version:** 1 (Approved)**Members
present**

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Hywel Dda UHB (MB)
 Huw George, Deputy Chief Executive, Public Health Wales
 (HG) (for Tracey Cooper)
 Sharon Hopkins, Interim Chief Executive, Cwm Taf
 Morgannwg UHB (SHo)
 Steve Ham, Chief Executive, Velindre NHS Trust (SHa)
 Vivienne Harpwood, Chair, Powys tHB (VH)
 Alex Howells, Chief Executive, Health Education &
 Improvement Wales (AH)
 Chris Jones, Chair, Health Education and Improvement
 Wales (CJ)
 Jason Killens, Chief Executive, Welsh Ambulance Service
 NHS Trust (JK)
 Tracy Myhill, Chief Executive, Swansea Bay UHB (TM)
 Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
 Mark Polin, Chair, Betsi Cadwaladr UHB (MP)
 Emma Woollett, Interim Chair, Swansea Bay UHB (EW)

**In
attendance**

Mark Dickinson, NHS Wales Health Collaborative (MD)
 Rosemary Fletcher, Director, NHS Wales Health
 Collaborative (RF)

Apologies

Tracey Cooper, Chief Executive, Public Health Wales
 Charles Janczewski, Interim Chair, Cardiff and Vale UHB
 Marcus Longley, Chair, Cwm Taf Morgannwg UHB
 Donna Mead, Chair, Velindre NHS Trust
 Steve Moore, Chief Executive, Hywel Dda UHB
 Jan Williams, Chair, Public Health Wales

Welcome and introduction		Action
AL welcomed colleagues to the meeting and noted apologies for absence.		
Approval of minutes of previous meeting (LF-2001-01)		Action
The minutes of the meeting held on 15 January 2020 were approved as a correct record.		MD
The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.		
Matters arising from minutes (LF-2001-01)		Action
<i>River House</i> RF reported that Collaborative staff are working at home for the foreseeable future, with skeleton staffing at River House. As a result, there are no current pressures on office accommodation and the situation will be reassessed in due course.		
<i>Major Trauma Programme</i> RF confirmed that the assurance process had been completed and WHSSC Joint Committee had approved the recommendation for the South Wales Trauma Network to 'go live' from 14 September 2020.		
<i>Funding for Implementation Groups</i> RF noted that a formal request had been received from Welsh Government for the Collaborative to manage this funding. This has been approved by the Collaborative Executive Group, subject to a holistic approach being taken and specified governance arrangements being put into place.		
<i>Informatics Projects</i> RF reported that work on pathology and imaging information systems is being progressed in line with the Welsh Government's reviews of NHS Wales' informatics architecture and governance		
<i>New work commissioned from the Collaborative Team</i> RF reported that arrangements for the Allied Healthcare Professionals (AHPs) work programme were now being taken forward by HEIW. In addition, a meeting has been scheduled with Alex Howells and HEIW colleagues to discuss the transfer of the healthcare science work programme to HEIW. AL requested that this discussion should also include other areas of work with implications for new workforce models.		

RF/AH	
Collaborative Draft Annual Report 2019/20 (LF-2007-02)	Action
<p>RF delivered a presentation on the Collaborative Draft Annual Report, noting that further work will be done, before publication, with the support of the Public Health Wales communications team:</p> <div data-bbox="663 508 726 573" data-label="Image"> </div> <p>LF-2007 - Presentation v1.ppt</p> <p>RF drew attention to the case studies included in the report.</p> <p>CJ asked whether the Collaborative had developed a 'reset matrix', to maximise the opportunity to change ways of working in the COVID and post-COVID contexts. RF agreed to consider this in the context of the new Work Plan.</p> <p>Speaking in her capacity of Chair of WHSSC, VH expressed her gratitude to the Collaborative for the work done in support of WHSSC, identifying the Wales Cancer Network and Wales Maternity and Neonatal Network for specific thanks. RF responded that the relationship with WHSSC illustrates how work with the overall system can be further strengthened.</p> <p>The Forum formally recorded thanks to the Collaborative Team for work done in 2019/20 and to RF, as Director, for her flexibility in responding to and meeting requests for additional and significant areas of work.</p>	RF
Collaborative Outline Work Plan 2020/21 (LF-2007-03)	Action
<p>RF delivered a presentation on the Collaborative Work Plan 2020/21 (slides included in the presentation above), noting the roles the Collaborative was playing in the context of COVID and its impact on NHS Wales.</p> <p>MP noted that the cross-Collaborative work streams illustrated on p4 of the report are particularly significant, but that it is hard to see how this work had affected the plans of the individual teams. RF responded that these works streams are new, reflecting internal arrangements, and that the Collaborative is aiming to maximise synergies, but that this could be made more explicit.</p>	

	Paper Ref: LF-2012-01
NHS Wales Health Collaborative Leadership Forum	Minutes 29/07/20

<p>EW asked whether the scope of the plan was realistic, given the pressures of COVID and the threat of a second wave. EW also asked if the Collaborative could have a greater role in supporting health boards on work to address backlogs in areas such as routine surgery. MB agreed that increased waiting lists are a priority to address collaboratively and that there may be a backlash from the public.</p> <p>RF responded that there is a need to be flexible in response to COVID demands and that the Collaborative is happy to consider what more could be done to support work both on routine surgery and diagnostics. It was agreed that AL, JP and RF would liaise over the development of a short paper making specific recommendations about work in this area.</p> <p>JP noted that the Work Plan needed to be considered in the light of the transition to an NHS Wales Executive and that this will be fraught with challenges. Direct requests from WG for the Collaborative to do work are already causing some confusion in terms of governance and accountabilities. JP agreed to pick this issue up in discussion with WG colleagues and will circulate relevant material.</p> <p>CJ stressed the importance of 'resetting' NHS Wales, with more telephone and video consultation and new approaches to outpatients. There is an opportunity to redesign 'one stop shops' to minimise contacts. MB agreed to circulate a paper from Hywel Dda that addresses this agenda.</p> <p>AL asked, given the scope of the Work Plan, if there was sufficient capacity within the Collaborative. RF advised that a review of the management structure was planned.</p> <p>AL expressed thanks for the huge amount of work set out in the plan that will make a difference to outcomes for individuals.</p>	<p>AL/JP/RF</p> <p>JP</p> <p>MB</p>
Date of next meeting	
It was noted that the Forum is scheduled to meet next at 9am on 13 October 2020	

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
8 SEPTEMBER 2020 AT 13:30 VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive, Betsi Cadwaladr BCUHB
Steve Curry	Chief Operating Officer, Cardiff and Vale CVUHB
Nick Lyons	Interim Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB

In Attendance:

Cath O'Brien	Chief Operating Officer, Velindre NHS Trust
Hannah Evans	Director of Transformation, Swansea Bay SBUHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Mark Harris	Patient Care Services Manager, Welsh Ambulance Services NHS Trust (For Focus On – NEPTS agenda item only)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/66	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Hannah Evans, Director of Transformation for Swansea Bay UHB and Cath O'Brien, Chief Operating Officer for Velindre NHS Trust were welcomed to their first meeting.	
EASC 20/67	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths; Steve Moore, Karen Miles, Len Richards and Glyn Jones.	

	<p>EASC 20/57 Healthcare Inspectorate Wales (HIW) Report Members noted that WAST had received the draft report from HIW and had provided comments on matters of factual accuracy. It was likely the final version of the report would be published by HIW at the end of September. The report would be circulated to Members as soon as received.</p> <p>EASC 20/58 Emergency Medical Retrieval and Transfer Service (EMRTS) Members noted that work was underway to try and secure capital funding for the EMRTS service. A further update would be provided at the next meeting.</p> <p>EASC 20/60 Governance Update Members were aware that the effectiveness survey information was outstanding and would be shared once all surveys had been received from the sub groups.</p> <p>EASC 20/29 CASC as Co-Chair Task and Finish Group Members noted the ongoing work with the Fire and Rescue Services in relation to their work as first responders. A service level agreement was being developed in partnership by WAST. Stephen Harrhy explained that a briefing session had been planned with the Minister for Local Government and Jason Killens agreed to provide information for the briefing by 14 September 2020 (added to the Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>Ctte Sec</p> <p>CASC</p> <p>Ctte Sec</p> <p>CEO WAST</p>
EASC 20/71	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 20/72	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 20/73	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harrhy highlighted the following key items:</p>	

	<p>Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harrhy suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.</p> <p>The Chair thanked Stephen Harrhy for his report and Members discussed the following matters:</p> <ul style="list-style-type: none"> • Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only. • Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting (added to the Forward Look). It was suggested that further information may be circulated outside of the formal meeting arrangements as the current system may not have sufficient capacity to deliver all of the previously agreed plans. • Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required. • Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues. <p>The Chair summarised the discussion and Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner's report • NOTE the need to identify a set of specific priorities • NOTE the aim to link to seasonal priorities • APPROVE the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan. 	CASC
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<p>EASC 20/74</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. To provide more clarity in relation to activity and performance Jason Killens asked the Chair if he could share a presentation and it would be shared with Members after the meeting. The Chair reminded Members that he would prefer to avoid having tabled information at the Committee meetings in order for opportunity to scrutinise the information in advance. However, he agreed to the use of the presentation to assist Members, particularly as performance had deteriorated.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Serious Adverse Incidents (SAIs) – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. A report would be compiled monthly and more examples would be shared with the EASC Team (added to the Action Log). <p>The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report (added to the Action Log).</p> <ul style="list-style-type: none"> • Long waits – the reasons were provided as was more evidence of the shift back to normal working • Health and Safety Executive (HSE) – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment). A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose • Performance position <ul style="list-style-type: none"> - RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August - 999 handling and 999 calls – good performance - Incidents – volumes increased from August 2019 	<p>CEO WAST</p> <p>CEO WAST</p> <p>All</p>
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	<ul style="list-style-type: none"> - Production comparison August – more this year compared to previous years - EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter - Overtime reductions – no incentivised overtime - Covid 19 abstractions now at 3% - More activity August 2020 compared with 2018 and 2019 - Emergency Ambulance Utilisation (3% tolerance) - Staffing – focus is on additionality and recruitment <p>Forecast</p> <ul style="list-style-type: none"> - Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles - Amber performance and patients experiencing long waiting times - Anticipating further Covid19 surge - Modelling forecast for September - 66%. <p>Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.</p> <p>Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.</p> <p>The CASC responded to the content of the presentation and highlighted:</p> <ul style="list-style-type: none"> - Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective - Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance 	CASC
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	<ul style="list-style-type: none"> - Keen to work with health board colleagues re handover delays and what do their plans look like – it was agreed that the CASC to contact everyone for their plans (added to the Action Log) - Confirmed that a detailed analysis of the ambulance performance in August was being undertaken to supplement WAST improvement plan including variation in mobilisation times in South East Wales compared with other regions - Opportunities for learning across Wales including Cardiff and Vale UHBs CAV 24/7. <p>The Chair asked regarding the information on current and forecasted future performance and suggested that it would be helpful to have a coordinated plan from WAST to tackle the issues identified. It was felt this overview list would also be helpful for the work of the Ministerial Ambulance Availability Taskforce to coordinate the actions to be taken.</p> <p>Members agreed that the EASC Management Group receive and discuss the overview list (Added to the Action Log). Members also noted the importance of the impact of cultural issues in terms of the ownership and professional responsibilities in working together and this would be key during the winter months.</p> <p>Other matters highlighted from the WAST provider report included:</p> <ul style="list-style-type: none"> • the recruitment of the additional staff for the front line which was at 119.28wte to date which subject to additional resources could be increased although the additional work by the finance teams would provide clarity. • Where health board service changes had been planned, Jason Killens thanked colleagues for including the WAST Team as early as possible to support service changes across NHS Wales. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	CEO WAST
EASC 20/75	<p>FOCUS ON – NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)</p> <p>The report and presentation on the Non-Emergency Patient Transport Service (NEPTS) was received. In presenting the report, James Rodaway and Mark Harris explained that the report had been received at the NEPTS Delivery Assurance Group and also at the EASC Management Group.</p>	

	<p>Members noted:</p> <ul style="list-style-type: none"> • NEPTS Headline statistics • The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement • Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible • NEPTS Service Development • Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service had won a Health Service Journal Award and the team were warmly congratulated on this achievement • Performance/ Service Delivery Improvements • Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning • NEPTS Demand and Capacity Review now underway • The Impact and Learning from Covid19 • The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity. <p>Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.</p> <p>Members noted that the NEPT Service were also working with Optima using the modelling tool to analyse how the service could be used in the winter. Other complementary work included how volunteer drivers could be protected including consideration for early vaccination (when available).</p> <p>The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.</p>	
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	<p>The CASC emphasised the importance of the joined up approach and informed Members of the ongoing work with the procurement team to look at all spend on private providers as there may be an opportunity to realise savings and the further development of the NEPT service in line with the 'Once for Wales' ethos. Members were very supportive of the All Wales approach and the improvements being made within the NEPT service to date.</p> <p>Members suggested that the NEPTS Demand and Capacity Review would need to understand the learning from the Covid19 experience in terms of how the service could be rebalanced and provided in different ways.</p> <p>Members discussed the outstanding transfers to complete the 'Once for Wales' approach as agreed and asked about the timescales. Members noted that prior to the pandemic and lockdown all of the work required pre transfer had been completed for the ABUHB area. The aim was now to revisit the data and WAST had appointed a lead manager to oversee the work – ABUHB would be the next area to transfer. The Powys area had also provided data and would follow ABUHB before the end of the financial year.</p> <p>The CASC explained that the detail would be developed and reported via the NEPTS DAG to the next Committee meeting. In terms of the timescales, it was expected that CTMUHB would transfer in the first half of 2021 and BCUHB by the end of the financial year 2021-22 (added to the Action Log).</p> <p>The Chair, in summary, confirmed that effectively phase 1 had been achieved and further work was now required to transfer the other services as soon as possible. The WAST team were also congratulated by the Chair on their achievement of the Health Service Journal Award for their End of Life service.</p> <p>Members RESOLVED to: NOTE the presentation and report.</p>	
EASC 20/76	<p>OUTLINE COMMISSIONING INTENTIONS</p> <p>The report outlining the commissioning intentions was received. In presenting the report, Ross Whitehead highlighted the initial aim to facilitate further discussion at the EASC Management Group to analyse the commissioning intentions for previous years and undertake an option appraisal for each intention. This would then allow for the development of additional intentions or amend the intentions for the next financial year.</p>	

	<p>Members noted that the aim is to issue draft commissioning intentions towards the end of October with the suggestion that a report would be provided to the next EAS Committee on 10 November. Jason Killens supported the work and confirmed that the WAST would want to be fully involved as early as possible (added to the Forward Look).</p> <p>Members RESOLVED to: NOTE the report.</p>	<p>Assistant Director of Quality and Patient Experience</p>
<p>EASC 20/77</p>	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position. Stuart Davies explained that the finance team were working closely with the WAST finance team to verify the net increase in staff related to the 90wte previously agreed by the Committee. Members were pleased to note the report from the WAST CEO regarding the net additionality and the aim of the finance team was to give assurance to the Committee that the net position of staff in post at WAST was increasing.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	<p>Director of Finance</p>
<p>EASC 20/78</p>	<p>UNSCHEDULED CARE PRESENTATION</p> <p>Stephen Harray gave the presentation on Unscheduled Care. Members noted that the presentation had been previously received by the NHS Executive Board.</p> <p>The following areas were highlighted in terms of the connection to ambulance services and the plans for the future:</p> <ul style="list-style-type: none"> • Aim to maximise the use of phone first / contact first - likely this would be best done nationally but without cutting across work already in place (e.g. Cardiff and Vale - CAV 24/7); this presents an opportunity for WAST and the 111 service to provide the service • Health board hubs organised and run locally, 'flow hubs'. Likely to include minor injury or illness units/ lower acuity respiratory services / people who have fallen and mental health; other services which would be decided locally on the 80/20 rule (local/national) • Scheduling and how this may look, allowing ready access to services already available • Phase 1: what can be developed in preparation for winter? For WAST • 111 and call taking 	

- Access to the distribution hubs – what might this mean?
- Link to consultant connect and how to maximise the opportunity and measure through whole system – the development of an unscheduled care dashboard will become helpful
- Important for separate streams 999 and 111 (design principle)
- Need to be careful not to 'double-count' staff and need to be practical how to use staff
- Measurement – some information shared for the whole system approach including primary care measures and working with the primary care programme and emergency departments where is there an alternative to 4 hour target – potential to create an aggregated measure?
- Consulting and engaging regarding ambulance quality indicators with the measures a one system approach is exciting and it is being supported nationally
- Specific ambulance service opportunities
- Helpful for winter and future.

Members noted the update and asked if the information would be presented for the whole system to better understand the co-dependencies. Outlining the real priorities was felt to be important to include the outputs which could be achieved. The CASC suggested that all of the information would need to be coalesced into a presentation to inform the seasonal planning work too (added to the Action Log).

Members noted the processes which could be adopted and also considered the requirements for the public in accessing services appropriately. Members felt there was an opportunity to measure patient safety, experiences and outcomes in different ways. It was felt that patients would want clarity regarding accessing the right service available and the actions to assist when services not accessed appropriately. Members felt that the fall-back position for patients trying to access services would be very important and the right communications would be essential for success.

Members **RESOLVED** to:

- **NOTE** the report.

EASC 20/79	<p>EASC INTEGRATED MEDIUM TERM PLAN (IMTP) REVISED DELIVERY PLAN</p> <p>Stephen Harrhy gave an oral overview of the plans to revisit the delivery plan in light of the latest requirements for the Welsh Government to include the latest learning, direction and to concentrate on key priority areas in view of current pressures within the system. Members noted that the EASC Management Group would discuss the plan in more detail before resubmission to the Committee in due course.</p> <p>Members RESOLVED to: NOTE the report.</p>	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/80	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) FRAMEWORK AGREEMENT FINAL DRAFT</p> <p>The final draft of the Emergency Medical Retrieval And Transfer Service (EMRTS Cymru) Framework Agreement was received. James Rodaway presented the report.</p> <p>Members noted the development of the suite of collaborative commissioning frameworks in place and EMRTS was the final version. Members noted that sections of the report needed to be completed and importantly the need to amend the financial information section as confirmation had not been received for the Major Trauma and Critical Care transfer services at the time of writing.</p> <p>EMRTS Delivery Advisory Group had received the document and would finalise all sections. The CASC asked for support in making amendments outside of the formal meetings arrangements and whether the Chair could sign off the final version on behalf of the Committee (Chair's Action). The final version would be received and ratified by the Committee at the next meeting.</p> <p>Members noted that in the meantime the interim framework was in place and the service was operating within the governance required.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. • APPROVE the final draft • APPROVE that the CASC and Chair finalise the framework for submission for ratification of Chair's Action at the next meeting. 	

EASC 20/81	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) FRAMEWORK AGREEMENT FINAL DRAFT</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group - 26 June • EASC Management Group - 27 July 2020 • NEPTS Delivery Assurance Group – 7 July 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 20/82	<p>EASC RISK REGISTER</p> <p>The new EASC Risk Register report was received. In presenting the report, Stephen Harrhy explained that the register had been developed in line with the CTMUHB Risk Management Strategy (as the host body). Members noted that the EASC Management Group had received the EASC Risk Register and had provided useful comments which had been used to amend the register. The scope of the risks had been widened to cover the responsibilities of the Committee and no red risks had been identified.</p> <p>Members noted that the commissioning risks had been clarified and the importance of capturing the risks for which the Committee was responsible.</p> <p>Further discussion took place regarding the risk appetite of the Committee and the tolerance for the risk target which were felt to be quite low. Members felt it would be important to ensure that these were set correctly to be able to manage or mitigate the risks identified.</p> <p>The Chair suggested and it was agreed that the risk appetite would need to be fully discussed by the Committee at a future date and it would be added to the 'Focus On' list of topics (added to the Forward Look).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • NOTE the risk register would be received at every Committee meeting. 	

EASC 20/83	FORWARD PLAN OF BUSINESS The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the next 'Focus On' topic was Commissioning Intentions. Following discussion, Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	Chair
Part 4. OTHER MATTERS		ACTION
EASC 20/84	ANY OTHER BUSINESS No other business matters were raised at the meeting.	

DATE AND TIME OF NEXT MEETING		
EASC 20/65	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 10 November 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	10 November 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meeting-papers-archive/nov20/>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- Ministerial Ambulance Availability Taskforce – interim report planned at the end of the year
- Ambulance Quality Indicators - now published following a pause during the pandemic interactive view available here: <https://easc.nhs.wales/ambulance-quality-indicators/>
- Emergency Medical Retrieval and Transfer Service (EMRTS) – capital funding being sought to support the 24/7 service
- Non-Emergency Patient Transport Service (NEPTS) – plans progressing to transfer services to WAST by Aneurin Bevan, Betsi Cadwaladr, Powys and Cwm Taf Morgannwg health boards
- Revising the EASC Integrated Medium Term Plan – revised priorities have been agreed and the detail is being developed by the EASC Team and the Welsh Ambulance Services NHS Trust (WAST)
- Beyond the Call – A short presentation was received by Members of the work commissioned by the Welsh Government to the Mental Health Crisis Care Concordat in relation to the National Review of Access to Emergency Services for those experiencing mental health or welfare concerns. The document was published and would be shared with health boards in due course.
- Commissioning Intentions (CI) – a more streamlined approach would be taken to the Cis and further work was being progressed through the EASC Management Group.

PROVIDER ISSUES

Jason Killens, Chief Executive at WAST gave an overview of key matters including:

- Covid pandemic – abstractions had risen almost to the level of the peak in the first wave and support was being provided from the Fire and Rescue service
- Health and Safety Executive – policies relating to staff using personal protective equipment had been amended and progress was being made in relation to the notification of contravention notice received
- Clinical indicators / clinical outcomes – progress had been made in relation to the electronic case card, a supplier had been identified and capital funding secured. This would be implemented before the end of 2021.
- Non-Emergency Patient Transport Services (NEPTS) - In keeping with the requirement for social distancing this was having an impact on the service where vehicles were more used for individuals.
- Emergency Medical Services Demand and Capacity Review - Members were reminded that the staff growth had been planned for a further 136WTE this year and good progress had been made with the expectation to meet the target..

FOCUS ON - SYSTEM PRESSURES

A short presentation was received on system pressures with an aim to stimulate debate on the following areas:

- Ensure ambulance availability - actions to take over handover delays and WAST actions to maximise resources available
- Understand the impact of escalation across the system as a whole – health boards and WAST.
- How health boards and WAST work together and the regional solution
- Align escalation plans with covid learning
- Capacity for alternatives for demand management
- Find the tolerances
- Identify actions to take.

A helpful and open discussion was held and the following actions were agreed:

- Ambulance resource – to be maximised
- Resource efficiency – to match additional resource where a mismatch was identified
- Safe cohorting of patients and operating model – to enable the timely release of ambulances
- Operational Delivery Unit – supporting the system level information flow
- Information – to ensure sharing appropriate information to assist with patient flow
- Handover levels – important not to have levels over 150 lost hours per day and no tolerance approach to delays to patients of over 1 hour
- Escalation – develop a standardised approach across Wales with a focus to be proactive and only escalate regionally in extremis
- Post production lost hours – ensure the availability of the WAST workforce

Members supported the requirements to maximise the availability of ambulances this winter, the need to have a focus on reducing harm and improving quality and patient outcomes and the need to act in a proactive way starting from a Health Board footprint but to engage collectively on a regional basis where this was **needed by exception**.

Key risks and issues/matters of concern and any mitigating actions

- Increasing handover delays
- Red performance not meeting the target - risk register amended to demonstrate deterioration in performance
- Decreasing Amber performance - risk register amended to demonstrate deterioration in performance
- WAST Demand Management plan at level 6

Matters requiring Board level consideration and/or approval

- None

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	26 January 2021			

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – NOVEMBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 10 November 2020. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

Written questions from members and answers had been published in advance of the meeting and were embedded within the meeting papers.

The papers for the meeting are available at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

Minutes of Previous Meetings

The minutes of the meetings of 8 September and 13 October 2020 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Those health boards represented at the meeting confirmed that their Boards were aware of the heightened level of risk to patient harm brought about by the COVID-19 pandemic hindering patient access to specialised services.

Chair's Report

The Chair's Report referred members to a Chair's Action taken on 11 September 2020 to approve the commissioning of the All Wales Traumatic Stress Quality Improvement Initiative by WHSSC, which was ratified.

Managing Director's Report

The Managing Director's report, including updates on Independent Hospitals Commissioning through to 31 December 2020 and work commissioned by Welsh Government whereby the WHSS Team will prepare a paper on all of the work streams currently under way to develop and enhance the Welsh Child and Adolescent Mental Health Service (CAMHS), was taken as read.

Neonatal Transport Update

Members received a paper that updated them on the progress made in establishing a 24/7 neonatal transport service for south and west Wales in accordance with the agreement made by Joint Committee at its meeting in March 2020, and sought agreement on next steps.

Members were advised that a proposal had been received from the three provider health boards for an interim 24/7 model and that a formal response was awaited from WAST in support of this model. It was anticipated that the interim model would commence from January 2021 and run for six months. Progress had been more challenging on the permanent solution.

Members (1) noted the information presented within the report and progress to establish a 24/7 neonatal transport service in both the interim and as a permanent solution; (2) reaffirmed their support that the service should be delivered through a lead provider model; and (3) approved the next steps, that is for WHSST to write to the clinical leads of the current providers confirming the Joint Committee's continued support for a lead provider model and its desire for them to work collaboratively to resolve the clinical risks and concerns concurrent with utilisation of the interim model.

Integrated Commissioning Plan 2021-22 and Beyond – Principles and Priorities

Members received a presentation that explored the principles and priorities to be applied to development of the ICP 2021-22 and beyond. It was noted that the ICP was scheduled to be developed in collaboration with Management Group and brought to Joint Committee in January 2021 for approval.

Members confirmed their support for the principles and priorities described in the presentation.

Future of the All Wales Gender Identity Partnership Group

Members received a paper that gave a brief overview of the work undertaken by the All Wales Gender Identity Partnership Group (AWGIPG) to date and proposals for the next phase of service development.

Members (1) noted the information presented within the report; (2) supported the proposal to disband the AWGIPG; and (3) supported the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.

Way Forward – All Wales Individual Patient Funding Request Panel Report

Members received a paper that sought approval of revised Terms of Reference (ToR) for the All Wales (WHSSC) IPFR Panel, a sub-committee of the Joint Committee. It was noted that consultation on the changes had been through the IPFR Policy Implementation Group and that the WHSS Team had only recently received feedback on the consultation.

Members (1) received assurance that there are robust processes in place to ensure that prompt individual patient funding decisions are made in line with the All Wales IPFR policy; and (2) requested sight of the responses to the consultation exercise conducted through the IPFR Policy Implementation Group and the WHSS Team comments on those responses, prior to assenting to the revised ToR being approved by Chair's Action.

Quality & Patient Safety Committee - Revised Terms of Reference

Members received a paper that presented them with a revised version of the Terms of Reference for the Quality & Patient Safety Committee for approval.

Members approved the revised WHSSC Quality & Patient Safety Committee Terms of Reference.

NCCU - Continuation of Framework for Care Homes

Members received a paper that set out the case for continuation of the NCCU National Framework Agreement for Care Homes after expiry of the current 'Invest to Save' scheme on 31 March 2021. This matter had been brought to WHSSC as a facilitator for recharging the cost of maintaining the scheme from 1 April 2021 through the WHSSC risk share mechanism and to seek approval of an annual budget of £480k for NCCU maintaining the Framework. The health board repayment schedule of the 'Invest to Pay' funds of £1.6m over three years from 1 April 2021 was also noted.

Members approved (1) the £480k annual budget for NCCU maintaining the Framework; and (2) utilisation of the WHSSC risk share mechanism to re-charge the funding to health boards.

Financial Performance Report – Month 6 2020-21

A paper that set out the financial position for WHSSC for month 6 of 2020-21, including a forecast under spend around £10m at year end, was taken as read.

The Director of Finance reported that, while the full month 7 report was not yet available, the position had continued to improve with a forecast under spend at year end of around £13.7m. A financial recovery was also likely in relation to underperformance between M7-12 on certain English contracts. It was agreed that consideration should be given to whether

some of the forecast under spend should be deployed to support critical performance and sustainability issues in 2020-21.

Other reports

Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel; and
- Quality & Patient Safety Committee.

Standards of Behaviour Policy

Members were advised that work was under way to adapt the all Wales model template developed by the Deputy Board Secretaries Group to suit the needs of WHSSC and that this would be taken forward by Chair's Action ahead of the next scheduled meeting.



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	19 November 2020

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. Medical Examiner Service** – Andrew Evans, Programme Lead for this service provided an update. All four Medical Examiner Service Regional Hub Offices are now operational, with the potential capacity to undertake the scrutiny of around 12,000 deaths per year. This represents 40% of all deaths in Wales and 75% of those that occur in acute hospital settings. The service has already covered some primary care deaths in addition to those in hospitals. The main challenge to the operation of the service is the need for timely digital access to the patient's medical records and particularly that relating to the last episode of care. This can either be facilitated through direct access to local digitised records or alternatively through receiving scanned copies via e-mail. The current issue stems not from a lack of support at the corporate level from Health Boards and Trusts, but more that this support has not been communicated to those departments whose direct help is required in accessing this information. It was agreed that this issue would be taken back through Medical Directors who are meeting on 20 November. A proposal has previously been put forward that has been agreed in principle by the Medical Directors.
- 2. Laundry Service** – Neil Davies, Director, Specialist Estate Services and Ian Rose, Head of NWSSP Programme Management Office, provided an update. The business case was approved by Welsh Government Capital Infrastructure Board last week and is now with the Minister for final endorsement. There is now much to do with the next key milestone being the TUPE arrangements for Laundry staff to transfer to NWSSP by April 2021. The focus will be on migrating the existing services into NWSSP in a seamless manner, in order to minimise disruption to the existing services, and ensuring the laundry service continues to operate "as is" from April 1st 2021. Ian Rose set out a timeline for the remainder of the activity which is scheduled to complete in 2024. We will

now be looking to appoint a Programme Lead to ensure the seamless transfer of the service.

3. Welsh Language – Non Richards, Welsh Language Officer, NWSSP, set out the conclusions from the recently published Annual Report of the Welsh Language Commissioner, and matched these to the progress with the Welsh Language within NWSSP. Good progress has been made both in terms of training staff and in translating documents, although COVID has had a significant impact. All web pages, documentation, signage and posters have been translated, and work has been undertaken within Procurement to ensure that Invitations to Tender can be made available in Welsh where required. Progress has also been achieved with translating job descriptions on an all-Wales basis, but this has been slower than expected. This is not due to issues with translation, but rather within Workforce where the job descriptions need to be both standardised and made more concise. Workforce colleagues in the Committee recognised this concern, and further efforts were agreed to address it.

4. Chair's Update

The Chair and Managing Director had recently attended the Cwm Taf Morgannwg UHB Board meeting to update on developments within Shared Services. Although having only a short timeslot on the agenda, the update was well received. MF requested that all Health Boards, Trusts and Special Health Authorities should be extending similar invitations to herself and NF to present to them, even if only for a short time. The Chair also highlighted the recent Honours awards where two members of our staff had been recognised for their response to COVID.

5. Managing Director's Update

The Managing Director updated the Committee on a range of items including:

TRAMS – Following the Committee's approval of the Programme business case at the September 2020 meeting, the case was submitted to Welsh Government for formal scrutiny. Several queries have been raised as part of the 1st phase of the scrutiny process and are currently being reviewed. The main discussion items relate to transitional funding and the revenue required to cover the gaps in the initial set-up phase. A further meeting was held recently with Welsh Government colleagues to review the business case in more detail. As a result of this, there are some required changes to the financial details which will then be re-submitted to Welsh Government in January with a view to it being taken through the Infrastructure Investment Board later in the month. The programme therefore remains on track for an April 2021 implementation.

IP5 - Work continues and is progressing well on the build of the two laboratories to support the needs of both PHW and the UK Lighthouse Project. Discussions are on-going with Welsh Government with regards to the Strategic Outline Case that has been previously approved by the Committee. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT

contingency arrangements. News is awaited on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.

Temporary Medicines Unit - The accreditation of the Unit has been achieved with the Contractors now fully signing the new build across to NWSSP. Testing is on-going but should be fully complete by the end of November. Work is ongoing with relevant stakeholders to ensure that all appropriate processes are in place and to determine the revenue requirements post the current financial year should the facility still be required. MHRA approvals are awaited with visits to be undertaken in mid-December after which the first product should be available for distribution to Heath Boards. Discussions are ongoing with Velindre concerning their requirements for assurances regarding their host status.

Welsh Risk Pool Committee - The Committee agreed that the Digital Health & Care Wales SHA should become a member of the Welsh Risk Pool Committee with effect from 1 April 2021.

Staffing Changes - Paul Thomas has retired as Director of Employment Services, and the functional responsibilities for the Directorate are now the responsibility of Gareth Hardacre, Director of Workforce and OD. Recruitment is currently underway to appoint a Director of Planning and Performance which will be a new role for NWSSP.

6. Items for Approval

Operational Plan Update - The NWSSP Winter Plan, setting out planned activities for Q3 and Q4 was submitted to Welsh Government in mid-October. A meeting with the Finance Delivery Unit took place on 2 November 2020 to review in depth income streams and revenue and capital expenditure assumptions. A meeting with the Welsh Government Planning team is anticipated in the next few weeks. Q3 and Q4 presents in many ways an even greater challenge than earlier quarters, as NWSSP continue to deliver services through new ways of working, re-focus on planned service improvements for 2020-21, and support customers during the winter months whilst still living with the COVID-19 pandemic. However, the Senior Leadership Team believe NWSSP is well placed to meet the challenge.

Welsh Government has yet to issue planning guidance for 2021-2024. However there is an indication that a one year operational plan may be required for 2021-22 rather than a three year IMTP. As agreed with the SSPC in September, there is a strong case to continue with the principal of a three year Strategic Plan alongside a more detailed Operational Plan for 2021-2022. We have therefore begun our planning process, inviting all Divisions to:

- Reflect and Engage;
- Adapt and Change; and
- Think SMARTer.

A Staff Engagement event is planned for the afternoon of December 17 to progress this and all Committee members are encouraged to attend where possible.

The Committee **NOTED** the update and **endorsed** the Q3 & Q4 plan

Clinical Waste – An update was provided on the current situation with clinical waste contracts across NHS Wales.

COVID19 has caused the type, make up and volumes of clinical waste to shift markedly. A primary reason has been an unprecedented increase in the amount of disposable PPE being used. This has had a dual effect of increasing volume of waste created, but also (due to its often bulky and lightweight make-up) has significantly reduced the average weight of each waste container.

Following detailed discussion regarding the options available to NHS Wales at this time, the Committee agreed to an outline proposal contained within the report and asked for NWSSP colleagues to continue working with Local Health Board leads to address any areas of concern,

The Committee **APPROVED** this proposal.

Primary Care Workforce Sustainability - Following 'A Healthier Wales' and its adoption under the Primary Care Model for Wales, a critical component of modernising the primary care workforce infrastructure is understanding the workforce demographic and acting quickly to recruit into the multi-disciplinary teams. NWSSP-Employment Services is facilitating the implementation and management of a number of sustainability tools. The programme is sponsored and funded by Welsh Government. The various tools have been developed and implemented on a phased basis as follows:

- Phase 1 - Implementation of a secure web-based tool developed to capture practice staff information for all General Practices.
- Phase 2 – Creation of GP Wales website to enable Practices to advertise permanent GP workforce vacancies across NHS Wales.
- Phase 3 – Establishment and operation of the Scheme for General Medical Indemnity (GMPI) by Legal & Risk Services.

To assist with the management of the GMPI Scheme, NWSSP L&R requires swift access to workforce information. To address this, an open tender process was undertaken with the requirement of an on line tool to facilitate data capture as well as providing benefits to Practices in Wales with the management of Locum shifts. This part of the online portal is known as Locum Hub Wales. Going forward, Welsh Government have identified the opportunity to extend the development of the Locum Hub Wales to provide additional support to the OOH/111 Service.

The Committee:

- **NOTED** the update on progress with the Primary Care Sustainability programme.
- **ENDORSED** the proposed next steps to work with the OOH and 111 Service to adapt the Locum Hub and develop a new portal to support those services.

7. Project Updates

The Committee reviewed the Programme and Projects Highlight Report. There is one project (Student Awards Service) where the risk rating is currently red, but the Committee was reassured that existing systems in this area remain robust and viable.

8. Governance, Performance and Assurance

Finance & Workforce Report - As at the end of September 2020, NWSSP were reporting a break-even position. Welsh Government has been invoiced for £2.2m for Q1 COVID expenditure and confirmed the funding for Q2 expenditure of £1.66m. Funding for future periods, however, has not been guaranteed, with total COVID operational costs forecast to exceed £8m for the full financial year. An additional distribution to NHS Wales and Welsh Government of £1.250m will be made in 2020/21 bringing the total distribution to £2.000m which is in line with 2019/20. However, the charges imposed by the Department for Health & Social Care for the operation of the ESR contract are being significantly increased, resulting in a potential additional cost of £939k in the current financial year which will need to be recharged to Health Boards and Trusts. Reference was also made to the STRAD CIP fund which stood at £1m and would need to be redistributed to Health Boards and Trusts in the event that it was utilised in this financial year.

Audit Wales Management Letter – The Committee reviewed the Management Letter which provides independent assurance of the integrity of the systems operated by NWSSP to support and provide services to NHS Wales. The Management Letter is very positive with no significant concerns raised.

Corporate Risk Register – There are four red risks on the register relating to:

- the replacement of the NHAIS system which has had some technical difficulties due to COVID but is still on-track to go live with parallel running now underway;
- the potential impact on services and supplies in the event of a no-deal BREXIT;
- the need to replace the Ophthalmic Payments system where work is ongoing to develop an in-house system but contingency arrangements are in place to cover any delays; and
- the implications for the financial position if NWSSP are not fully funded for all COVID-related expenditure.

BREXIT Risk Assessment

The NWSSP BREXIT Risk Assessment has been reviewed and updated where necessary, including from lessons learned and actions taken in response to, COVID-19. The NWSSP BREXIT Mobilisation Team is meeting on a regular basis to consider the risks. For now, despite much work taking place in terms of building up stock levels, the current level of risk in the supply chain is shown as very high. This is due to the political factors outside of NWSSP control. It is hoped that the measures that have been put in place will reduce the impact of any disruption, but this will obviously also be significantly impacted by the position with COVID and the potential for an effective vaccine.

9. Items for Information

The following papers were provided for information:

- Health & Safety Annual Report 2019/20
- Welsh Language Annual Report 2019/20;
- Audit Wales – Review of Nationally Hosted Systems;
- NWSSP Audit Committee Annual Report 2019/20;
- NWSSP Audit Committee Highlight Report October 2020;
- Counter Fraud Annual Report 2019/20; and
- Finance Monitoring Reports (August & September 2020).

10. Any Other Business

There were no further items discussed.

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

21 January 2021

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – DECEMBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting (which was an extra-ordinary meeting) on 15 December 2020. This briefing sets out the key areas of consideration 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:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

Managing Director's Report

The Managing Director's report included a report from the Operational Delivery Network and the Major Trauma Centre on the key highlights from the first six weeks of operation of the south Wales major trauma network, which was based on the report presented to the first South Wales Major Trauma Network Commissioning Delivery Assurance Group meeting that was held on 25 November 2020.

Resource Utilisation for Value - Options 2020-21

Members received a paper that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

Members approved authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction. It was also agreed that in the interests of time these plans will be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.