

Bundle Health Board 30 January 2025

- 1 PRELIMINARY MATTERS
 - 1.1 09:30 - 25/01 - Welcome, introductions and apologies for absence
Chair
 - 1.2 09:35 - 25/02 - Declarations of interest relating to agenda
Chair
 - 1.3 09:40 - 25/03 - Minutes of the previous meeting held on 28.11.24
Chair
25.03 - Minutes of the previous meeting held on 28.11.24
 - 1.4 09:45 - 25/04 - Action Log
Chair
25.04 - Action Log
 - 1.5 09:50 - 25/05 - Patient Experience Story
Executive Director Nursing and Midwifery
25.05 - Patient Experience Story
 - 1.6 10:10 - 25/06 - Chair's Report
Chair
25.06 - Chair's Report ENG
 - 1.7 10:20 - 25/07 - Chief Executive's Report
Chief Executive
25.07 - Chief Executive's Report
25.07 - Chief Executive's Report - Appendix 1 Executive Committee Terms of Reference MASTER
 - 1.8 10:35 - 25/08 - Vice Chair's Report
Vice Chair
25.08 - Vice Chair's Report
 - 1.9 10:45 - 25/09 - Citizens Engagement Report
Director of Partnership, Engagement and Communications
25.09 - Citizens Engagement Report
- 2 STRATEGIC DIRECTION
 - 2.1 11:00 - 25/10 - Mental Health Update
Ros Alstead
25.10 - Mental Health Update
 - 2.2 11:20 - 25/11 - Patient Access to Planned Care Policy
Interim Chief Operating Officer
25.11 - Patient Access to Planned Care Policy
25.11 - Appendix 1 - Patient Access to Planned Care Policy
 - 2.3 11:30 - 25/12 - Design Principals
Chief Executive
25.12 - Design Principals - Checklist - Appendix 2
25.12 - Design Principals
- 3 11:40 - Comfort Break
- 4 IMPROVING QUALITY
 - 4.1 11:50 - 25/13 - Vascular Services
Chief Executive
25.13 - Vascular Services
 - 4.2 12:10 - 25/14 - Chair's Assurance Report : Quality, Safety and Experience Committee
Independent Member, Caroline Turner

- 25.14 - Chair's Assurance Report Quality, Safety and Experience Committee
- 4.3 12:15 - 25/15 - Improving Quality Report
Executive Director Nursing & Midwifery
25.15 - Improving Quality Report
- 5 12:30 - Lunch
- 6 MONITORING PERFORMANCE AND FINANCE
- 6.1 12:50 - 25/16 - Chair's Assurance Report : Planning, Public Health and Partnerships Committee
Independent Member, Clare Budden
25.16 - Chair's Assurance Report Planning, Public Health and Partnerships Committee
- 6.2 12:55 - 25/17 - Annual Plan Quarter 3 Report
Executive Director Transformation and Planning
25.17 - Annual Plan Quarter 3 Report
- 6.3 13:05 - 25/18 - Chair's Assurance report : Performance, Finance and Information Governance Committee
Vice Chair
25.18 - Chair's assurance report Performance, Finance and Information Governance Committee
- 6.4 13:10 - 25/19 - Financial Performance 2024/25 monthly report
Interim Executive Director Finance
25.19 - Financial Performance 202425 monthly report
25.19 - Financial Performance 202425 monthly report
- 6.5 13:25 - 25/20 - Integrated Performance Report
Director of Performance and Commissioning
25.20 - Integrated Performance Report
25.20 - Integrated Performance Report
- 7 GOVERNANCE & ASSURANCE
- 7.1 13:40 - 25/21 - Chair's Assurance report : Audit Committee
Independent Member, Karen Balmer
25.21 - Chair's assurance report Audit Committee
- 7.2 13:45 - 25/22 - Corporate Governance Report
Director Corporate Governance
25.22 - Corporate Governance Report
- 7.3 13:50 - 25/23 - Board Assurance Framework
Head of Risk on behalf of Director of Corporate Governance
25.23 - Board Assurance Framework
- 7.4 14:00 - 25/24 - Chair Reports of Committees and Advisory Groups:
People and Culture Committee
Remuneration Committee
Healthcare Professionals Forum
Stakeholder Reference Group
Mental Health Legislation Committee
25.24 - Chair Reports of Committees and Advisory Groups - People and Culture Committee
25.24 - Chair Reports of Committees and Advisory Groups - Remuneration Committee
25.24 - Chair Reports of Committees and Advisory Groups - HPF
25.24 - Chair Reports of Committees and Advisory Groups - SRG
25.24 - Chair Reports of Committees and Advisory Groups - MHLC
- 8 OTHER MATTERS

- 8.1 14:10 - 25/25 - Any other business (previously agreed with the Chair)
Chair
- 8.2 14:15 - 25/26 - Review of meeting effectiveness
Chair
- 8.3 14:20 - 25/27 - Date of next meeting - 27 March 2025
Chair
- 8.4 14:22 - 25/28 - Resolution to Exclude the Press and Public
"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed minutes of the Health Board meeting held in public
on 28th November 2024 at Venue Cymru

Board Members present	
Name	Title
Dyfed Edwards	Chair
Clare Budden	Independent Member (part meeting)
Russell Caldicott	Interim Executive Director of Finance
Imran Devji	Interim Chief Operating Officer
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
Dr Jane Moore	Acting Executive Director of Public Health (part meeting)
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member – Chair Stakeholder Reference Group (SRG)
Fôn Roberts	Associate Member – representing Directors of Social Services
Carol Shillabeer	Chief Executive
Dr Chris Stockport	Executive Director Transformation & Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member – Chair Healthcare Professionals Forum (HPF)
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Philippa Peake-Jones	Head of Corporate Affairs
Stephen Powell	Director Performance and Commissioning
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts	Associate Director - People Services
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance
Diane Davies	Corporate Governance Manager - for minutes

Agenda Item	Action
PRELIMINARY MATTERS	
<p>24/181 Welcome, introductions and apologies for absence</p> <p>Apologies were received from Independent Member Karen Balmer, and Jason Brannan - Deputy Director of People for whom Georgina Roberts deputised.</p>	

<p>The Chair welcomed Stephen Powell to his first Board meeting since his appointment as Director of Performance and Commissioning.</p>	
<p>24/182 Declarations of interest relating to the agenda</p> <p>None were declared.</p>	
<p>24/335 Unconfirmed minutes of the Annual General Meeting held on 25th September 2024 and Health Board meeting held on 26th September 2024</p> <p>The minutes of the Annual General Meeting held on the 25th September 2024 and the minutes of the Health Board meeting held on 26th September 2024 were confirmed as a true and accurate record.</p> <p>It was RESOLVED that the Board:</p> <ul style="list-style-type: none"> • APPROVED the minutes as a true and correct record of the <ul style="list-style-type: none"> • AGM held on 25th September 2024; and • Health Board on 26th September 2024 	
<p>24/226 Matters arising and action log</p> <p>Members received the action log and noted the progress against the actions.</p> <p>It was RESOLVED that the Board</p> <ul style="list-style-type: none"> • AGREED the updates provided; • NOTED the Vice Chair’s concern with the level of Violence and Aggression reports against staff being received (24/192); and • NOTED that Health and Safety near misses were also being regularly reported to the People and Culture Committee (24/192). 	
<p>The Executive Director of Nursing and Midwifery introduced the Patient Story of the video presentation of the PIPYN pilot programme (Pwysau Iach Plant Yng Nghymru or Healthy Children Healthy Weight in Wales).</p> <p>Board members commented positively on:</p> <ul style="list-style-type: none"> • The success of the pilot programme for patients; • The importance of funding services for children and the collaborative work undertaken on Ynys Môn, which should be invested in further, especially as it has a preventative focus; and • Collaboration with other partners. <p>It was recognised that:</p> <ul style="list-style-type: none"> • Building preventative work with other organisations, e.g., within education, takes time and long-term commitment. • Partnership working could also lead to complexities when seeking to resolve issues; • Pilot programmes were generally grant-funded as proof of concept, however, successful benefits realisation should lead to longer-term investment 	

<p>It was RESOLVED that the Board:</p> <ul style="list-style-type: none"> • NOTED the report; and • AGREED to extend an invitation to the Health and Social Care Minister to visit the PIPYN service with a view to seeking longer-term funding to continue to support this valuable service. 	
<p>24/228 Chair's Report</p> <p>The Chair had recently attended the most successful Staff Achievement Awards to date, which revealed incredibly inspiring work that staff members were developing to improve BCUHB's services and care of patients. He tasked members of the Health Board to explore other alternative ways to invest in staff recognition. He also sought to provide ways for staff to share their experiences of BCUHB's services. It was important to help build a culture that focused everyone's attention on providing the best services for the communities BCUHB serves.</p> <p>The Vice Chair emphasised the volume of work undertaken by the Chair and reflected on the importance of working with people through a variety of initiatives and listening to patients' experiences.</p> <p>It was RESOLVED that the Board:</p> <ul style="list-style-type: none"> • NOTED the report. 	
<p>24/229 Chief Executive's Report</p> <p>Members received and noted the Chief Executive's Report. The Chief Executive highlighted the following within her report to the Board:</p> <ul style="list-style-type: none"> • Welsh Government has published the latest escalation levels in accordance with the NHS oversight and escalation framework and the escalation status for the Health Board remains unchanged at level 5; • Appointments and changes to the Executive Team; • Significant investment and support from Welsh Government was welcomed in moving forward Electronic Health Record which would improve the timeliness of decision making in regard to patient care; • Partnership working and leadership development was strengthening connections to the Board; • Meetings with a number of patients and families in regard to Vascular services had taken place. The Board was actively engaged in focussing attention on the quality and experience of this specialist service; • A number of staff achievements and many other external recognition awards were inspiring. and • Focussed improvement work had also been undertaken in relation to Falls prevention. <p>The Chair commented that the Board received regular updates on Vascular services and connections to stroke partnership working.</p>	

<p>The Trade Union Independent Member acknowledged the quality of the Staff Achievement Awards and welcomed further ways to improve the celebration of staff members.</p> <p>The Acting Executive Director of Public Health was pleased to highlight a positive initiative being undertaken within Care Homes by Public Health staff in regard to health protection improvements.</p> <p>It was RESOLVED that the Board</p> <ul style="list-style-type: none"> • NOTED the report 	
<p>24/230 Vice Chair's report</p> <p>Members received and noted the report and the breadth of work being undertaken by the Vice Chair. The Chair acknowledged the amount of work and commitment being undertaken by the Vice Chair.</p> <p>It was RESOLVED that the Board</p> <ul style="list-style-type: none"> • NOTED the report 	
<p>STRATEGIC DIRECTION</p>	
<p>24/231 Winter Resilience Planning 2024 – 2025</p> <p>The Interim Chief Operating Officer presented the item which set out the key requirements of the Winter Resilience Planning approach that has been undertaken and provided the strategic context in relation to the responsibilities of the Health Board within the legislative framework, and in line with ministerial priorities, national preparedness expectations, and the alignment of special measures.</p> <p>The report also set out the core elements of the specific service areas that formed the Winter Resilience Plan and included the risks and mitigations that had been considered to date, including the resource constraints of the Health Board and Local Authority partners. It was acknowledged that, whilst the system already operated within a very challenged environment, the forthcoming winter could present very significant challenges and risks, including quality and poor experience for patients and staff. A high degree of executive oversight and visibility would continue during the winter period.</p> <p>Board members were assured that:</p> <ul style="list-style-type: none"> • Work had been undertaken with the Welsh Ambulance Services Trust (WAST) and Care Homes to ensure that consideration was applied prior to a direct approach to the Emergency Department (ED). A successful focus on falls prevention was also positively impacting presentations at the ED, and a high-level escalation process was supporting patient transfers. Work with the Royal College of Nursing was continuing to develop more sustainable measures. It was noted that the number of admissions from Care Homes had dropped significantly this year. 	

- Expansive communications were being constantly applied to encourage appropriate use of the ED and other unplanned care facilities, as well as the uptake of vaccinations to support prevention.
- It was noted that care delays for October had achieved the target, with 11 better than the trajectory previously set due to hard work and positive partnership working.
- Focus was being maintained on tracking expenditures to ensure that finances were being utilised in the most efficient way, with an ongoing review of how the money was being spent, including spend against regional expenditures.
- A formal monthly review will be taken against the winter plan to check progress, along with weekly meetings with the Welsh Government (WG) around operational and tactical elements.
- Communications and engagement were in line with national campaigns, which were being localised. The 111 service was the driving force, and work was being undertaken across all healthcare services in North Wales to ensure that the information being provided to the public and patients was accurate.
- Updates to the Board would be provided through the Performance, Finance and Information Governance Committee and the Quality, Safety and Experience Committee in advance of the next Board meeting to monitor progress against the plan.

Action:

- Progress to be monitored via the Performance, Finance and Information Governance Committee and the Quality, Safety and Experience Committee.

It was RESOLVED that the Board:

- **NOTED** the report on the Resilience Planning approach for 2024/25 recognising the risks and mitigations that had been identified; and
- **APPROVED** the Winter Plan for 2024/2025.

24/232 Annual Plan Quarter 2 report

The Executive Director of Transformation and Strategy presented the report to the Board highlighting areas of progress made against the Quarter 2 deliverables within the 2024/25 Annual Plan, and also areas where challenges remained.

Members noted the following:

- 72% of completion of actions by the end of Quarter 2. Some of the milestones in progress would continue to progress through Quarter 3, and these were included within Strategic Objective 4 (Improving Quality, Outcomes and Experience).
- With regard to change control, two milestones relating to mental health had been merged to better clarify how local plans had been structured to meet the national strategy, and Board approval was sought to this change. The new milestone being *'41.17 LD: Agree models of care for Adult Enhanced Community Rehabilitation Services (ECRS), and Inpatient Learning Disability Services, in pursuit of progressing delivery of the national strategy'*.

- Whilst there was slow progress in terms of fragile and challenged services, positive progress was being made via clinical services management.
- The establishment of Green Wards for medically fit for discharge patients would be standardised across the sites. There was a strong focus with regard to deconditioning of patients.
- Reporting on progress against the delivery plan needed to be accurate and evidenced.

The Vice Chair sought an update on the Prioritisation Framework as it was identified as closed on the monitoring report.

The Chief Executive welcomed the discussion and feedback on the report and areas to be strengthened. The Quality Management System (QMS) would be used as a mechanism for service reviews, ie urology.

Action:

An update on the Prioritisation Framework to be share with the Board.

It was RESOLVED that the Board:

- **RECEIVED** assurance on the progress made during Q2 along with the challenges highlighted
- **APPROVE** the change controls outlined within the paper

Comfort break

24/233 Integrated Planning Process

The Executive Director of Transformation and Strategy presented the report. It was **noted** that constituent parts of the plan had been discussed across the Board and Committee meetings/workshops. The Planning, Population Health, and Partnership Committee had scheduled a workshop to be held on 10th December, and all Independent Members were invited to attend.

Members noted that:

- Work in developing the plan was ahead of the previous year;
- There was greater awareness of ownership of the plan across the organisation, which had resulted in more mature and reflective feedback received to date;
- SMART milestones are being set for 2025/26;
- A common theme from feedback was around quality, value, and sustainability;
- Work was already progressing on the development of the 10-Year Plan, and this work would start to feed into it;
- Performance trajectories for 2025/26 had been developed to support the Health Board in making progress out of special measures;
- The financial allocation for 2025/26 was awaited. A draft financial plan would be discussed at the Performance, Finance, and Information Governance Committee in January 2025. Several strategies were under development, and the plans needed to reflect these;
- The Chair of the Health Professional Forum (HPF) welcomed the opportunity for the group to be included as part of the discussions;

- The Board Development in February 2025 would be used as an opportunity for the full Board to have final input into the process; and
- A request was made that any additional growth in the budget be used to target health prevention and primary care

The Executive Director of Transformation and Strategy welcomed feedback from the Board, which would be fed back to the planning team. It was noted that the Integrated Health Communities (IHCs) had been involved as part of the process and opportunities had been used to engage with colleagues across the organisation.

The Chief Executive thanked colleagues for their comments and highlighted the need to ensure that planning was a continuous process throughout the year. A national planning review had been undertaken, and the report on this was awaited.

Action:

- All Members to be invited to the Workshop on 10th December 2024

It was RESOLVED that the Board:

- **RECEIVED** assurance on the progress to date, and acknowledged the areas of challenge.

24/234 Public Health Annual Report 2023/24

Louise Woodfine, Consultant in Public Health in attendance was in attendance for this item.

The Acting Executive Director of Public Health introduced the report to members. It was noted that these were independent report across Local Authorities in our area to provide a perspective each year on issues around public health and make sure that we are clear on the real issues facing our population.

The Consultant in Public Health presented the Annual Report 2023/24 to the Board highlighting key areas.

In discussion it was noted that:

- The challenge being faced could not be under-estimated and that there needed to be a focus on health inequalities;
- The Health Board as the largest employer in North Wales needed to lead by example and use as an opportunity to educate the working to be healthier, and enable staff to be more active;
- Work needed to be co-produced with Local Authorities;
- There was a need to aim this at the sedentary population in the area; and
- A range of activities were ongoing in Care Homes and schools.

In commenting on the report, the Board agreed that the format and style of the report was clear and simple and that this was a good model for future publications targeted at the general public.

The Executive Director of Transformation and Strategy advised that the Cluster Groups were best placed to take this initiative forward and progress as part of their on-going work in broadening the approach around social prescribing.

The Chair thanked the Acting Executive Director of Public Health, and Consultant in Public Health for their report.

It was RESOLVED that the Board

- **NOTED** the report

IMPROVING QUALITY

24/235 CHAIR'S ASSURANCE REPORT : QUALITY, SAFETY AND EXPERIENCE COMMITTEE

Members **received** and **noted** the report.

The Chair of the Quality, Safety, and Experience Committee advised that the meeting continued to be held bi-monthly and was pleased with the informative, timely, open, and well-presented papers being submitted for consideration.

Members were advised that the report to the Board was in a new format; however, it continued to contain information to be brought to the Board's attention. Of note following the last meeting of the Committee was the lack of medical representation at the meeting to address areas of clinical concern. However, she was assured that with the appointment of the Interim Executive Medical Director, this issue would be addressed.

It was RESOLVED that the Board

- **NOTED** the report

24/236 IMPROVING QUALITY REPORT

Members **received** and **noted** the report.

The Executive Director of Nursing and Midwifery presented the report to the Board. The following was noted:

- The number of National Reportable Incidents (NRIs) had reduced from 54 to 9 (as at 28.1.24). The turnround for these was currently the best in Wales. In addition, the Health Board were above other Health Boards in terms of other NRI WG measures. A request was made that the report to include % rates so that trends could be clearly identified.
- As at 28.11.24 the Health Board was currently at 77.8% compliance against the WG's 30 days target in responding to complaints, with 37 complaints currently overdue, which included complex complaints involving cross border issues. The Board were assured that complainants were informed where there would be a delay in responding. A reduction in the number of complaints being received by the Health Board was also noted. With regard

to the higher level of complaints within the IHC Central area, it was noted that the recently appointed Interim IHC Director and Interim Director of Nursing were currently reviewing processes to ensure sustainable change is made, and the work undertaken to-date had made a significant impact. Learning from all complaints was cascaded throughout the organisation.

- With regard to Infection Rates, learning reviews were being held across the IHCs to identify where the challenges were, with improvement plans behind each of these. Support was being provided by the corporate medical, nursing and infection control teams to ensure that challenges could be addressed. Support was also provided by the HARP team, which is the national infection control support team. Public Health Wales were due to visit BCU in December 2024 to undertake a Deep Dive review and make recommendations for improvement.
- An unannounced inspection by Healthcare Inspectorate Wales (HIW) had taken place on two wards in the Heddfan Unit in Wrexham. General feedback was positive initially however the formal feedback report was awaited. There was a request for Immediate Assurance around training for Restrictive Practice and Interventions (RPI) training, and incident management, and this information has been provided and accepted by HIW. Members were assured that the compliance rate for statutory training for (RPIs) was 1% out in the east area, with both central and west areas over target. The training in the east has now been provided.
- Significant improvement was being made around inpatient falls, pressure ulcer prevention work, and reduction in harm. Feedback had been channelled through the Quality, Safety and Experience Committee and this will be followed up with revisits.

The Executive Director of Nursing and Midwifery responded to Board Member's questions:

- **Primary and Community Care** - there was not a specific Board level quality report for these sectors currently. It was **noted** that the Executive Director of Transformation and Planning chairs a Primary Care Board which received reports around quality. The Board receives some quality feedback relating to community care around falls, etc, and work was being undertaken on preparing a primary and community dashboard, similar to the secondary care dashboard. The Director of Performance and Commissioning advised that work would be undertaken with colleagues to improve visibility of reporting to the Board.
- **Death Certification** – changes to the medical certification of cause of death and the role of medical examiners has been an issue across the NHS and a briefing has been commissioned from NHS Wales Shared Services Partnership so that the Board can fully understand the new process.
- **Learning from Events (LEFR)** – increased exposure to financial penalties in relation to learning from events, any delays in submitting any learning to an

<p>adequate level, would result in the organisation being penalised. A number of processes were currently being reviewed to strengthen this area of work.</p> <ul style="list-style-type: none"> • Increase in neonatal reporting - it was noted that this was due to the change in national reporting requirements, and included issues that would normally be reported and investigated locally, without the need for reporting on the national register. <p>Actions:</p> <ul style="list-style-type: none"> • Commission a briefing on the changes to the medical certification and the role of Medical Examiners; and • Improve the visibility of primary care reporting through the Integrated Performance Report <p>It was RESOLVED that the Board</p> <ul style="list-style-type: none"> • NOTED the report 	<p>DoCG</p> <p>DoPC</p>
<p>24/237 Draft response to Ombudsman's letter 2023/24</p> <p>Members received and noted the report.</p> <p>The Executive Director of Nursing and Midwifery advised that the draft response to the Annual Ombudsman's Letter indicated a 70% compliance against a target of 75%. It was noted that since the draft had been prepared, compliance had risen to 77.95% and requested that this updated data be included. It was noted that a 50% improvement had been made in Public Service Ombudsman for Wales (PSOW) requests for information and investigations on the previous years data. It was noted that the number of Ombudsman complaints was in line with the rest of Wales.</p> <p>Fewer complaints were being made to the PSOW, and the numbers of complaints not upheld had improved. A further challenge for the Health Board would be to improve further on the quality of responses in order to reduce the numbers of PSOW investigations / complaints being upheld.</p> <p>It was noted that work had been undertaken on the accessibility for patients and families to be able to feedback on the service provided.</p> <p>The PSOW Annual Letter and draft response has been discussed in detail by the Quality, Safety and Experience Committee and the Board was invited to approve the response.</p> <p>It was agreed that the content of the letter be updated prior to submission to the PSOW office to include the most updated complaints performance.</p> <p>Action:</p> <ul style="list-style-type: none"> • To update the letter before sending to the PSOW <p>It was RESOLVED that the Board:</p>	<p>DoNM</p>

- **NOTED** the Annual Letter had been considered in detail by the Quality, Safety and Experience Committee; and
- **APPROVED** the Health Board's draft response to the Ombudsman's Annual Letter 2023-24

24/238 Nurse Staffing Level report (Autumn 2024)

Members **received** and **noted** the report.

The Executive Director of Nursing and Midwifery highlighted the following points to the Members:

- Nurse Staffing Levels (Wales) Act 2016, was a statutory requirement for the Board to consider annually the nurse staffing levels under Section 25B;
- The information within the narrative of the report identified changes required for the full year effect. No significant changes were anticipated in the future unless ward reconfigurations were required;
- There were still some areas that were non-staffing Act 25b wards which were being assessed using the Staffing Act methodology and some areas of escalation where beds were open which the substantive staff did support;
- The wards covered by the Nurse Staffing Act where at the level that they needed to be. The current vacancy rate for nursing staff was currently at 7% across the Health Board, with 1.7% turnover of staff which was one of the best in Wales. This in turn reduced the level of agency spend and reduction in bank activity.

The Interim Executive Director of Finance advised that, as part of the 2023/24 financial planning process, there was a need for a £10m increase in the nursing workforce in the nurse staffing act compliant areas. As of this year, a further £2.4m additional costs into the baseline position would be required resulting in an overall £12.5m increase over the past two financial years, which would further impact on the challenging financial position for the Health Board to work within. Reviews to be undertaken in other non-Nursing Act areas may add further pressure in the future.

Members noted that a review of the wards not covered by the Nurse Staffing Act had been undertaken to ensure that the assessments were replicated triangulating harms, professional judgement, and looking at the areas. It was further noted that the Emergency Quadrant reviews had also been undertaken looking at staffing levels for corridor care and monitoring of waiting rooms. The outcome was that these areas would need to be reviewed further, however the Executive Director of Nursing and Midwifery advised that she was satisfied that those areas were safe and staffed appropriately however there was a need to formalise these levels of care.

With regard to the use of Nurse Associates, this was welcomed as an opportunity and work was being undertaken to review the parameters of practice to ensure that this did not impact on the role of Registrants. It was not expected that the Nurse Staffing Act would change and there would remain expectations around the number of registrants at a Registered Nurse level rather than

<p>Associates, and we would need to look at workforce planning and redesign and identify care levels required for our patients.</p> <p>The Interim Director of Finance drew members attention that in approving this report, the Board would be approving £2.4m of additional investment in year, over and above the 2023/24 previous increase of circa £10m, and the significant financial pressure that would be resultant. The Chair confirmed that this was a report for assurance in relation to the calculation of the Nurse Staffing levels in accordance with the Nurse Staffing Act as outlined in the paper to the Board.</p> <p>It was RESOLVED that the Board:</p> <ul style="list-style-type: none"> • RECEIVED assurance that the organisation meeting its statutory “duty to calculate and take steps to maintain nurse staffing levels” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. 	
<p>24/239 Chair assurance report: People & Culture Committee</p> <p>Members received and noted the report.</p> <p>The Chair of the People and Culture Committee advised on progress being made with regard to the newly formed Committee, including the work being undertaken on the Values and Behaviours Framework.</p> <p>It was RESOLVED that the Board</p> <ul style="list-style-type: none"> • NOTED the report 	
<p>24/240 DEVELOPING OUR REFRESHED VALUES AND BEHAVIOURS FRAMEWORK</p> <p>Members received and noted the report.</p> <p>The Chief Executive highlighted the following points to the Members:</p> <ul style="list-style-type: none"> • The Board committed to reviewing the Values and Behaviours Framework in September 2023; • Significant engagement had taken place across the organisation in the co-design of the Framework; and • The values had been designed to make a difference in our daily interaction with our staff, patients and partners. <p>The Associate Director of People Services advised that an Implementation Plan would be developed to ensure that the values were significantly rooted into all aspects of the Health Board’s core work, including policies and procedures, recruitment and retention, clinical care, patient experience and engagement (internally and externally).</p>	

Following approval, the Executive Team and People and Culture Committee would monitor the development and delivery of the Implementation Plan, including measuring and reporting of the impact across the organisation.

Members welcomed the Framework which supported the change in culture across the organisation.

Following discussion it was noted that:

- Embedding the values and behaviours within our staffing would impact on our care of patients and working with partners;
- Early stages of implementation would need to include training and coaching of managers at all levels to ensure that these are cascaded throughout the organisation; and
- A realistic pace of change needed to be taken into account, along with continuous feedback, to ensure that this is embedded fully across the organisation.

On behalf of the Board, the Chair expressed his thanks to everyone who had inputted into the development of the work.

It was **RESOLVED** that the Board:

- **NOTED** the progress of the work; and
- **APPROVED** the Values and Behaviours Framework in order that implementation can commence.

MONITORING PERFORMANCE AND FINANCE

24/241 Chair's assurance report : Performance, Finance and Information Governance (PFIG) Committee

Members **received** and **noted** the report.

The Chair of the Committee highlighted the following points to the Members:

- The unsuccessful attempt to recruit to short term Oncology Consultant posts utilising non-recurrent planned care funds. This had resulted in the use of Locum staff which had incurred additional costs to the Health Board;
- The pressures across planned care and fragile services were resulting in risk-based approaches being considered, particularly in these areas;
- While planned care funding was non-recurrent in 2024/25, for 2025/26 the funding would become recurrent, and work would need to be undertaken with the teams to develop business cases to support recruitment for staff in these key areas.
- Confirmation was awaited regarding the Health Board securing an additional £82m funding from WG. However, in the interim, work would need to progress until confirmation was received.

Members were advised that trends in demand would be built into the financial, activity and performance assessments in order to make informed choices

around prioritisation for areas of work, and that the financial model would need to remain agile in order to ensure that resource was available to meet demand.

It was RESOLVED that the Board

- **NOTED** the report

24/242 Financial Performance 2024/25 month 7 report

The Interim Executive Director of Finance presented the report to the Board and highlighted the following:

- £19.8m deficit plan for the year, which was below the control target of £20m, however did not achieve key duty of breakeven position. This included the non-recurrent £82m from WG, however if delivery of the £19.8m deficit was achieved, the £82m would become recurrent from 2025/26 onwards.
- The current position is a £21.4m deficit which is higher than the planned deficit at year end, being £9.9m away from plan adverse variance year to date. This was of significant concern given that this exceeded the planned deficit and risked achieving the £82m recurrent funding.
- Discussions had been held internally with the Integrated Performance Executive Delivery Group, along with leadership and operational teams across the organisation with a requested trajectory of 1.5% ask, and worked was currently on-going in respect of revised forecasting. A number of meetings were planned in order to monitor progress against this request, prior to reporting back to the PFIG Committee on 23rd December 2024.
- As at Month 7 there was a reported deficit of £21.4m which represented a substantial risk to achieving the planned outturn for 2024/25.

Of the £42m savings target, there was currently £49.4 as a running total. A significant amount of work had been undertaken across the organisation to achieve this position.

- Utilisation of capital budgets was currently slightly behind planned position, with additional slippage being made available against the Llandudno Hospital project. This has been escalated with the provider and a meeting is due to take place with the Directors to review their cash model to ensure there is no further slippage within this project. This has been shared with WG. Although there is slippage with other schemes, the different models were being reviewed to ensure the resource was spent before close of the current financial year. This would continue to be reported through the PFIG Committee.
- A single opportunity was available to the Health Board to request £18m strategic cash support from WG in order to continue to make payments to staff and supplies towards the end of the 2024/25 financial year. The request needed to be submitted by 5th December 2024. Whilst the request for this would not align with the Health Board's plans over the coming month as

reported earlier, Members were requested to consider this request. Preliminary discussions had been held with WG. Not requesting the funding could risk the non-payment to suppliers of goods or services within the given timeframe.

During discussion it was noted that:

- The clarity of the improved reporting and thanks expressed to the Interim Executive Director of Finance and the wider team.
- Performance against savings was positive. The teams had been tasked with seeking 100% full year effect recurrent savings plans.
- In terms of the increase in cost of secondary care drugs, meetings were being held with the Chief Pharmacist. Whilst there was some cost increase it was not felt that this was driven by NICE approved drugs. A review was being undertaken to determine the reason for this increase. Some work was also being undertaken in terms of reserve allocation due to the need to fund NICE approved drugs, although this is on a non-recurrent basis and becomes a recurring pressure, and modelling this was proving a challenge.
- Overspends in ED – preliminary discussions had been held which indicated that there had been movement into the enhanced protocols which had driven some of the additional financial pressures mainly in the Emergency Department. In Ysbyty Glan Clwyd there had been an increase in bed capacity which had incurred increased nursing and medical agency work. Discussions were ongoing around withdrawing the additional beds when pressures would allow.
- Staff sickness rates had increased to 6.1%. With regard to medical workforce, a meeting had recently been held with the Joint Local Negotiating Committee and British Medical Association (BMA) who agreed to a host of work areas including job planning and the establishment of a medical workforce function, which was required in order to stabilise the medical workforce.

The Chair thanked the Interim Executive Director of Finance for his report, and asked that the Board's thanks be extended to the wider team, and specifically Andrea Hughes, Interim Director of Finance, who had been on secondment to the Health Board and would be returning to her substantive post with WG.

It was **RESOLVED** that the Board:

- **RECEIVED** and scrutinised this report; and
- **APPROVED** the 2024/2025 Strategic Cash Support request to Welsh Government

24/243 Integrated Performance Report

Members **received** and **noted** the report.

The Director of Performance and Commissioning presented the Month 7 Integrated Performance Report. It was noted that the report itself would be reviewed in order to provide additional information for members to include more mitigations, delivery confidence and revised trajectories. Members were advised that future reports would include community data, commissioning data, and primary care

Quality and Safety it was noted that:

- There had been no Never Events in the past 4 months;
- There had been an improvement in the closure rates for complaints;
- Some Infection rates remained above target; and
- Clinical coding had been escalated. The issue was being addressed with the appointment of 7 trainee coders, with 3,000 codings being completed weekly against the 75% compliance target set. The backlog work from December 2023 was being worked on.

People and Organisational Development it was noted that:

- Turnover for Nursing and Midwifery staff at circa 1.7%. The downward trend in turnover generally;
- Sickness rate at 6.1%, although this remained a static trend across the year. Active interventions were in place to manage these absences. Support for managers was also currently being rolled-out;
- Agency bill as a percentage of the overall pay bill was currently at around 5%; and
- Open disciplinary cases – work was being progressed in partnership with Trade Union colleagues to roll out culture Training to the People Teams and Trade Unions, prior to rolling out across the organisation.

Access and Activity Performance it was noted that:

- **Mental health services for adults and children:** The target time for assessment and interventions was not being met at present, with neurodevelopmental waits being of particular concern, although this was an issue across the wider NHS in England and Wales. Work is ongoing to improve the criteria for access, as well as capacity and pathways.
- **Mental Health:** Unvalidated data from October 2025 indicated progress; however, the demand for referrals and assistance has increased.
- **Urgent Care:** The downward revised trajectories were currently not being met for ED 4-hour performance, with patients waiting 12 hours or more, and some waiting over 24 hours. A significant amount of work is being undertaken as part of the Winter Plan, with improvements being plotted to identify better performance.
- **Planned Care:** Themes identified were consistent with those across the NHS. Difficulties had been experienced in achieving the 62-day access against the cancer performance target over the past year, with demand outstripping resources. The 8-week diagnostic target had 8,200 patients waiting over the 8-week standard. An improvement trajectory had been

submitted to WG to reduce this to 3,000 by the end of March 2025. Progress against this will be monitored closely.

- **Audiology:** The waiting times had improved significantly and would not be de-escalated.
- **Diagnostics:** The delay in Endoscopy has impacted waiting times. This issue has now been addressed, and a significant reduction is expected. WG had allocated a further £1.2m to support diagnostic waits.

The overall total waiting time for the Health Board was increasing in line with the NHS nationally; however, progress was being made in terms of reducing the number of patients waiting the longest time. A commitment had been made to those patients waiting over 2 years (around 11,000 patients) to reduce this to 5,000 by the end of March 2025. Additional funding of £7.3m recurring had been made available from WG to facilitate this. In-house capacity and outsourcing contracts were being put in place to address this.

With regard to Neurodevelopment Services, Fôn Roberts, Associate Member, drew the Board's attention to a report published by Care Inspectorate Wales and Estyn around Services, and requested that a copy of the report be shared with Board Members as the findings could be applicable to all local authority areas.

Fôn Roberts expressed concern regarding the neurodevelopmental waiting times. A two day partnership event between the Health Board and local authorities was due to be held and requested that this issue be managed as a joint responsibility going forward to ensure a consistent approach to resolve this issue. The Executive Director of Allied Health Professions and Health Science advised that this issue was also being discussion nationally.

With regard to confidence in the delivery of our major programmes on planned care and unscheduled care given the scale of the problems being faced by the organisation, it was reported that these needed to be managed in a balanced way with focus on productivity and outcomes over the coming months in driving down the waiting lists and ensuring that resources were being utilised effectively.

There was discussion around the management of the waiting list which was increasing. It was noted that patients with the longest waits were being treated however more patients were being added to the waiting lists. The Director of Performance and Commissioning advised that this was a long-term plan and would need to be managed through service planning, demand and capacity planning, efficient and effective use of resources across all specialties to reduce waiting times. The Health Board did not underestimate the enormity of the challenge being faced

It was noted that work needed to be undertaken in order to ensure that patients were being treated in an equitable manner which had become more of an issue since the pandemic. In order to reduce the waiting lists, systems and practices would need to change to address this. Work was ongoing across the specialties looking at the backlog, efficiency and standards, and service reconfiguration / investment issues. A further paper would be brought to the January Board meeting to consider this issue.

In terms of trajectories these were currently stabilising with slight improvement noted however this was reliant on significant in-sourcing and outsourcing contracts, and a positive change in position was expected to be seen in February reporting. The impact of these had not yet materialised in the reporting. In terms of change in culture, premium working for waiting list initiatives are being signed off based on metrics such as GIRFT or National benchmarking models, and therefore the drive in change in focus.

With regard to the new cultural dashboard being developed, a request was made for flexible working request data to be collated and included within the report. In addition, with regard to sickness absence rates, it was noted that Trade Union representatives were influential in supporting staff back to work and Assurance was provided that there would be a continued release of Trade Union representatives to support this work to be undertaken.

Action:

- Further paper for the Board in January to consider the position in relation to Planned Care.

It was RESOLVED that the Board

- **NOTED** the report

GOVERNANCE & ASSURANCE

24/244 Corporate Governance Report

The Director of Corporate Governance presented the report and advised that:

- Work had been undertaken with the Chair and Chairs of Committees to confirm dates for the corporate calendar of Board and committee meetings for the next 2 years. These would be shared with members in due course.
- With regard to Standing Orders the Audit Committee considered some interim changes to the Standing Orders which was as a result of changes to the portfolio of the Director of Corporate Governance to ensure delegations were correct. Further work would be undertaken on the Scheme of Delegation and Standing Orders and this work would be undertaken over the next couple of months. A further change to the Standing Orders would be made to reflect that WG had confirmed that they had made a Revocation Order which reversed the Intervention Order made when the Health Board was placed in Special Measures, which reflected the confidence of WG in terms of working in normal governance.
- Members noted the two variations to the development agreement in place between Maggie's and the Health Board.

Members welcomed the formatting of the report.

It was RESOLVED that the Board:

- **NOTED** the contents of the report;

- **NOTED** the affixing of the common seal details will be provided at the January meeting;
- **RATIFIED** the Chair's Action dated 17 October 2024 and 19 November 2024;
- **NOTED** the matters considered in the Private Board meeting on 26 September 2024; and
- **RATIFIED** the approved Clinicians and Section 12(2) Doctors across Wales;
- **RATIFIED** the amendments to the Standing Orders and **NOTED** the Revocation Order dated November 2024
- **NOTED** the two variations to the development agreement that is in place between Maggie's and the Health Board

24/245 Corporate Risk Register

Members **received** and **noted** the report.

The Director of Corporate Governance presented the report to the Board and the following was noted:

- Committees had received oversight of risks since the last Board meeting and would have had the opportunity to review these in detail.
- Progress had been made across the organisation in terms of risk as detailed within the report. It was noted that whilst the Board had overall oversight for risk this was monitored through the Audit Committee. The Audit Committee had been focussing on those risks above the tolerance levels and seeking assurances on these. Some small changes in reducing risks were being identified however recognising that there was further work to be undertaken. It was acknowledged that there had been some delays due gaps within the Executive Team, which were now being recruited to.

With regard to Safeguarding it was members were advised that this was being managed at an operational level. This would remain at a score of 12 and would be monitored and escalated to corporate level if required.

It was **RESOLVED** that the Board

- **NOTED** the report
- **RECEIVED** the Corporate Risk Register as of November 2024, noting progress on actions and reduction of some scores since last reported in July 24

24/246 Chair reports of Committees and Advisory Groups

Members **received** and **noted** the report.

In line with WG guidance, the Chair requested the Board to ratify the Very Senior Management appointments made as follows:

- Tehmeena Ajmal, Chief Operating Officer
- Stuart Keen, Director of Environment and Estates

- Imran Devji, Interim Chief Operating Officer
- Pam Wenger, Director of Corporate Governance
- Teresa Owen, Executive Director of Allied Health Professionals and Health Science

Following receipt of an Internal Audit report it was noted within that some historical appointments required ratification. Whilst the role of the Remuneration Committee was to approve Very Senior Manager appointments.

It was RESOLVED that the Board

- **NOTED** the following reports:
 - 1 Audit Committee 12.9.24 and 5.11.24
 - 2 Planning, Public Health and Partnerships Committee 22.10.24
 - 3 Mental Health Legislation Committee 7.11.24
 - 4 Remuneration Committee October - October 2024 meetings
 - 5 Charitable Funds Committee 12.11.24
 - 6 Healthcare Professionals Forum 13.9.24
- **IT WAS RATIFIED:**
 - the following appointments:
 - Tehmeena Ajmal, Chief Operating Officer
 - Stuart Keen, Director of Environment and Estates
 - Imran Devji, Interim Chief Operating Officer
 - Pam Wenger, Director of Corporate Governance
 - Teresa Owen, Executive Director of Allied Health Professionals and Health Science
 - the revised Charitable Funds Committee Terms of Reference

OTHER MATTERS

24/247 Any other business (previously agreed with the Chair)

The Chair advised that there was not further business to discuss.

24/248 Review of meeting effectiveness

Members welcomed the opportunity to take additional time if required on the important issues facing the organisation, and the presence of the Interim Chief Operating Officer and Director of Performance and Commissioning was beneficial.

The Director of Performance and Commissioning reflected on his first Board meeting and welcomed the understanding of the Board in the complex issues being faced and the unified approach of the Board.

It was noted that, due to the size of the meeting room, the public seating was closer to the Board table and this was welcomed by members although the acoustics in the room had been impacted due to the heating system.

24/249 Date of next meeting 30 January 2025

<p>The date of the next meeting was Thursday, 30th January 2025 at 9.30am at Venue Cymru, Llandudno.</p>	
<p>Resolution to Exclude the Press and Public <i>"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</i></p>	

Health Board Action Log

arising from meetings held in public - updated 29.11.24

Actions Remaining Open						
Action No	Minute Reference	Meeting date	Agreed action	Lead	Timescale	Status
1	24/104.3	30.5.24	Arrange a demonstration of the developing Quality Management System for Board members	Angela Wood/ Pam Wenger	31.12.24	This action has been delayed due to the absence of the former Medical Director and the data available on the 2 services being piloted. Update to QSE in February and further update to be scheduled to the Board in March.
2	24/227	28.11.24	Write to government drawing attention to the success of the PIPYN project and invite Ministers to review and support it substantively.	Teresa Owen	31.12.24	Letter being drafted and will have been sent by the time Board meets.
3	24/236	28.11.24	Commission a briefing on the changes to the medical certification and the role of Medical Examiners	Pam Wenger	31.12.2024	Briefing commissioned from NHS Wales Shared Services. To be shared with the Board once received.
Action No	Minute Reference	Meeting date	Agreed action	Lead	Timescale	Status

4	24/237	28.11.24	Improve the visibility of primary care reporting through the Integrated Performance Report.	Stephen Powell	31.03.2025	Still on track to deliver this
Actions Proposed for Closure						
Action No	Minute Reference	Meeting date	Agreed action	Lead	Timescale	Status
1	24/233.1	28.11.24	Invite all Board Members to the PPHP Development Session on 10.12.24.	Pam Wenger	31.12.24	Board Members were invited to the Session.
2	24/233.2	28.11.24	Include the Board Development session in February on the Annual Plan timetable.	Chris Stockport/Pam Wenger	27.02.25	Action completed as scheduled for the Informal Board on 27 February. A update was also provided to the Board on 16 th January 2025.
3	24/237	28.11.24	Amend the Ombudsman letter to include contemporary figures and update the date on page 6.	Angela Wood	31.12.2024	Letter sent to the Ombudsman by the Chair.
4	24/243	28.11.24	Further paper for the Board in January to consider the position in relation to Planned Care.	Russell Caldicott Stephen Powell	31.01.2025	Board Development session held 16 January 2025.
5	24/243	28.11.24	With regard to Neurodevelopment Services, circulate the report published by Care Inspectorate Wales and Estyn around Services.	Teresa Owen	31.12.2024	Report circulated 23 January 2025.



Teitl adroddiad: <i>Report title:</i>	Patient Story: Mike's Story Stori Claf: Stori Mike			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 30 January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	A patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.			
Argymhellion: <i>Recommendations:</i>	Board is asked to note the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: <i>Report Author:</i>	Mandy Jones, Deputy Executive Director of Nursing Leon Marsh, Head of Patient Experience Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></small>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p> <p>In line with best practice, a patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.</p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Quality			

Goblygiadau rheoleiddio a lleol:	N/A
<i>Regulatory and legal implications:</i>	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A
<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	BAF21-10 - Listening and Learning
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	N/A
<i>Financial implications as a result of implementing the recommendations</i>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	N/A
<i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	N/A
<i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF21-10 - Listening and Learning
<i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	N/A
<i>Reason for submission of report to confidential board (where relevant)</i>	
Camau Nesaf: Gweithredu argymhellion	
<i>Next Steps:</i> <i>Implementation of recommendations</i>	
N/A	
Rhestr o Atodiadau:	

List of Appendices:

[Mike's Renal Story - ENGLISH SUBTITLES.mov](#)

[Mike's Renal Story - WELSH SUBTITLES.mov](#)

I am willing for my story to be shared with:

- [√] Level 1 – Any Health and Social Care Professionals within BCUHB
- [√] Level 2 – Researchers for Service Evaluation and improvement beyond BCUHB
- [√] Level 3 – Meetings and Conferences with anyone present including public and journalists
- [√] Level 4 – Anyone including Online, Internet, Social Media and CIVICA

List of Appendices:

Appendix A- Patient Story Summary

Betsi Cadwaladr University Health Board (BCUHB)

Mike's Story / Stori Mike

An audio-visual story will be played at the meeting.

Overview of Patient Story

The Storyteller shares his experience of being diagnosed with Polycystic Kidney Disease when he was in his twenties. Since then, the storyteller has been monitored on a regular basis by the teams in Ysbyty Gwynedd.

The storyteller shares his experience of being fully involved in decision making and that it was his choice as to the type of dialysis that he chose, with support from the Home Visiting Team. After having five months on dialysis the storyteller was invited for a kidney transplant with the transplant team at Liverpool. The storyteller describes the 'things he wishes he had known' before transplant and shares his life post-transplant, and how his experience led him to train as a Peer mentor to support patients going through a similar experience to him.

The storyteller expressed his thanks to all staff at Ysbyty Gwynedd who are caring for him. His experience is being used to support a Renal Study Day for staff in Ysbyty Gwynedd.

Key Messages

- Kindness, reassurance, and support from the Renal Team at Ysbyty Gwynedd, the Home Visiting Teams and the Liverpool Transplant Team
- Ability to be involved in decision making
- Knowledge sharing for those undergoing a transplant
- Usefulness of 'Patients Know Best' allowing the patient to stay in control
- Having 'life back' post-transplant
- Becoming a peer mentor for Popham Kidney Support
- Storyteller's experience used to support Renal Study Day in Ysbyty Gwynedd

Summary of Learning and Improvement

The storyteller described the kindness, reassurance, and support they received from the BCUHB Renal Team.

The patient story was collected to support a Renal Study Day for Health Board staff on Monday 18th November 2024 at Ysbyty Gwynedd. The purpose of the day was to support staff across the Health Board to increase their knowledge and understanding of Renal Services, and to improve the experiences of renal patients when they come into hospital.

The Storyteller was invited to attend the Renal Study Day and was a member of the Expert Patient Panel, made up of three patients who had been through all Renal Services, who shared their experiences with staff to inform learning. The day was supported by local and national Renal Charities, which included Popham Kidney Support, Kidney Care UK, Kidney Wales and Ysbyty Gwynedd Kidney Patient Charity.

In total, 71 staff attended the Renal Study Day from a range of backgrounds, including Medical, Nursing, Support Workers, Therapies and Radiography. Improvement feedback included suggestions for increased medical, aetiology, physiology and therapy involvement.

There is an intention to hold a further annual Renal Study Day in 2025 to support these improvements.

The storyteller described their experience of undergoing an organ transplant.

The patient story has been shared across Organ Donation Team including the NHS Blood and Transplant (NHSBT) Service via the BCUHB Specialist Organ and Tissue Donation Nurses and the BCUHB Organ Donation Committee Lead. Services have been asked to cascade Mike's story across the three Integrated Health Community teams and wider NHS Blood and Transplant Service for shared learning.

The Health Board Organ Donation Team is comprised of three Specialist Organ and Tissue Donation Nurses. They are based at each District General Hospital and with a Consultant within each site ICU who act as leads for Organ Donation. They are supported by the North West Regional Consultant Lead who is based at Ysbyty Gwynedd.

NHS Blood and Transplant Team reported that during 2023/24 from 15 consented donors, Betsi Cadwaladr University Health Board facilitated 13 actual solid organ donors, which resulted in 32 patients receiving a transplant during this time period. Additionally, 20 corneas were received by NHSBT Eye Banks from patients of the Health Board. In Wales, 44% of the population have registered an NHSBT Organ Donor Register (ODR) opt-in decision, which compares to 42% of the population nationally. This matters because in 2023/24, 154 people benefited from a solid organ transplant in Wales.

The storyteller said that they found 'Patients Know Best' to be useful in helping them to manage their condition.

Patients Know Best (PKB) is a social enterprise and technology platform. It is designed to help health and social care providers bring together patient data, along with the patient's own data, creating one secure Personal Health Record (PHR) for the patient.

Patients Know Best is available on the web, mobile and the NHS App and provides a single place for health information. Patients can log in to access everything from appointment letters and test results, to their multi-disciplinary care plans. Empowering patients to play an active role in their health and wellbeing, they can use specially designed tools to monitor and track their health condition, allowing ownership of their health records and managing their own health and care outcomes. Patients Know Best also allows patients to share all or parts of their record with family, carers, and other healthcare professionals, supporting shared decision making.

The storyteller wanted to 'give something back' by becoming a Peer Mentor for Popham Kidney Support.

Popham Kidney Support is a kidney charity that is dedicated to enhancing the lives of individuals across Wales who are dealing with the challenges of chronic kidney disease. The charity aims to provide comprehensive support to children, youths and adults with kidney disease, their families, and carers in Wales to lead a better quality of life. They provide assistance at every stage, from those who are newly diagnosed, those undergoing treatment and those who are managing their condition long-term.

Popham Kidney Support aims to improve the quality of life for those with kidney disease by providing services that improve emotional, physical, and financial wellbeing as well as knowledge through education programmes for new patients.

Emotional wellbeing is provided through a counselling service, support groups (kidney cafes), wellbeing projects and a Peer Support Service. Peer Mentors are available to provide support to all patients and family members. All Peer Mentors have lived experience of kidney disease, either as a patient or as a carer of a family member. They can offer information, advice, a friendly listening ear and emotional support. All Peer Mentors have undertaken specialist training and are supported by a Clinical Psychologist. There are 24 Peer Mentors in total throughout Wales of varying ages and experiences, of which our storyteller is one and is providing much-needed help and support through this training to patients, families and carers affected by kidney disease in North Wales.

The Patient and Carer Experience Team will share this feedback and will continue to work with all services to promote the patient experience initiatives outlined above. The Patient and Carer Experience Team extend their gratitude and appreciation to the storyteller for sharing their story.



Teitl yr adroddiad: <i>Report title:</i>	Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	30 January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides information on key issues within the organisation and external work with Government and other partners</p> <ul style="list-style-type: none"> • Meetings with Elected Representatives • Appointments • Details of visits and meetings 			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			

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

Report of Chair to Betsi Cadwaladr University Health Board January 30, 2025

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

Board and Committees

Committees continue with considerable work and some have had an opportunity to help inform the work of our **Integrated Medium Term Plan**, a key strategy for the Health Board. We, as a Board, will be considering the Plan at a future meeting and what we seek to achieve over a 3 year period. Audit Wales have continued their work on the **Structured Assessment** and will report on their findings to both Audit Committee and Board in due course. This will be an important opportunity for us to reflect on our progress as an organisation and to consider any recommendations to support us on our improvement journey.

Developing the Organisation

Regular meetings with Cabinet Secretary and Government continue and the focus remains around our **performance** as a Health Board and the need for us to improve **productivity** in key areas. With this in mind, Gareth, as Vice Chair, and I meet weekly with Steve, Russ and Carol in a **Planned Care Touch Point**, in order to consider current activity across a number of clinical services. We recognise that the current context is considerably challenging, for a variety of reasons, but our focus remains on ensuring improved and timely access to services for the people of North Wales. Government are clear about their expectations and we will strive to meet the targets that have been set.

The Ministerial Advisory Group (MAG), established by the previous Health Minister and now First Minister, Eluned Morgan MS, will undoubtedly publish recommendations following their work in the wider Welsh NHS. We, as a Board, had the opportunity to engage with them at a meeting in Ysbyty Glan Clwyd. Chairs and CEOs of Health Boards in Wales have also met with the group separately.

I had an opportunity to attend and contribute to the **Clinical Leadership Conference** and the **Orthopaedic Workshop**. It was encouraging to see colleagues get together to support each other and to consider they way services are developed for the future. This work is crucial for the Health Board and the people we serve in our region. It is important that clinicians in the organisation understand where they sit in terms of our ambition and priorities and are able to contribute to the developing of a positive and sustainable future for NHS services in North Wales.

Engaging with others

I was very pleased to attend the **Arts and Minds event** at Tŷ Llywelyn, Bryn y Neuadd. It was inspiring to see the work that had been undertaken over a period and the positive outcomes for patients. Whilst much of our attention currently is around our finances and planned care, this event reminded us that health and well-being is a broad agenda and the arts can play a major part for many. The Christmas period provided an opportunity for many Board members to attend various

events such as carol services across the region. I had an opportunity to go to Ysbyty Gwynedd on Christmas Day to thank staff for their work and to say Nadolig Llawen to patients. The recent period, including Christmas, has been very challenging for our staff and it is important for us to recognise the efforts of all across the organisation. Diolch yn fawr!

Below is a summary of some of my meetings and visits for the period up to 23 January 2025.

Date	Meeting / Visit
21 November 2024	Monthly meeting with Cabinet Secretary for Health and Social Services
21 November 2024	Clinical Leadership Conference, Conwy Business Centre
25 November 2024	Meeting with the Independent Members and Chief Executive BCUHB
26 November 2024	NICON/ Welsh NHS Confederation member webinar: Prevention – Using Evidence & Sharing Learning Across Nations
27 November 2024	Structured Assessment Feedback, Audit Wales
27 November 2024	Board Development
28 November 2024	Health Board, Venue Cymru
29 November 2024	North Wales Regional Leadership Board
29 November 2024	Sian Gwenllian MS
2 December 2024	World AIDS Day, Bangor University
4 December 2024	Arts and Minds Family and Carers, Ty Llywelyn, Bryn y Neuadd
5 December 2024	Llais Volunteer Event, Rhos on Sea
6 December 2024	BCUHB - NCSOS Orthopaedic Workshop, Optic Centre
9 December 2024	Internal Audit, Risk Planning
9 December 2024	Strategic Flintshire County Council/BCUHB
10 December 2024	Planning, Population Health & Partnership Committee
10 December 2024	Remuneration Committee
10 December 2024	Ysbyty Gwynedd Evening Carol Service
11 December 2024	Special Measures Forum, Welsh Government
11 December 2024	Independent Members meeting
12 December 2024	Board Development
12 December 2024	Clare Hughes, MP
17 December 2024	Monthly Meeting with Cabinet Secretary for Health and Social Services
18 December 2024	Wales NHS Chairs Assurance Meeting with Welsh Government
18 December 2024	Christmas Carol Service, Ysbyty Eryri
19 December 2024	People and Culture Committee Meeting
19 December 2024	Chief Executive and Wrexham University Vice Chancellor
23 December 2024	Performance, Finance & Information Governance Committee
25 December 2024	Visit to Patients and Staff at Ysbyty Gwynedd with Rev Wynne Roberts
6 January 2025	Chief Executive Mid Year Review
6 January 2025	Planned Care weekly touch point
7 January 2025	Meeting regarding Medical School students and BCUHB
7 January 2025	Meeting regarding recruitment data

10 January 2025	North Wales Regional Partnership Board
13 January 2025	Darren Millar MS
13 January 2025	Strategic Steering Group Bangor University
13 January 2025	Planned Care weekly touch point
14 January 2025	IHC West Area Lead for Operational Improvement
15 January 2025	All Wales Chairs with Ministerial Advisory Group for Performance and Productivity
16 January 2025	Board Briefing
16 January 2025	Audit Committee
17 January 2025	CEO & Chair meeting with Swansea Bay Chair & CEO
20 January 2025	Ministerial Advisory Group, Ysbyty Glan Clwyd
20 January 2025	Jim McGuigan, Vascular Services
20 January 2025	Filming for Board Video
20 January 2025	Planned Care weekly touch point
21 January 2025	All Wales Chairs Peer Group
22 January 2025	NHS Board & Trusts Chairs & Chief Executives Assurance Meeting with Welsh Government
22 January 2025	Gethin Morgan, Regional Partnership Board
23 January 2025	Welsh Government Cabinet Sub Committee for North Wales, Llandudno Junction
23 January 2025	Monthly Meeting with Cabinet Secretary for Health and Social Care
23 January 2025	Visit to the specialist BCUHB Audiology Van for rural areas together with Cabinet Secretary



Teitl adroddiad: <i>Report title:</i>	Chief Executive Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 30 January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of November and 15th January 2025. Some of the content is further expanded in other reports on the Board agenda.</p> <p>The report outlines some of the key engagement activities undertaken both within the health board and more broadly with partners and the public.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to :</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the report; and • APPROVE the term of reference for the Executive Committee and minor changes to the Scheme of Delegation pending further review of the Scheme of Delegation. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chief Executive			
Awdur yr Adroddiad: <i>Report Author:</i>	Chief Executive			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol:	Relates to all objectives			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:				
Regulatory and legal implications:				

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	No recommendation results in a financial decision or implication
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	No recommendation results in a workforce decision or implication
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p> <p>There are a range of actions to address relating to the content of the report.</p> <p>Implementation of recommendations</p> <p>Recommendations are to discuss and note.</p>	
<p>Rhestr o Atodiadau: Appendix 1 – Executive Committee Terms of Reference</p>	

CHIEF EXECUTIVE REPORT

1.0 INTRODUCTION

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of November and 15th January 2025. Some of the content is further expanded in other reports on the Board agenda.

2.0 OBJECTIVE 1 - BUILDING AN EFFECTIVE ORGANISATION

2.1 Executive Committee

In response to the escalation status of the Health Board changing in February 2023, significant work has been undertaken to establish and develop the Board and Committee arrangements. There is still ongoing work and improvements required to ensure that the Board and Committees function effectively.

The Structured Assessment 2024 recognises the improving governance arrangements, a key priority for the Health Board is the strengthening of operational governance arrangements. A copy of the Structured Assessment Report has been shared with the Board and was also considered at the Audit Committee in January 2025.

The Board previously agreed to establish a formal committee of the Board, which will meet in private and be chaired by the Chief Executive Officer. This committee will be the mechanism for the operational delivery of the objectives. The Board will receive a written report from the Chair of the Executive Committee, with the first report in this format to be presented to the Board in March 2025.

The Board is asked to formally ratify the establishment of the Executive Committee and approve the Terms of Reference attached at **Appendix 1**.

In establishing the Executive Committee, the following changes to the Scheme of Delegation are recommended, pending a further substantive review in the next 3 months.

Contracts between NHS Bodies		
Annual Value upto £250,000	Chief Operating Officer (following agreement with the Director of Performance and Commissioning)	No requirement for Executive Committee to approve
Private / 3rd Sector / Grants / Primary Care / Local Authorities		
Annual Value upto £250,000	Relevant Executive Director and Finance Director	No requirement for Executive Committee to approve
Individual Patient Commissioning Agreements – NHS Providers and non NHS providers		
Annual value up to £125,000	Medical Director	No requirement for Executive Committee to approve

Annual value between £250,000 and £0.5m per annum	Medical Director (or another Executive Director) and Director of Finance	
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2.2 Betsi Cadwaladr University Health Board – Joint Executive Team Meeting / Special Measures Assurance Meeting Special Measures

Further to the update provided at the Board in November 2024, formal correspondence has been received from Welsh Government and the Health Board.

The progress reported over the last six months included:

- **Board Effectiveness:** Governance and Committee structures fully implemented; Board Development Plan published; Chairs (of committees) Advisory Group established to promote cross referencing; Executive Board Member recruitment progressing; Audit Committee overseeing compliance with the Corporate Governance Code
- **Risk Management:** Board Assurance Framework alignment to strategic objectives underway – due to complete Q3; Risk management dashboard progressing (complete Q4)
- **Operating Model:** now called Foundations for the Future to reflect wider model – Discovery Phase complete, Design Phase commenced. Schedule to run to end March 2025, then first draft options to Board for May 2025.
- **Performance and Accountability Framework:** Being deployed to highlight issues to the Board and Committees; review/revise as part of Foundations for the Future; Corporate Directorate Reviews and Service Accountability Reviews now fully implemented
- **Quality Management System:** developed and approved by Board, ‘early adopters’ now underway; focus for rest of 24/25 further rollout
- **Leadership Development Framework** established, consulted upon and being implemented. Series of leadership conferences implemented – latest a Clinical Leadership Conference in November.
- **Citizens Experience report** now well established at Board; wide-ranging community engagement programme established and being implemented – positive feedback regarding approach and renewed engagement with families
- **Urgent and Emergency Care:** A 12-week rapid improvement programme has commenced to include a focus on ring-fencing SDEC to enhance service delivery with a consistent focus on reducing length of stay
- **Cancer Care:** A plan in place to sustain the workforce in Oncology, focussing on long term support and improving recruitment and retention. The RTT waiting times in Haematology remains a challenge, with progress being made regarding substantive recruitment.
- **Digital, Data and Technology:** Funding secured for the development of the Electronic Health Record (EHR) and Mental Health EHR outline business cases, with the mental health procurement underway

In summary, it was recognised the work that has been done in relation planned care and financial management and governance. The concerns remain regarding the cancer position, long waiting patients, diagnostics, and urgent and emergency care. The

expectation from Welsh Government is that the Health Board has a clear and effective plan for the upcoming winter period, that has been developed in collaboration and engagement with appropriate stakeholders

2.3 Executive Team

There are a number of developments to report in relation to the Executive Team, all of which are overseen by the Remuneration Committee of the Board.

Executive Director of Public Health

Jane Moore has been appointed as the Executive Director of Public Health. Jane has been in the role as Acting Executive Director of Public Health since January 2024 and will now continue in the role on a substantive basis.

Director of Strategy and Transformation

Chris Stockport will be leaving to take up the post of Executive Medical Director for Manx Care in the Isle of Man. Chris has worked in the Health Board, in Executive Director roles overseeing Transformation, Strategic Planning and Commissioning and also Primary Care since 2018.

Chris' clinical and strategic contribution to improving the health and wellbeing of the people of North Wales has been substantial over many years. His leadership on many projects has had a lasting and positive impact and we wish him all the best in his new role. He will be taking up the post in March 2025.

2.4 Major Change programme - Foundations for the Future (FFTF)

It is important to note that Foundations for the Future (FFTF) Programme is not just about structures but strategy, culture, people, processes and structures which all have equal value when creating a successful organisation. This major change programme which has lots of interdependencies with other projects in the health board will set the foundations for an effective organisation and give us the best chance of success.

The discovery phase of the FFTF programme completed in November 2024 with the publication of an insights report that is available to all staff on the intranet. Seven themes were identified which have helped shape the work on the design phase of the programme which commenced in Dec 2024 with a series of design workshops with staff. Once the design workshops are completed at the end of January 2025 options for the new model will be worked up and taken back to colleagues for comments. The intention is to take some design options to Board in May 2025. The input and engagement from colleagues on this project so far have been invaluable and remains critical to the creation of our future operating model.

Major Incident – Burst Water Main

A burst water main at the Bryn Cowlyd Water Treatment Works in Dolgarrog caused significant water supply issues across North Wales, affecting several Health Board sites. The Health Board activated its Major Incident Plan and, along with partners, responded to the emergency. Water tankers were deployed to maintain supplies, ensuring no disruption to services. Some primary care services made alternative arrangements to support affected residents.

There were supply issues at hospital sites in Llandudno, Colwyn Bay, and Bryn-y-Neuadd. Despite this, all GP practices in the affected area remained open with business continuity plans in place, including bottled water and temporary toilet facilities for staff. Patients were triaged, with remote consultations offered where possible, and in-person treatments conducted at alternative sites. The Health Board staff went above and beyond to ensure the continuation of services throughout the incident. A learning from the incident will be undertaken and available for information if Board Members require it.

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

3.1 Pathology Department at Wrexham Maelor Hospital

Board Members were informed in early January 2025 that reinforced autoclaved aerated concrete (RAAC) had been identified the Health Board appointed specialist surveyor within the Pathology Department at Wrexham Maelor Hospital within the section of the flat roof area. As a consequence, in conjunction with our appointed experts a series of control measures/mitigations have been immediately completed, to include;

- Immediate installation of props to shore up the roof area (where air conditioning units are affixed);
- All access to the roof area has been immediately restricted and the fire service notified so as not to place any load upon the roof section;
- Ensure the area below the RAAC roof is put out of use when snow covering is evidenced on the roof; and
- Daily inspection of the ceiling by Operational Estates to identify any concerns such as water ingress and obvious signs of failure.

With these control measures the area has been passed by our appointed experts as safe for services to continue, with a further more detailed inspection to be undertaken and the risk entered in the register with a score of 20 recorded that reflects implementation of the above control measures. The People and Culture Committee will seek assurances on the actions and mitigations at the next meeting in February 2025.

3.2 Tywyn Community Hospital

In April 2023, Dyfi Ward at Tywyn Hospital was temporarily closed due to a critical shortage of trained nursing staff, which posed risks to both patient and staff safety. Over the past 18 months, several measures have been implemented to mitigate the impact on local healthcare services. These include:

- Continuous recruitment efforts to address staffing shortages.
- Redeployment of existing staff to areas of greatest need.
- Introduction of a new treatment room to expand service capacity.
- Reopening of the Minor Injuries Unit (MIU).
- Launch of a weekly Wellbeing Hub to support the community's health needs.

Engagement with the local community has been a key priority throughout this period. On 26 November 2024, Llais hosted a public forum in Tywyn to explore the impact of the Dyfi

Ward closure on the community. The feedback gathered during this session has been invaluable in shaping future plans.

Looking ahead, further engagement activities are planned to address the specific healthcare challenges faced by this rural community and to explore options for future service provision. A detailed proposal for this next phase of engagement will be presented to the Board in March 2025.

3.3 Electronic Health Record (EHR) Programme

The Electronic Health Record (EHR) Programme is supported by a dedicated internal programme team, supplemented by external expertise as agreed by the Board in July 2024.

The programme's investment objective, approved by the Board as part of the Strategic Outline Case (SOC) process, are nearing approval by the EHR Programme Board. These objectives prioritise enhancing clinical quality and safety, improving operational productivity, strengthening staff retention, and delivering an interoperable EHR system over the next five years.

Following the Board's approval of the Strategic Outline Case in January 2024, work is now underway to develop the more detailed Outline Business Case (OBC) for submission to Welsh Government. The OBC will outline how we will deliver the change, our biggest risk, the required infrastructure, procure, and implement the EHR solution.

External expertise is vital for the programme's success, and full engagement from all clinical and operational areas, despite the impact on operational services, is essential to ensure the effective adoption of new capabilities and standardised practices across the Health Board. Delivering a successful change in the BCU context is the greatest challenge and the focus will be primarily on Mental Health which is the area funding has been secured for. Mental Health will be the exemplar for others to follow.

Further details will be provided when the draft OBC is submitted for review in April.

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

4.1 New Year's Honours – Trystan Lewis BEM

Trystan Lewis, who works as a Senior Business Support Manager for our Estates and Facilities department, has been awarded a British Empire Medal (BEM) for his services to Patient Health and Wellbeing.

Trystan is being recognised for his work in coordinating the improvement of green spaces at hospital sites in the West Area Integrated Health Community.

This includes the renovation of a derelict walled garden within the grounds of Bryn y Neuadd Hospital, in collaboration with onsite services. Through his efforts, weekly gardening sessions have been established, offering patients the chance to develop vocational skills, enjoy time outdoors, and cultivate fresh produce.

The impact on patient wellbeing has been significant, with positive feedback reflected in numerous case studies.

5.0 STRATEGIC OBJECTIVE 4 - IMPROVING QUALITY, OUTCOMES AND EXPERIENCE

5.1 Winter Pressures

At the Board in November 2024, the Winter Plan was approved.

The festive period was extremely challenging across Wales and our staff went over and above to ensure that patients were treated appropriately despite the high levels of demand with high levels of Infection and Prevention Control issues.

The Health Board had proactively put in place command and control arrangements via the Chief Operating Officer from 31st December to the 6th January 2025. The system resilience hub was well coordinated with close working across each of the Integrated Health Communities (IHCs). The Wrexham Maelor Hospital remained the main site of concern particularly with the Infection Prevention Control (IPC) issues resulting in a congested Emergency Department and limited options for boarding on a number of wards with IPC restrictions. Due to the long community waits for ambulances, our community colleagues provided clinical review/assessment, safety and well-being visits as directed by Welsh Ambulance Service University NHS Trust (WAST) for waits above 30 hours. This was well received and continues to be in place. The national team and WAST recommended this approach to other Health Boards given the challenges with long community waits nationally.

During the recent extreme weather conditions, community teams visited patients within their local areas whilst being off duty in support of teams who had difficulties accessing patients usual place of residence due to snow. This demonstrates the team spirit and patient focussed care aligned to our values. I would like to thank colleagues across the Health Board working over the festive period for all their support during this time.

6.0 STRATEGIC OBJECTIVE 5 - ESTABLISHING AN EFFECTIVE ENVIRONMENT FOR LEARNING

6.1 University Links

There have been meetings with Bangor University and Wrexham University recently.

Wrexham University

This was our first formal meeting with the new Vice Chancellor Joe Yates and was an opportunity to share our thinking in terms of mutual support and joint working. We agreed on the development of our strategic partnership and Memorandum of Understanding (MoU). Other themes covered in this initial meeting included; ensuring high quality placements for students, working with Schools and Further Education to capture people earlier in the education, the promotion of the Health Board as an employer, and the varied career opportunities within the Health Board.

Bangor University

The Steering Group meeting was an opportunity to update and discuss our key strategic initiatives; North Wales Medical School, North Wales Pharmacy School and the North and Mid Wales Dental School.

6.2 Education Steering Group

The Health Board has established an Education Steering Group which marks a significant step towards strengthening the integration of education within the Health Board. This group will play a pivotal role in aligning educational programs with the evolving needs of our workforce and HB priorities. The Steering Group will oversee the development of educational strategies, promote collaborative partnerships with academic institutions, and ensure that training initiatives support the delivery of high-quality care across our services. This initiative is essential in fostering a skilled, future-ready workforce for the Health Board.

7. CONCLUSION

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

EXECUTIVE COMMITTEE

**Terms of Reference & Operating Arrangements
(Schedule 3.5 of the Standing Orders)**

Version Control

Version	Issued to	Date	Comments
V0.01 Draft	Executive Team	31/12/2024	Developed as a first draft for review by the Executive Team before onward consideration by the Board
V0.02	Chair and Vice Chair	20/01/2025	Slight amendments to the wording to provide greater clarity

Date approved by Health Board :

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the Executive Committee. The Executive Committee is the primary executive decision-making body of the Health Board in relation to the delivery of the Health Board's strategic objectives. It has powers delegated by way of those delegations already vested in the individual Directors.
- 1.2 Its principal role is to support the Chief Executive in overseeing the day-to-day management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities (both clinical and non-clinical), which in turn supports the achievement of the organisation's objectives.
- 1.3 The detailed Terms of Reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

- 2.1 The Executive Committee will set appropriate frameworks and policies and procedures to support delivery of the organisational objectives. Using the frameworks in place the Executive Committee will continually monitor and review the operational performance of the Health Board and put in place corrective measures where necessary.
- 2.2 The Executive Committee will oversee the development of the Health Board's Integrated Medium Term Plan ensuring the engagement of the Board's Committees and Independent Members as well as internal and external stakeholders, so that when it is formally presented to the Board for approval, it is robust in terms of its objectives, performance measures, investment priorities and affordability.
- 2.3 The Executive Committee plays a key role in developing the overall strategy of the Health Board. It is also the formal route to support the Chief Executive in effectively discharging her responsibilities as Accountable Officer.

3. DELEGATED POWERS

The Executive Committee is authorised by the Board to :

- a) Implement the organisation strategy, Integrated Medium Term Plan, Clinical Strategy, and other plans, working alongside all Board Members to propose recommendations addressing risks and ensuring regular reporting to the Board;
- b) Ensure that quality, equality, and diversity issues are continually considered and addressed throughout the work of the Executive Committee, ensuring compliance with legislation;
- c) Monitor the Health Board's performance against key targets and other corporate objectives, delegating and coordinating where appropriate;
- d) Resolve operational performance issues, ensuring that the Health Board operates safely, effectively, efficiently, and in a patient-focused way;

- e) Monitor the actions arising from the Integrated Performance Report and performance manage the delivery of those action plans;
- f) Approve new and renewal leases in accordance with the Scheme of Reservation and Delegation (SORD) following consideration by the Capital Investment Group;
- g) Approve business cases for clinical posts requiring additional income and activity not within delegated budgets;
- h) Approve business cases and service developments requiring investment in accordance with the SORD;
- i) Consider and agree on the capital programme prior to Health Board approval;
- j) Consider the structures, processes, and responsibilities for identifying and managing key risks facing the organisation, prior to discussion at the Audit Committee and the Board;
- k) Approve policies and procedures in line with the Health Board's overarching policy framework;
- l) Review the high-level risks to the achievement of the Health Board's strategic objectives, advise the Board of urgent or emerging strategic issues and risks, and recommend actions and mitigations;
- m) Agree on all risk-related disclosure statements, particularly the Annual Governance Statement, prior to approval by the Audit Committee and the Health Board;
- n) Scrutinise key reports prior to submission to the Board to ensure their accuracy and quality;
- o) Provide a corporate view on pan-Health Board issues of current concern, ensuring coordination between Integrated Health Communities (IHC) and Pan BCU Services;
- p) Advise on planning, service level agreements, and change management initiatives;
- q) Identify any potential commercial and/or reputational opportunities arising from the Health Board's work;
- r) Consider issues arising from Executive Delivery Groups, Governance Groups, and Major Programmes;
- s) Ensure there is an effective business planning process in place;
- t) Review and adopt key strategies, plans, and assurances; and
- u) Oversee the Health Board's compliance with the management of conflicts of interest as stated in the Standing Orders and the Standards of Business Behaviour Policy.

4. AUTHORITY

- 4.1.** The Chief Executive has the authority to make decisions outside of the Executive Committee in line with the accountability delegated by the Board and through the Accountable Officer Memorandum;
- 4.2.** The Committee may investigate or have investigated any activity (clinical and non-clinical) within its Terms of Reference. It may seek relevant information from any:
 - a) Employee, with all employees directed to co-operate with any legitimate request made by the Committee; and,
 - b) Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.3.** It may also obtain outside legal or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers it

necessary, in accordance with the Board's procurement, budgetary and other requirements.

- 4.4. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business, concerning quality, safety, patient and carer experience matters.
- 4.5. It will review risks from the Board Assurance Framework and Corporate Risk Register and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

- 5.1. The Committee may establish Group and/or task and finish groups to carry out on its behalf specific aspects of Committee Business.

The following Groups report directly to the Executive Committee:

- Operational Leadership Team

Delivery Groups

- Quality Delivery Group
- Integrated Performance Delivery Group
- Population Health Delivery Group
- Planning and Transformation Delivery Group
- Primary Care Board

Governance Groups

- Capital Investment Group
- Civil Contingency Assurance Group
- Risk Scrutiny Group
- Policy Oversight Group

Major Programmes (Tier 1)

Strategy

- Foundations for the Future
- Planned Care
- Urgent Emergency Care

Executive Committee

Governance Groups

Capital Investment Group
Civil Contingency Assurance Group
Risk Scrutiny Group
Policy Oversight Group

Pan BCU Groups

Operational Leadership Team
Quality Delivery Group
Integrated Performance Delivery Group
Population Health Delivery Group
Planning & Transformation Delivery Group
Primary Care Board

Major Programmes

Strategy
Foundations for the Future
Planned Care
Urgent Emergency Care

6. MEMBERSHIP

6.1. Members

Chief Executive (Chair)
Chief Digital and Information Officer
Chief Operating Officer
Director of Performance and Commissioning
Executive Director of Allied Health Professionals and Health Science
Executive Director of Finance
Executive Director of Nursing and Midwifery
Executive Director of Public Health
Executive Director of Transformation and Strategic Planning
Executive Director of Workforce and Organisational Development
Executive Medical Director
Director of Corporate Governance
Director of Environment and Estates
Director of Partnership, Engagement and Communication

6.2. By Invitation

6.2.1. Other Directors / Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.3. Secretariat

6.3.1. The Secretariat will be determined by the Director of Corporate Governance who will ensure a record of the meeting is recorded along with an action and decision log for approval and audit purposes.

7. COMMITTEE MEETINGS

7.1. Quorum

- 7.1.1. A quorum shall consist of no less than five and must include as a minimum at least three Executive Directors.
- 7.1.2. Any senior manager of the Health Board or partner organisations can, where appropriate, be invited to attend by the Chair.
- 7.1.3. Should any Member be unavailable to attend, they may nominate a deputy with agreement of the Chair but these deputies will not count towards the quorum and will be shown as 'in attendance'.
- 7.1.4. The Chair may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

7.2. Frequency of Meetings

- 7.2.1. Meetings shall be held bi-weekly, but may be convened at short notice if requested by the Chair.

7.3. Conduct of Meetings

- 7.3.1. Meetings will be held in person normally, however by exception members may join virtually subject to the agreement of the Chair.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 8.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees / Advisory Groups to provide advice and assurance to the Board through the:
 - Joint planning and co-ordination of Board and Committee business; and
 - Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that

adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1. The Committee Chair shall:

9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chief Executive's report.

9.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Vice Chair or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the Health Board.

9.1.3. The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. REVIEW

11.1. These Terms of Reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.



Teitl yr adroddiad: <i>Report title:</i>	Vice Chair's Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	30 January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides information on key areas of engagement undertaken since the last Board meeting.			
Argymhellion: <i>Recommendations:</i>	That the Board discusses and notes the content of the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Vice Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Vice Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in Delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report.			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable at this stage.			

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

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 30 January 2025

With the Christmas break, the last couple of months have allowed me less opportunity for meetings related to my specific Vice-Chair responsibilities for mental health and primary care, with more time taken given over to wider corporate roles including as Chair of PFIG.

As a result of my engagement with my colleague Vice-Chair from the Welsh Ambulance Service Trust I had the opportunity to spend a full day in late November on a 'ride-out' with an ambulance crew based in Rhyl. This gave a fascinating insight into the WAST's work and only added to the respect I already had for the combination of real expert knowledge and human warmth which paramedics exhibit. The crew stressed the very positive relationship they had with staff in the Emergency Department at Ysbyty Glan Clwyd, despite the often significant problems with 'offloading' patients, although on the day I was with them, the two patient handovers I witnessed were both achieved well within one hour

The other learning I took from the day included:

- The extent to which the workload consists very largely of elderly patients: the combined age of the four patients we were called out to was 350.
- The potential for better collaboration with care-homes to reduce the number of 999 calls (two of the four calls were for patients in nursing homes, neither of whom in the end needed conveyance to hospital)
- The very considerable amount of paperwork/reporting required from ambulance crew for each incident and the negative impact of the lack of connectivity between different IT/administrative systems. Care homes' patient records are in many cases paper-based and not easily searchable and WAST do not have access to hospital based records. They do, however, have access in most cases to GP records electronically.
- The extent to which fear of litigation lies behind the risk-averse behaviours which all too easily lead to conveyance of patients to EDs, even everyone realises this may not be in the best interests of the patient.

I continue to attend Vice-Chairs meetings (though I missed the most recent one because of leave) and find the quarterly in-person meetings extremely valuable. In December we held a meeting at Cwm Taf Morgannwg UHB's offices where we also received a briefing on the work of the 'Navigation Hub' they have recently introduced as part of work on **alternatives to admission**. The aim of the hub is wherever possible to prevent conveyance to ED by intervening to provide alternative options for care in the community, building on research which shows clearly the negative impact of 'precautionary' admissions to acute care. The hub is intended to be the first point of referral for nursing homes where they are considering calling an ambulance; work with WAST is also ongoing to encourage paramedics to wherever possible refer to the hub before conveying a patient to ED (with the obvious exception of red calls) – a 'ticket to ride' system – though it has apparently proved challenging to get this across to all crews; and the hub also has direct access to the WAST 'stack' and is able to proactively take calls out in order to investigate if there are alternative solutions. The hub can provide clinical advice remotely but also retains GPs and Occupational Therapists (OTs) who can undertake in-person visits to see and provide advice and prescriptions to callers. The data to date suggested in more than 80% of cases, conveyance to ED is avoided, making an unanswerable case for the service.

Mental Health

In terms of **Mental Health and Learning Disabilities (MHLDD)**, I visited two of the three Rehabilitation Units, in Carreg Fawr in Bryn Y Neuadd and Coed Celyn in Wrexham. This gave me an opportunity to understand the intensity of support required, often over a fairly long timescale to

enable some of our mental health patients to recover to the extent necessary to live independently.

I also spent a few hours with the **Learning Disability Service**, learning about the work of the Therapeutic Support Service and seeing at first hand the excellent arts and other activities available to in-patients at Bryn Y Neuadd. I was interested in hearing briefly about work which is underway to reform the approach to providing therapeutic support to those with learning disabilities living in the community and hope to return for a more in-depth discussion in the future.

I also paid a second visit to the MHL D Wellness Service (also based at Bryn Y Neuadd), which continues to do fantastic work, with a very small staff team in supporting the well-being of MHL D staff. This is increasingly seen as an exemplar by other Health Boards.

I have continued to have regular catch-ups with Teresa Owen as Executive Director with responsibility for MHL D, with Iain Wilkie and the Departmental management team, with Matt Joyes who leads on matters related to the **Mental Health Legislation Committee**, and with Ros Alstead as our Special Adviser.

We are still awaiting the publication of the new Welsh Government Mental Health and Suicide Prevention Strategies but an interesting and very welcome development is what I understand to be a growing commitment to making a much more coherent system of **'open access' mental health support** available across Wales, to provide much earlier interventions and to relieve pressure both on GP practices and on our Emergency Departments. I hope that we will be able to be an early adopter for this approach, which will likely require an overhaul of our commissioning of Tier 0 and Tier 1 mental health support.

Meanwhile the England and Wales-wide Mental Health Bill continues its progress through Parliament. I have also agreed to represent the Vice-Chairs on the NHS Executive's Acute and Crisis Care Task and Finish Group which is looking to introduce a system wide reform of mental health crisis support.

All in all, despite the huge challenges, I think this is an exciting time in terms of the development of mental health policy and practice.

In terms of **Children and Adolescents' Mental Health Services (CAMHS)** I continue to have regular meetings with Louise Bell, Assistant Director for CAMHS and periodically join the Strategic Improvement and Development Group. I hope to visit the new crisis hub at the Royal Alex in the near future.

Primary and Community Care

In terms of Primary and Community Care, I continue to meet with Ffion Johnstone who is taking a co-ordinating role on primary care and keep in touch with the Associate Directors of Primary Care in each IHC. Dentistry is a particular concern at present, with a rash of General Dental Service Contracts being handed back (something over which we have little or no control since dissatisfaction generally relates to the Wales-wide GDS contract), undermining the progress we have recently made with awarding new contracts. A focussed piece of work on how we might be able to increase access to dentistry is underway.

I have continued to have regular meetings with Jane Moore, as ED for Population Health and am looking forward to playing a part in the 'Well North Wales' Task and Finish Group which is working under the aegis of the Regional Partnership Board to develop a system-wide approach to promoting healthier lifestyles and well-being in general. I am also discussing with her and other

colleagues the opportunities to adopt (at least in pilot form) a place-based, community-embedded approach to promoting health and well-being.

Finally, I visited the Clarence Medical Practice in Rhyl at the invitation of the senior Partner there. This is a hugely impressive practice with a real 'can do' approach, providing a wide range of services over and above those which are absolutely required by the General Medical Services contract.

Gareth S. Williams
Vice-Chair

January 2025



,Teitl adroddiad: Report title:	Citizen Experience Report		
Adrodd i: Report to:	Betsi Cadwaladr University Health Board		
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 30 January 2025		
Crynodeb Gweithredol: Executive Summary:	<p>This report provides the Board with a summary of the key themes from our engagement with citizens over recent months, drawing insights from a range of sources. These include:</p> <ul style="list-style-type: none"> • Day-to-day interactions with patients, carers, and families, • Conversations with the public and partners in their communities and at events, • Correspondence from Members of the Senedd and Parliament, and • Engagement activities undertaken by Llais. <p>Marking the fourth such report to Board, this edition reflects on a full year of citizen feedback. The key themes have remained consistent:</p> <ol style="list-style-type: none"> 1. Delays and Waiting Times 2. Access to Services 3. Communication 4. Positive Experiences and Recognition of Improvements <p>This report not only highlights the feedback received but also details the actions we have taken over the year to address these issues. Many of these actions are integral to the ongoing work outlined in our Integrated Medium Term Plan (IMTP) and Annual Plan. Furthermore, the valuable insights gathered continue to inform our efforts and will shape future priorities in the next IMTP/Annual Plan.</p>		
Argymhellion: Recommendations:	The Board is asked to note the report.		
Report presented by:	Dyfed Edwards, Chair		
Awdur yr Adroddiad: Report Author:	Helen Stevens Jones, Director Partnerships, Engagement and Communications		
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>
Lefel sicrwydd:	Arwyddocaol	Derbynol	Rhannol
			Dim Sicrwydd

Assurance level:	Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		Involving and understanding the experience of our citizens runs through all the Health Board's strategic objectives and plans		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006		
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i>		Not applicable for this report.		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>		There are no specific risks associated with this paper.		
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>		There are no specific financial implications associated with this report		
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith		There are no specific workforce implications associated with this paper.		

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: Dim List of Appendices: None	

HEALTH BOARD MEETING IN PUBLIC

30th JANUARY 2025

CITIZEN EXPERIENCE REPORT

1. Introduction

1.1 This report highlights key themes emerging from our recent engagement with citizens. It draws on a variety of sources, including:

- Day-to-day interactions with patients, their carers, and families,
- Conversations with the public and partners in their communities and at events,
- Correspondence from Members of the Senedd and Parliament, and
- Activities and citizen engagement led by Llais.

1.2 Listening to and understanding the experiences of the people of North Wales is vital to improving the way we design and deliver care and services. By gathering and analysing these insights, we can identify the issues that matter most to our population. We are committed to achieving sustained improvements and are increasingly fostering collaboration between our staff and the citizens of North Wales to address and resolve ongoing challenges.

1.3 This report not only highlights the feedback received recently but also details the actions we have taken over the year to address these issues. Many of these actions are integral to the ongoing work outlined in our Integrated Medium Term Plan (IMTP) and Annual Delivery Plan. Furthermore, the valuable insights gathered continue to inform our efforts and will shape future priorities in the next IMTP/Annual Plan.

2. Key Themes from the last year:

2.1 Delays and waiting times

What people told us

- **Waiting times:** Significant concerns about delays in appointments, treatments, and surgeries, particularly in areas like orthopaedics, diagnostics, neurodevelopmental assessments, and ophthalmology.
- **Access to services:** Challenges in accessing NHS dentistry, mental health services, and emergency departments, as well as a lack of support for non-English/Welsh speakers
- **Surgery specific feedback:** Frustration over repeated postponements, with some patients exploring private care or international options.

What we have done in 2024/25

- **Waiting List Support Service** – The establishment of the 3 Ps Service – Promote, Prevent and Prepare Service to provide information to patients on a waiting list for treatment and to provide support to patients whilst they wait.
- **Orthopaedics:** A new planned care hub at Llandudno Hospital is under development, aiming to perform approximately 1,900 procedures annually. This facility is expected

to alleviate waiting times by initially providing dedicated orthopaedic services separate from emergency care disruptions.

- **Diagnostics:** Improved diagnostic pathways and the introduction of additional facilities for faster test processing.
- **Neurodevelopmental assessments:** Specific improvement targets were set, with increased focus on reducing assessment backlogs.

2.2 Access to Services

What people told us

- **Primary Care:** Difficulty in scheduling GP appointments and inconsistent availability across practices.
- **Emergency services:** Access concerns include lengthy emergency department wait times and a lack of emergency dentistry.
- **Inclusion efforts:** Accessibility challenges for non-English/Welsh speakers and digitally excluded patients remain significant.
- **Deaf and hard of hearing:** Feedback from the deaf and British Sign Language (BSL) using community indicates barriers in accessing services, including the lack of interpreters and suitable communication channels.
- **Mental health:** Limited access to timely mental health support and concerns over inadequate communication from mental health teams.
- **Rural accessibility:** Travel challenges for elderly or less-mobile individuals, particularly for vaccinations and hospital appointments. More care closer to home.
- **Prevention:** The public advocates for increased focus on preventative measures, such as health promotion in schools and community initiatives like allotments.
- **One-stop shops** - Requests for "one-stop shops" offering integrated care and extended service hours were common.
- **Un-paid carer:** Request for recognition and support to be available for unpaid carers.

What we have done in 2024/25

- **GP and Primary Care:** More consistent services reported in specific areas like Betws-y-Coed, with new contracts ensuring local service continuity.
- **Emergency Departments:** We have made investments in real-time feedback systems to monitor patient experiences and set up teams to address patient flow issues.
- **BSL video interpretation:** We introduced 24/7 video interpretation services to support the deaf community.
- **Staff training:** We have trained over 300 staff on accessing digital interpretation and BSL support through Wales Interpretation Translation Services (WITS).
- **CAMHS Improvements:** There have been performance improvements in timely assessments, moving closer to target levels and a longer term plan is in development.
- **Rural accessibility:** We have increased outreach for vaccinations and some care services (eg audiology and cardiology vans) in rural areas.
- **New insourcing arrangements for dermatology:** We put extra investment into insourcing for dermatology patients in the year.
- **Car parking:** Positive action has taken place at YGC including the removal of green islands in car parks to release more car parking spaces and increasing Disabled Blue Badge spaces. Parking remains an issue on all our three main hospital sites and we will be considering further solutions for the long term.

- **NEWCIS and carers outreach:** Utilising Welsh Government funding to provide support to un-paid carers across community and acute hospitals, throughout the discharge process.
- **Home Birth Service:** We re-started the service in February 2024 after being put on hold due to Covid 19.
- **Hospital appointment reminder service:** We introduced a text reminder service to help patients remember their appointment details and reduce the number of missed appointments.

2.3 Communication

What people told us

- **Patient updates:** Patients express a lack of regular communication regarding their care pathways and delays, specifically regarding diagnostic results, appointment processes, and treatment plans.
- **Patient updates:** Relatives expressed difficulties contacting wards for updates on a patients care.

What we have done in 2024/25

- **Introduction of SMS Real-time feedback systems:** We have rolled this out across emergency departments, improving accessibility for patients to provide feedback, enable the monitoring of patient experience, and addressing communication gaps.
- **Learning from feedback:** Feedback mechanisms like real-time surveys and SMS tools have been pivotal in driving patient-centred improvements. There has been a reported increase in patient satisfaction, with 82.76% of respondents 'very satisfied' with their overall experience – the highest level recorded in the past year.
- **New integrated concerns policy:** The implementation of this policy last year has provided a framework to recognise, respond, learn, and improve from incidents and complaints.
- **Enhanced telephony systems:** New phone systems have been introduced to improve patient support and appointment management.
- **Ongoing reviews:** We have increased our efforts to engage citizens in continuous feedback loops through our engagement programme and through partnerships with groups like Llais.
- **Governance enhancements:** The introduction of a restructured governance framework ensuring timely action on citizen concerns and promoting transparency.
- **Public reporting:** We have increased our use of social media and digital platforms to share updates on service changes and seek patient input.
- **PALS and Complaints Team campaign:** We ran a social media campaign to help the public understand the role of PALS and the Complaints Team in the resolution of concerns and how they can access the service.
- **Small Business Research Initiative:** Digital family communication project at Ysbyty Gwynedd and Ysbyty Glan Clwyd. To improve communication the pilot tested two digital systems by sending daily messages to families when their relative was an inpatient.

2.4 Positive Experiences and Recognition of Improvements

What people told us

- **Recognition of staff:** Consistent praise for compassionate care from staff, especially in areas like emergency treatment and end-of-life care.
- **Recognition of young people:** For children and young people to be fully involved in decisions about their care.
- **Local success stories:** Community hospitals and GP practices receiving commendations for quality services.
- **Patient experiences:** Patients/carers wanting to share their patient journey to help inform learning.

What we have done in 2024/25

- **Celebrating success:** We recognise our exceptional staff and departments that receive consistent patient praise, in internal awards processes, Feel Good Friday Awards and on our social and media platforms.
- **Children's Charter:** We have developed and endorsed a Children's Charter setting out the Health Board's promise to children and young people.
- **Patient Stories:** In the year, we captured 13 stories to learn from patient and carer experiences, celebrating excellence and identify opportunities for improvement.

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

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

2.2 Between 1st August 2024 to 31st December 2024 PALS logged 3102 cases. 2631 of those were enquiries, 293 were compliments received in writing and 178 were suggestions. The top 3 reasons why patients/relatives contacted PALS included:

- Delay in appointments/waiting times
- Delay/lack of clinical treatment or assessment
- Access to services

2.3 Patient and Carer Experience awareness training sessions were delivered by PALS Officers to 252 staff across North Wales, including West Integrated Health Service Speech and Language Team, internationally educated nurses and first year nurses attending a Health Board welcome session.

2.4 From 1st August 2024 to 31st December 2024, a total of 21,106 All Wales real-time feedback survey responses were received. Patient satisfaction remains high with 81.78% of patients 'very satisfied' with their overall experience of accessing Health Board services.

Key patient findings from the real-time survey feedback include:

- 81.95% were always given all the information needed

- 84.84% always felt listened to
- 82.41% were always involved in decisions about their care
- 81.66% felt that staff always took the time to understand what mattered to them as a person and took this into account when planning and delivering their care

What people have said was good about their experience:

'From the moment I entered the hospital to the moment I left all staff were very caring and explained everything in detail. Every member of staff I encountered were excellent and very helpful' (East Orthopaedic Outpatients).

'My family member has special needs which means they cannot always communicate or understand so as a family we needed to be kept in the loop. Nurses on Hebog Ward went above and beyond to make sure we were kept informed' (Ysbyty Gwynedd, Hebog Ward).

'I got my GP appointment and hospital appointment very quickly. Both the Radiologist and Doctor at the hospital were very informative and very clear. They made sure I understood and was comfortable with all procedures' (West Radiology Service).

'The appointment is always on time, the waiting room and cubicles are always extremely clean and the staff are always so helpful, caring and friendly' (Ysbyty Glan Clwyd Outpatients).

'The Consultant was very approachable and helpful. He took time to listen and I was very impressed with his grasp of my concerns. He then resolved issues that needed to be done, and not only gave advice but arranged for things to help me long term. St David's outpatients department at Ysbyty Gwynedd.

2.5 Between 1st August 2024 – 31st December 2024, 4,322 All Wales Emergency Department (ED) feedback survey responses were received. Overall Emergency Department patient satisfaction levels have increased. In April 2024 patients rated their overall experience as 2.62 out of 10 (10 being excellent) in comparison to November 2024, with patients rating their overall experience as 7.09 out of 10. This could be due to the increased ability to leave feedback easier through SMS as outlined in point 2.7, creating a more accurate representation of ED experience, rather than people perhaps compelled to provide feedback about extremely poor or extremely good circumstances, through a complaint or compliment.

2.6 Key patient findings from the All-Wales Emergency Department feedback survey include:

- 58.59% were always well cared for
- 63.24% always felt listened to
- 56.35% always understood what was happening with their care
- 63.36% always felt things were explained in a way that they could understand
- 31.44% felt from the time they needed to use this service they waited shorter than expected

2.7 The introduction of SMS feedback surveys in October 2024 has proven to be a great success, improving patient accessibility to provide feedback. Prior to the launch of SMS in October 2024, the average number of Emergency Department feedback responses received

per day was 7.95. Following the launch of SMS, the average number of feedback responses in November 2024 increased significantly to 63.8 responses per day.

What people have said was good about their experience:

'The medical staff inside the ED were fantastic and knowledgeable, very kind and caring' (Wrexham Maelor Hospital).

'The wait time was very long but that seems to be part and parcel of A&E. The staff are amazing and do the best they can under extreme pressure but wait times should be far shorter' (Ysbyty Glan Clwyd).

'I recently went through the Emergency Department, and I was in a lot of pain. I was triaged very efficiently and given appropriate pain killers. I was looked after so well by the doctors and everyone in the Emergency Department from day staff to night staff' (Ysbyty Gwynedd).

2.8 Below are examples of improvements made to services based on patient/carer feedback:

- Introduction of the rapid chair model of care within the Shooting Star Unit at Wrexham Maelor Hospital to reduce waiting times for patients receiving Systemic Anti-Cancer Treatment (SACT) and to increase the number of patients receiving treatment per day.
- Cancer Services established head and neck, and prostate cancer patient support groups. They continue to run patient support groups at Yr Hwb in Pwllheli and Tywyn.
- Womens Services have been engaging with parents across North Wales communities, visiting baby group sessions to capture birth experiences, following feedback from patients that they did not always want to attend formal meetings to share experiences.
- Due to an increase in negative patient feedback around the quality of food on Arrivals Ward and Surgical Assessment Unit at Wrexham Maelor Hospital staff have worked with the Catering Department to improve food menus.
- In September 2024 a therapy dog was invited to Dulas ward, Ysbyty Gwynedd to offer emotional support and companionship to individuals who may be experiencing stress, anxiety, loneliness, or any other emotional challenges. Following positive feedback from patients the therapy dog will continue to visit the ward every 3 months.
- MHLN Senior Leadership Team have organised a programme of engagement events across North Wales to give both patients and relatives the opportunity to speak to staff about their experiences of accessing MHLN services.

2.10 To promote National Sensory Loss Awareness Month in November 2024, the Patient Advice and Liaison Service led a campaign to promote digital access to interpretation (WITS), and to raise awareness of British Sign Language (BSL) support available. As part of the campaign PALS delivered training to over 300 front line staff, engaged with wards and service areas and organised events across North Wales.

2.11 PALS Officers visited 14 wards/service areas across Ysbyty Gwynedd, Ysbyty Glan Clwyd, Wrexham Maelor Hospital and Llandudno General Hospital to undertake 'Care to Share' discovery interviews. As part of the 'Care to Share' interview process patients were asked a series of qualitative questions to capture their real time experience of being an inpatient. Following the patient interviews, PALS worked with relevant Ward Managers

to identify areas of improvement based on patient feedback through 'you said, we did' learning methodology.

Feedback from patients highlighted staff treating patients with kindness and compassion, and also noted a high standard of cleanliness on wards. Areas of improvement identified related to call bells not being responded to timely and the quality of food. PALS are working with relevant services to improve these experiences.

2.12 Patient stories provide the Health Board with an opportunity to learn from individual experiences. Below are examples of patient stories captured:

Rhian's Story - Our family journey with PIPYN - The storyteller describes her personal family experience of attending a PIPYN (Pwysau Iach Plant Yng Nghumru/Healthy Children Healthy Weight in Wales) Course in Ysgol Llanfawr, in Anglesey. The storyteller describes her positive experience of attending a school-based family programme and sharing learning with other parents and how this has helped her to feel more informed around food, physical activity, and behaviours and to be able to plan and to feel more in control.

The PIPYN Team won the 'Partnership Award' at the BCUHB Achievement Awards 2024, for demonstrating an effective partnership working approach within health services, local authority and third sector organisations to tackle childhood overweight and obesity for Anglesey's primary aged children. This story is an example of Allied Health Professionals (AHPs) supporting positive behaviour change. The story was shared widely across the Health Board during October 2024 to support the celebration of the seventh annual AHP Day across the Health Board on October 14th 2024.

Mike's Renal Story - The Storyteller shares his experience of being diagnosed with Polycystic Kidney Disease and being monitored on a regular basis by the teams in Ysbyty Gwynedd. The storyteller shares his experience of being fully involved in decision making and undergoing a kidney transplant with the transplant team at Liverpool. The storyteller describes the 'things he wishes he had known' before transplant and shares his life post-transplant, and how his experience led him to train as a peer mentor to support patients going through a similar experience to him.

The patient story was shared at a Renal Study Day in November 2024, with 71 Health Board staff in attendance. The aim of the study day was to increase staff knowledge and understanding of Renal Services, and to improve the experiences of renal patients when they come into hospital. The Storyteller was invited to attend the Renal Study Day and was on the Expert Patient Panel, made up of three patients who had been through all Renal Services who shared their experiences with staff to inform learning.

Gareth's Story - Gareth was a young man who attended Wrexham Maelor Hospital in June 2023. Gareth experienced care in both the Emergency Department (ED) and Intensive Care Unit (ICU). Gareth sadly passed away, but through organ donation, Gareth has saved and transformed four other people and their lives. Gareth's family approached the Patient and Carer Experience Team as they wanted to share Gareth's story, which touches on aspects of care he received at Wrexham Maelor Hospital as well as the Organ Donation Team.

Gareth's family described the wonderful, kind, and compassionate care received from the nurses in ICU, both providing familiarity and continuity in Gareth's care and providing support to them as his loved ones.

As part of the bereavement recall service the Emergency Department Matron met with Gareth's family to discuss their experience. Following this meeting a significant piece of improvement work has been undertaken in the Emergency Department.

Gareth's story has been shared across Organ Donation Team including the NHS Blood and Transplant (NHSBT) Service via the BCUHB Specialist Organ and Tissue Donation Nurses and the BCUHB Organ Donation Committee Lead. Gareth's family asked for Gareth's story to be cascaded across the Health Board and NHS Blood and Transplant Service for learning, and as a celebration of the lives that Gareth saved.

My 22 hours in the Emergency Department - The storyteller describes her 22 hours spent in the Emergency Department, outlining several concerns regarding her care as an oncology patient within the Emergency Department. The storyteller describes the distress and trauma she felt by this experience and the support that she has accessed through Tenovus and the Macmillan Information Centre as a result.

Cancer Services are currently working with colleagues across the Integrated Health Communities to develop pathways for direct admission to Medicine and/or Same Day Emergency Care (SDEC) to avoid Emergency Department attendance for clinically appropriate patients with the recognition that Emergency Departments are not always the appropriate environment for oncology patients.

4. Community conversations

Since the last Citizen Experience report in September 2024, a comprehensive engagement programme has been carried out. This has included both formal and informal interactions with the public, patients, staff, and partners. Key activities have featured Health Board 'Health Conversations,' Bitesize Health sessions, wellbeing events, and network collaborations.

3.1 Key feedback and Issues

3.1.1 Board Listening Events

Since the last report two further Board listening events have taken place, one in Mold in September 2024 and another in Pwllheli in November 2024.

Key feedback from the Mold event included:

- Lack of feedback from PALS on complaints.
- Concerns raised around waiting times to see consultant and then to receive treatment.
- Poor communication between various sites and with patients resulting in them feeling like "a ping pong ball" and being asked to go back to their GP to re-refer.
- Staff seemed overworked. There was an educational gap in the staff knowledge (unable to signpost) and lack of the feeling that they all work together as one Health Board.

- Some positive feedback included the Fracture Clinic at the Maelor Hospital was very good
- There was some good collaborative partnership working between the Health Board, Flintshire Council and the Third Sector.

General feedback at the Pwllheli engagement event included:

- Concerns that waiting times are still too long for GP appointments and in A&E.
- Concerns that patients are travelling for treatment that could be undertaken locally.
- The Health Board needs to increase holistic well-being and work with the third sector more – such as Mantell Gwynedd.
- BCUHB needs to be more transparent with their messages i.e. social media posts.
- Information provided for families from GP surgeries and consultants needs to be better – For example better promotion of third sector services and charities.
- “The ED isn’t a place for young children and families and they shouldn’t have to see and hear what they do” - There should be a different service / pathway for them.
- Technology should be used more to book appointments and blood tests freeing up staff time.

Attendees also raised more local issues about health services in and around Pwllheli. These included:

- Better public / community transport needed.
- Bryn Beryl Hospital was highlighted as an excellent hospital with fantastic staff but the parking is a problem.
- Parking at Ysbyty Gwynedd is also a problem and makes the whole experience a bad one as people get fined if they have to leave their car somewhere that’s not a designated parking spot due to no other choice.
- Lack of dental care and lack of integration between primary and secondary care.
- Patients are having to wait too long to be discharged from hospital due to the lack of social care.
- Lack of support for mental health issues, specifically for 14-25 year olds.
- More communication with the community mental health teams is needed regarding referrals.
- Patient self-care courses are a great help to the public.
- Out of hours pharmacy is very limited.

3.1.2 Diabetes Transformation Programme

Over the last few months, a service improvement programme has been taking place to refresh the diabetes “pathway” in North Wales. This has involved a number of workshops involving patients, staff and partners. Part of this work has been to understand the current service and to identify key issues, themes and barriers. Some of the feedback has included:

- **Involvement and support:** A strong need for greater involvement of friends and family in patient care, supported by tailored training to empower them. It was highlighted that peer support and group work for patients are highly valued, and there is a call to

facilitate more opportunities for such engagement to enhance emotional and practical support.

- **Access to care:** Challenges in accessing services due to long waiting lists, inconsistent availability, and insufficient information about support options. Inequalities in access disproportionately affect underserved groups, including young people, those in poverty, and marginalised communities like incarcerated men. Funding discrepancies between regions and care levels exacerbate these issues. It should be noted that for some in the room this was surprising.
- **Prevention and early intervention:** Early intervention, particularly for high-risk groups like children and young people, is important. Addressing the broader obesogenic environment through food policies in schools and hospitals comes through as a priority in the feedback. Despite primary care being central to prevention efforts, it faces underfunding and capacity constraints. There was surprise at the revelation that half of children are overweight before starting school
- **Communication challenges:** Feedback highlighted poor communication among services, professionals, and patients being a recurring issue. It was stated that clear, consistent, and relevant messaging is needed to align patient expectations and improve engagement. Feedback also highlighted the importance of working toward a goal of better-integrated communication systems, which was felt to be essential in reducing inefficiencies, and could contribute to the ambition of seamless care experiences.
- **System and workforce issues:** Staff spoke about fragmented and outdated IT systems hindering efficiency, focusing on the need for integration. The feedback also highlighted several workforce challenges, including difficulties in recruiting and retaining skilled professionals, particularly in specialist roles, these shortages compound the strain. Feedback suggested that staff also faced burdens with insufficient support for their well-being.
- **Data and technology:** It was felt that the inability to share and integrate data between primary and secondary care to created/ contributed to inefficiencies. Consensus was seen in the feedback regarding data needing to be leveraged for tracking outcomes and guiding decisions, however, there was acknowledgment that this would not be simple as challenges persist in using technology, such as insulin pumps, and accessing data effectively during consultations. It was noted in discussions that service users feel that clinicians should have access to their data, to aid consultations, and are sometimes surprised when this is not the case.
- **Education and self-management:** There were areas of concern that patients, particularly those with chronic conditions like diabetes, are not provided with the tools or education necessary to manage their health effectively. The feedback touches on the perception that medication is prioritised over education further complicates efforts to promote self-management and long-term wellness.

All this rich feedback will be used to inform the development of a new model going forward.

3.3 General themes and issues

Throughout the broad discussions and engagement with the public, patients, and partners, recurring themes have remained consistent, including outpatient waiting times, access to services, ambulance and emergency department delays, and communication challenges. Many of these issues have already been addressed in the update

Access to dental services does however appear to be a regular issue raised by the public. This has recently been raised by British Red Cross who are supporting asylum seekers needing access emergency dental services.

Linked to this there is an issue regarding GP automated telephone systems and NHS 111 which can be a barrier for those not speaking Welsh or English as their first language, because they cannot understand the instructions to navigate the process.

Feedback from some third sector partners in the East have highlighted they had seen a noticeable increase of suicide referrals and mental health issues.

Some positive feedback came from our 'future nurses' event held at Ysbyty Gwynedd and Ysbyty Glan Clwyd. BCUHB staff, Bangor University and Careers Wales worked in partnership to highlight the personal journey into nursing. Talks from staff on what inspired them to pursue this career, shared valuable insights with school pupils from across the area. Pupils were introduced to the following areas of nursing - children's, adult, mental health and learning disabilities. Staff from BCUHB and Bangor University delivered a series of hands-on workshops to give students a real taste of what it's like to work in nursing. From child resuscitation to wound care, forensic mental health, learning disability nursing, and harm reduction outreach, the pupils gained insight into the wide range of skills nurses use every day.

"I just wanted to thank you and the team who organised today's event. The pupils and I found the day very informative and interesting. It certainly inspired the pupils to think of a career in nursing and the information provided will support the pupils with their coursework tasks. The fact that the workshops were being delivered by professional health workers was brilliant and I'm sure it was inspiring to the pupils that the event was located in a hospital environment (rather than my classroom for a change!). Thank you."

4. Digital conversations

4.1 Over the last two months, the digital communications team opened and completed 42 cases (a query handled through a direct/ private message that is complex, or requires further support) and responded to an additional 579 comments and direct messages from the public through the Health Board's social media channels. Examples of queries for this period include: requests for contact information, PALS support, assistance in finding further information and/ or support both on the Health Board's website and by approaching a service directly.

To enhance online engagement, the team are in the process of piloting a new official Whatsapp Broadcast channel for the Health Board (to launch in February). They are also in the early stages of planning the integration of Chatbots (using existing software: Sprout Social) into the messaging functions of Health Board's official social media channels. This will improve access and sign posting to timely and relevant information.

Key themes and messages for this period, were:

- Information about volunteering
- Recruitment queries re job vacancies
- ED waiting times
- Winter communications, pharmacies, MIUs, alternative services within the community

4.2 Winter pressures: Additional resources are invested in supporting winter messaging nationally as part of the Welsh Government winter campaign, which the communications team amplify locally alongside our own winter communications plan. The communications team received a request to use social media channels to tell people 'our Emergency Departments are busy'. The impact of this is highlighted below, confirming the team's advice to avoid such posts.

The performance of ['ED is busy' Facebook post](#):

- **Sentiment vs. metrics:** The negative sentiment in comments suggested that the message didn't resonate as intended. This might have harmed perceptions of the services highlighted (MIUs, GPs, pharmacies and NHS 111 Wales).
- **Tone misalignment:** The post aimed to educate the public on alternatives to Emergency Departments (EDs) by mentioning this service, but the response suggests significant dissatisfaction with these alternatives when presented in this way.
- **Engagement:** A high number of comments, especially negative ones, indicate strong emotional engagement. However, this is not constructive engagement that aligns with the aims in the Health Board's winter communications campaign.

5. Correspondence from Members of the Senedd and Parliament

5.1 It is now more than six months since the General Election and our new MPs have settled into their roles. As mentioned in the previous report, we have held meetings with new MPs to advise them of the process for raising issues with us. We are continuing to build a constructive relationship with them and their staff, which has been welcomed.

The public affairs team received a total of 935 enquiries from MPs and MSs in 2024, slightly fewer than the 944 in 2023. The team completed 990 enquiries during the last 12 months, the figure including some cases carried over from 2023.

For background, the number of issues raised in 2021 and 2022 were significantly inflated due to the pandemic and enquiries regarding the COVID vaccination. At their peak in 2021 we received 1,334 enquiries compared with 676 in pre-pandemic 2019.

The number of issues raised in 2023 and 2024 indicate a sustained increase in the volume of enquiries received in the post-pandemic period, compared to pre-pandemic. The key issues raised by politicians over the last quarter are largely the same as throughout the year.

- Waiting times continue to be the predominant issue. Within this, orthopaedics and ophthalmology continue to be the specialities with the greatest number of cases, although in both instances the numbers have been reduced over the last two quarters.

There was, however, an increase in the number of enquiries related to general surgery in the last quarter.

- Enquiries relating to dermatology waiting times appear to be on a gradual upward trend, although numbers are still relatively low.
- We continue to receive a significant number of enquiries relating to access to mental health support services and NHS dentistry, and also to patient's length of wait and experiences in our Emergency Departments.
- The number of enquiries we've received regarding waits for neurodevelopmental assessments have reduced through the second half of 2024 compared to earlier periods, although the waiting list for assessments continues to remain high.
- There has been a significant number of enquiries regarding car parking issues over the last quarter, relating to all three acute hospital sites.
- There is a steady stream of enquiries relating to medication supply issues, although these are generally matters outside of the Health Board's control.
- There has also been a significant reduction in the number of enquiries related to delays in the progression of care and treatment for patients with cancer in 2024.

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

5.2 Orthopaedics

Politician: My constituent, who is 87 years old and suffers from dementia, has already received two pre-ops but because those have now lapsed, there is a date for another pre-op for her to go into Ysbyty Gwynedd in November, with the hope of hip replacement surgery on the 3rd of December. She is a vulnerable woman, and going for pre-op without follow-up creates anxiety for her, and for her family.

Politician: My constituent has raised concerns regarding the repeated postponement of a reconstructive ACL surgery. His procedure has now been cancelled for the second time. He has made substantial adjustments in anticipation of this surgery, and as a university student has rearranged his modules and applied for special circumstances to accommodate his recovery period, including requesting extended deadlines and leave from studies. Unfortunately, these efforts have now proven futile due to the cancellations, leading to additional stress and further academic disruption. The repeated delays are significantly impacting his physical and mental well-being, as well as his academic progression.

Politician: My constituent has been waiting over three years for a knee operation, which has caused considerable distress and impacted her quality of life. She is now wheelchair bound. My constituent recently attended a pre-operative assessment, which is valid for four months, and was informed that there was a possibility of undergoing surgery in late December. However, she has now been informed that this list has been cancelled and no alternative date offered. This has caused my constituent great anxiety, particularly as she had a similar experience in May when a pre-op expired without any surgery being scheduled.

5.3 Ophthalmology

Politician: My constituent is 80 years old and tells me, “after waiting years”, he had cataracts removed from both eyes a couple of years ago. However, in July of this year, after seeing an Optician in order to get new glasses, he was informed he had bilateral Posterior Capsular Opacity. He was informed that until this is treated by laser, he is unable to receive his new glasses. He currently cannot read books or newspapers, and has tripped up three times because of his impaired eyesight. He said if he lived in England the necessary treatment, which he understands only lasts 10 seconds per eye, would be done within 14 days. As he lives in Wales, he has been told that the waiting time for this procedure is at least 12 months.

Politician: My constituent cannot see out of one of his eyes and has limited vision with the other. As you can imagine, this severely hampers his quality of life and mental health as he can no longer drive and relies heavily on others for support. He has also had a number of avoidable accidents due to his poor vision, including falling down the stairs, and he struggles to read his prescription for his blood thinners, cholesterol, GERD, and pain relief medication.

5.4 General Surgery

Politician: My constituent is 82 and has been waiting several years for hernia surgery. He told me he was on the list for his required operation before the pandemic, but despite it being a number of years since he was initially referred, he has never been given a date. The ongoing impasse is having a detrimental effect on his and his wife’s mental health in addition to the obvious impact on his physical condition. He tells me he is losing faith that he will ever have the surgery he needs and he will continue to endure pain and discomfort for the rest of his life.

Politician: My constituent, who has MS, has been advised by a number of health professionals that she requires a stoma to relieve her incontinence issues and drastically improve her quality of life. She has told family members that she currently feels there is no point in living, I’m sure you can understand how difficult this is for her family to hear. While on Ward 9 she has been told that she is not an urgent case and has not been seen by a gastrointestinal surgeon.

Politician: My constituent has been waiting for two years for an operation to remove her gallbladder. She received some good news in March when she received an appointment in Wrexham Maelor Hospital in April. Unfortunately, and very cruelly, she received a short letter stating that her appointment was cancelled with no explanation as to why this was and she was given a new date on 11 June. She attended on the day and was told that her name was on the waiting list for an operation and she would be waiting for another 6-12 months. At the end of June, she had to go to the emergency department at Wrexham Maelor because of the pain she was in. She had an MRI scan and received Morphine for the pain, then she was put on a ward where she was told not to eat ready to have the operation. The following morning, she was sent home without the operation and without any reason. Later that afternoon, she had to go back to the hospital, only to be sent home once again without having an operation. On top of having to live like this, living in pain and endless waiting, her husband has had a stroke and she cares for him which causes her additional mental and physical stress. She phoned the hospital about a month ago to enquire about a date for her operation and was told that there is a further 12-18 month wait. If this is true, she will have waited a total of three to three and a half years for the operation she so desperately needs.

5.6 Dermatology

Politician: On 19th September, a referral was made under the two-week urgent cancer referral scheme, which should prioritise cases such as these within a 14-day timeframe in Wales. However, my constituent has since been informed that she faces a wait of approximately 20 weeks due to staffing shortages and an appointment cannot be given yet. This delay not only undermines the intent of the urgent referral pathway but also places my constituent at a potentially significant health risk.

Politician: My constituent has received a letter referring her to a dermatologist in November 2022 but hasn't had any further contact or appointment details. She is concerned that her condition is worsening, and she is prone to skin cancer. Please could I have an update on her case so that we can let her know when to expect to be contacted with an appointment date, or any next steps that she needs to take.

Politician: My constituent suffers with psoriasis and his GP referred him to dermatology over eight months ago. He has recently spoken with the department and was advised that he is likely to wait many months more to be seen. I would be grateful if you could confirm the current wait time for dermatology appointments and look into his case.

Politician: I understand my constituent has been on the waiting list for an appointment to see a dermatologist since the 13th of July 2022. She is currently concerned as her condition is worsening.

5.7 Mental health support/services

Politician: My constituent has serious concerns regarding the quality of mental healthcare that a close family member has received and is distressed and worried about the wider state of mental health services. Their concerns mainly centre on cancelled appointments, promised follow-up calls often not made, no consistent named contact, lack of up-to-date notes and sharing of information, lack of continuity of care, being repeatedly offered the same treatment that has already been tried unsuccessfully, failure to provide other treatments mentioned/requested

Politician: My constituent advises he has a diagnosis of Emotionally Unstable Personality Disorder and does not feel he is receiving adequate and consistent support from Nant y Glyn Community Mental Health Team. He advises he was told he would benefit from EMDR Therapy or Dialectical Behaviour Therapy, as well as counselling, but I understand he has not received this therapy to date.

5.8 NHS dentistry

Constituent: My family, including two children, are desperate for a dentist. We are registered with BUPA in Ewloe but they are not doing routine check-ups and only have one dentist left doing NHS reviews. It's been over two years since we have been checked. We cannot afford to pay privately. I am a nursing student so money is tight. There is no NHS dentist taking on patients in the area.

Constituent: I am writing to request when the awful situation regarding NHS dentists in our area will be rectified. I have been "banned " from the dentist I was with under the NHS. as I cannot and will not go private, after the practice went private in January 23. I cannot find an NHS dentist in North Wales. I have seen the emergency Dentist at Royal Alex. once for two temp. fillings, they lasted three months and I need Dental treatment a.s.a.p. Please can you give me some idea of when this area will get some N.H.S. Dentists? There are many hundreds of people in my situation.

Constituent: My 16-year-old daughter suffered a tooth abscess approximately three weeks ago. Without our knowledge, My Dentist in Prestatyn had deregistered her. We ended up in the Emergency Department due to the swelling and pain. I paid for a private consultation the following day, where we were advised she would need the tooth extracting. She currently has half a molar left, which was originally damaged due to an accident three years ago. I have contacted PALS who provided me with two numbers for other NHS dentists but unfortunately neither are taking on patients under the innovative fund scheme. I have found a Wrexham dentist who does have capacity under the scheme, however they have advised tooth extractions are not covered. My daughter continues to suffer, being unable to eat properly and in a constant state of dull pain. I'm appalled that a child can be left without the dental care she is entitled too. As a serving police Sgt and a single mother, I do not have the funds to afford to go private.

5.9 Emergency Departments

Politician: I have been contacted by the family of my constituent. I am advised that she attended the Emergency Department at Ysbyty Glan Clwyd yesterday evening, having been advised she would need to be medically admitted after receiving blood test results taken that morning. Her family advise me that she has a number of health conditions including heart failure, diabetes and kidney disease and, almost 20 hours later, she remains sat on a chair in the Emergency Department. It is unacceptable for an elderly patient to be sat in a chair for such a lengthy time, and I would request that my constituent be reviewed and admitted, if necessary, as soon as possible.

Constituent: I wonder if you find it acceptable for an 83-year-old lady to sit for 32 hours in an A and E waiting room? I took my mum, who was quite poorly, there on Saturday morning at 9am. She was triaged and an hour later she had bloods and a bladder scan whilst it was full, and were asked to tell them when she had been to the toilet. Two messages to different nurses over 30 minutes were both ignored so that scan never happened. After five hours she saw the doctor who told us she had a raging infection suspected to be sepsis. The doctor was going to pass her over to the medical team. At 9pm at night I asked when was we likely be seen. I was told there was a long wait and asked if my mum had been given her antibiotics. I said I knew nothing of any antibiotics being prescribed. At midnight my mum was called to see a junior doctor to be told that he wanted us to see a colleague in the morning and we were to wait back in the waiting room. My mum had no sleep and we were just sat on normal chairs. We asked for a pillow and blanket and the response was " we haven't any". At 8.15am her name was called and we saw a doctor who explained she had a bad infection and he was arranging for her to have more antibiotics and would find her a bed. At 12.30 pm I asked a nurse what has happened to my mum getting more antibiotics. She said it hadn't been put on the computer and was missed and she would sort it. At 4.30pm there was still no antibiotics or any sign of a bed. My wife phoned the A and E coordinator to ask what was going on, only to have the phone banged down on her and hung up. My wife then contacted one of the medical directors to complain. At 5.15pm my mum was called and taken to ward 12 where she was immediately given antibiotics and received them every few hours intravenously.

5.10 Neurodevelopmental assessments

Constituent: At present, within the Conwy and Denbighshire trust there are over two thousand children on the waiting list to be seen by the Neurodevelopment Team.

Therefore, these children and young people are waiting three years or longer to receive an assessment, possible medication, and additional support for both the child and their families. Prior to this, parents/carers and other family members with no neurodevelopmental knowledge or expertise are supporting these children with no additional support or help. Many of these families may have no experience on how to best manage their children's behaviours and symptoms and can feel powerless and overwhelmed. These behaviours can be so extreme, that it is leaving these children and their families in a great deal of distress.

5.11 Parking

Politician: The constituent advises that she went for an appointment on the 01/10/24 and could not find a disabled space. She advised that many of the cars parked in designated disabled bays did not have blue badges on display. What action is being taken to ensure that these bays are being used for their intended purpose.

Politician: My constituent works at Glan Clwyd Hospital and feels that parking in the Hospital is inadequate. She believes that this has been exacerbated by the deterioration of the Park and Ride, as well as the work on the new cancer facility which has reduced the size of patients' front car park. She says that this has led to cars double parking and parking on the pavement, resulting in accidents and injuries. She raises her concerns that although there are plans to build a new multi-storey car park, the initial stages of building would take away a whole car park. In addition, she states that there are also plans for the Abblett Facility to be relocated to the whole of Car Park 5, which would mean that the hospital does not gain any additional parking overall.

5. Activities and engagement with citizens undertaken by Llais

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

Over the last three months, Llais North Wales has engaged with citizens via a range of activities, including events, forums, consultations, and direct advocacy. Key themes and concerns identified are as follows:

5.1 Themes from Secondary Care:

- **Clinical Practice:** Misdiagnoses and issues related to treatment protocols (e.g. delayed cataract and autism assessments).
- **Delays and Waiting Times:** Extended waits for services such as A&E care, elective surgeries, and neurodiversity assessments (e.g. autism diagnosis wait times).
- **Communication:** Challenges related to insufficient updates on care, insensitive communication, and lack of coordination among healthcare providers.
- **Access:** Limited service availability, especially in rural areas, and cross-border challenges for specialist treatments.

5.2 Themes from Primary and Community Care:

- **Clinical practice:** Reports of dismissive consultations and inconsistent diagnostic approaches.
- **Communication and coordination:** Gaps in continuity of care, particularly for patients requiring urgent or ongoing treatment.
- **Access:** Difficulty in securing GP appointments and insufficient local provisions for dental and mental health services.

What people said:

"I waited over 23 hours in A&E without access to my regular medication, which caused withdrawal symptoms. The system felt indifferent to my needs."

"Despite being on a waiting list for cataract surgery for years, I was not informed of my position. As a visually impaired person, this delay is deeply concerning."

"We had to travel outside Wales for emergency dental treatment. It's frustrating that local provisions were unavailable for such critical care."

"My child has been waiting nearly eight years for an ADHD assessment, which has significantly impacted their education and future planning."

5.3 Report on the impact of the Dyfi Ward Closure for Tywyn patients

Llais held a public forum in Tywyn on 26 November 2024 exploring the impact of the Dyfi Ward closure on the local community. The inpatient ward was closed 18 months ago due to staffing shortages, but the facility continues to deliver essential services. BCUHB staff highlighted efforts to mitigate the closure, including the establishment of a treatment room, the Tuag Adref programme supporting home-based recovery, and dedicated beds for Tywyn patients at Dolgellau Hospital. The hospital also hosts various outpatient clinics, vaccination programmes, and a well-being hub, showcasing its active role in local care delivery.

Llais found that public concerns included perceptions of the hospital being underutilised, challenges traveling to Dolgellau, and dissatisfaction with GP provision. BCUHB clarified that reopening the ward was not feasible without adequate staffing, though initiatives to train and retain local healthcare workers were underway. The GP practice, directly managed by BCUHB, is expanding its multi-disciplinary team to improve access and services.

As the current situation reaches 18 months, BCUHB is looking at undertaking a comprehensive engagement exercise to gather feedback and shape future decisions. Meanwhile, promoting the hospital's existing services is essential to dispel misconceptions and affirm its contribution to meeting Tywyn's healthcare needs.

<p>Teitl adroddiad: Report title:</p>	<p>Health Board Response to the RCPsych Invited Services Review</p>
<p>Adrodd i: Report to:</p>	<p>Health Board</p>
<p>Dyddiad y Cyfarfod: Date of Meeting:</p>	<p>Thursday, 30 January 2025</p>
<p>Crynodeb Gweithredol: Executive Summary:</p>	<p>The Board received a report on the 25 July 2024. It set out the <u>Health Board Response to the Royal College of Psychiatrists' Invited Review Services Report</u>. The report outlined that the Board is committed to making good progress on this response at a steady pace, with clear evidence that actions are completed, and real focus on moving forward collaboratively with patients and users, and families – to deliver safe and reliable care to the people of North Wales.</p> <p>The Board report from 25 July 2024 outlined the next steps as listed below. This is the first report back to the Health Board since that meeting and an update on these elements provides the focus of this report as well as a look forward to the next six months.</p> <ul style="list-style-type: none"> • To establish the recommended governance framework, which will include an 'Expert Advisory Group', independently chaired with family representatives, Llais colleagues and other stakeholders included as group members. • Continue to strengthen the patient and carer experience work and to ensure this influences future service developments. • To commence monitoring of the implementation of the RCPsych Response plan, focussing on the ten themes identified. • To provide a regular updates on progress to the Health Board of the RCPsych Response plan with regular oversight through the Quality, Safety and Experience Committee, and also to the Health Board - every six months. <p>The purpose of this report is to detail the progress on these next steps and they are reflected in the respective sections of this report. The Board is asked to note the contents of the report and to receive assurance on the progress of the Health Board response to the RCPsych Invited Services Review.</p>
<p>Argymhellion: Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report • RECEIVE ASSURANCE on the progress of the Health Board response to the RCPsych Invited Services Review.
<p>Arweinydd Gweithredol: Executive Lead:</p>	<p>Teresa Owen – Executive Director of Allied Health Professionals and Health Science</p>

Awdur yr Adroddiad:	Ros Alstead – Special Advisor to the Health Board Phil Meakin – Associate Director of Governance			
Report Authors:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	1: Building an effective organisation 3: Compassionate culture, leadership and engagement 4: Improving quality, outcomes and experience 5: Effective environment for learning			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Not applicable			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	This is not applicable for this report.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	This is not applicable for this report.			

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Strategic Priority P18: Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable at this stage
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable at this stage
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	The paper has been prepared as per the next steps set out at the Health Board Meeting in July 2024 and following consideration at the Quality, Safety and Experience Committees that have taken place since July 2024.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	CRR-16 – Leadership/Special Measures
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps:</i> The next Quality, Safety and Experience Committee Report will be discussed at the meeting on 20 February 2025. The Committee will receive a report containing an update on the development of the Expert Advisory Group work, including an update on its work programme and confirmation of the timescales for receiving information that will enable it to assess progress of developing sustainable outcomes from the actions in the Invited Services Review. In addition it will receive an update on the Outcome Performance Measures that are being developed to support positive progress. The subsequent Quality, Safety and Experience Committee Reports from April 2025 onwards will receive reports that contain an initial assessment of sustainable outcomes against the actions in the Invited Services Review from the Health Board Evidence of Outcomes Group and the Expert Advisory Group. The Board in July 2025 will receive a report reflecting the level of assurance that Quality, Safety and Experience Committee will have received on these matters over the previous six months	

<i>List of Appendices: Not Applicable</i>

HEALTH BOARD RESPONSE TO THE RCPSYCH INVITED SERVICES REVIEW

1. INTRODUCTION

The Board received a report on the 25 July 2024. It set out the Health Board Response to the Royal College of Psychiatrists' Invited Review Services Report. The report outlined that the Board is committed to making good progress on this response at a steady pace, with clear evidence that actions are completed, and real focus on moving forward collaboratively with patients and users, and families – to deliver safe and reliable care to the people of North Wales.

The Board report from 25 July 2024 outlined the next steps as listed below. This is the first report back to the Health Board since that meeting and an update on these elements provides the focus of this report as well as a look forward to the next six months.

- To establish the recommended governance framework, which will include an 'Expert Advisory Group', independently chaired with family representatives, Llais colleagues and other stakeholders included as group members.
- Continue to strengthen the patient and carer experience work and to ensure this influences future service developments.
- To commence monitoring of the implementation of the RCPsych Response plan, focussing on the ten themes identified.
- To provide a regular updates on progress to the Health Board of the RCPsych Response plan with regular oversight through the Quality, Safety and Experience Committee, and also to the Health Board - every six months.

The purpose of this report is to detail the progress on these next steps and they are reflected in the respective sections of this report. The Board is asked to **note** the contents of the report and to **receive assurance** on the progress of the Health Board response to the RCPsych Invited Services Review.

2. BACKGROUND

The Board, at its meeting on 25 July 2024, received and considered the Health Board response to the Royal College of Psychiatrists Invited Review Service Report. The full report can be found on the BCU website. The scope of the review covered the recommendations made in the following reports:

- Ockenden 1 (2014)
- Ockenden 2 (2018)
- HASCAS (2018)
- Holden (2013)

The Review Team grouped their findings into ten themes hoping this would be helpful to the Health Board in setting priorities for service development and quality improvement.

Listed below are the ten themes:

- ✓ Theme one: Patient and user centred care
- ✓ Theme two: Legislation and clinical guidelines
- ✓ Theme three: Governance
- ✓ Theme four: Staffing
- ✓ Theme five: Management structure
- ✓ Theme six: Clinical services organisation
- ✓ Theme seven: Training and development
- ✓ Theme eight: Leadership and staff engagement
- ✓ Theme nine: Resources
- ✓ Theme ten: Physical environment

The report to the Health Board on the 25 July 2024 included a high level description of proposed governance arrangements to oversee the response plan delivery. The Board has agreed that oversight of the response to the RCPsych Report will be through the Quality Safety and Experience Committee with six-monthly progress reports, provided to the Board. A copy of the last report to the Quality, Safety and Experience Committee on the 17 December 2024 can be accessed on the [BCU Website](#).

An integral part of this request focused on incorporating the views of families and other stakeholders, including Llais, following their feedback on the provision of care provided to their relatives, during the May 2024 meetings (both in the Health Board meeting and in the earlier families meeting).

The four key themes and actions were:

- For the Board to draw on best practice from elsewhere in the UK and internationally and to bring this to North Wales.
- For the Board to take some time to consider the Independent Review Service findings, rather than move too swiftly to an 'action plan'
- For people 'outside' the Board to help provide the Board with advice and on overview of how services are being developed and delivered
- For the Board to pull out some of the elements of the further work required within the report and progress 'as soon as possible'

3. SECTION 1 – ESTABLISH THE RECOMMENDED GOVERNANCE FRAMEWORK

The recommended governance framework has now been established and a [report to the Quality, Safety and Experience Committee on the 17 December 2024](#) contained the detail of the arrangements that have been put in place.

The governance framework now includes the following elements:

- Establishment of an Expert Advisory Group that is a Sub-Group of the Quality, Safety and Experience Committee, independently Chaired with family and user representatives, and Llais as members.
- Establishment of a Health Board RCPsych Action Delivery Group (an internal management group) that reports into the Executive Team.
- Regular monitoring and oversight of response plan progress/delivery via the Quality, Safety and Experience Committee.
- A procedure for providing progressive and sustained evidence of actions is required

The governance framework is supported by an appointment of a Special Advisor to the Health Board and Chairs the Expert Advisory Group. The Terms of Reference agreed by Quality, Safety and Experience Committee set a timescale for completion in 12 months. Ros Alstead has been appointed by the Health Board to this role by the Health Board until October 2025. The focus of the Special Advisor is to offer additional independent expertise and specialist knowledge in supporting the Health Board's response to the Royal College of Psychiatrists Invited Services Review. The approach and aim will be to support the Health Board to move beyond achieving the recommendations from the review, and towards continuously improving and sustaining improvements in services across North Wales.

The support from Llais has been of significant value in the establishment of the governance framework and their involvement in the development of the Expert Advisory Group has enabled the views and experiences of current service users and carers to be effectively and appropriately represented. In addition, the support of an Independent Member to work with the Special Advisor and Associate Director of Governance has given additional assurance to the Quality, Safety and Experience Committee relating to the effective engagement with stakeholders.

The governance framework has now been established and the details of the arrangements can be evidenced in the Quality, Safety and Experience Committee papers that were received at the Committee on the 17 December 2024. Since the 24 July 2024 Board meeting there have been three reports to the Quality, Safety and Experience Committee, three rounds of meetings with Expert Advisory Group members, four meetings of the Health Board RCPsych Action Delivery Group and four meetings of the Evidence of Outcomes Group.

4. SECTION 2 – STRENGTHEN THE PATIENT AND CARER EXPERIENCE WORK

4.1 MEANINGFUL ENGAGEMENT WITH PATIENTS AND FAMILY MEMBERS OF TAWEL FAN

There has been a significant focus since the 24 July 2024 Health Board meeting on the development of an Expert Advisory Group that includes two active service users and four Tawel Fan family members with lived experience.

Llais are also members of the group and have supported the development and engagement of the Group members. The Special Advisor and Health Board colleagues greatly value the ability of Llais to support current service users and family members from Tawel Fan to have the fullest opportunity to comment on the report and help Health Board colleagues to understand the impact of the original failings in care and also the struggle they had to be heard.

Due to the nature of the issues that the Invited Service Review addresses it has been challenging to develop the Expert Advisory Group at pace. The time that has been spent engaging and supporting members has resulted in positive relationships and a developing level of trust with Group members and the Health Board Special Advisor and programme team members. There have been three rounds of meetings with Group members. (October 2024, December 2024 and January 2024) and meetings scheduled monthly until October 2025.

At the first round of engagement meetings in October and November 2024, the Special Advisor and Llais were able to introduce the role of the Group and the Special Advisor and enter into dialogue with individual group members to identify particular areas of focus and interest (related to the scope of RCPsych Invited Services Review).

In the second round of meetings (December 2024) members of the Group were presented with an approach by which they can review the progress against their particular areas of focus by alignment with the actions of the RCPsych Invited Services Review. This included the receipt of a proposal cross referencing their areas of interest against the relevant actions in the Invited Services Review and support from the Special Advisor to the Health Board in defining what the sustainable improvement in outcomes could be. The Group members were asked to review this proposal ahead of a third round of meetings commencing 17 January 2025.

The third round of meetings with the Group members were taking place as this report was being written so had not yet been reported to the Quality, Safety and Experience Committee. The members of the Group have continued their engagement and commitment and the outcome of the January 2024 Group meeting will be to gain feedback from group members on the approach proposal. This will enable the formation of an Expert Advisory Group Work Programme. Assurance on this will be provided to the Quality, Safety and Experience Committee in February 2025.

A Consultant Nurse for Dementia joined the membership of the Expert Advisory Group from 17 January 2025. This reflects the need for further improvement in Older Persons and Dementia care. This was a consistent theme throughout the RCPsych report.

4.2 AREAS OF FOCUS FOR PATIENTS AND FAMILY MEMBERS OF TAWEL FAN

Patient and Family Centred Care is the main focus from Group members, learning from past experiences and looking forward to improving the experience of patients' service users and families now and in the future.

The service users and families specifically wish to focus on: older persons mental health wards (main priority for Tawel Fan Families) and adult mental health wards and community team (main priority for current service users). It was also significant that in relation to older persons mental health the Group members wish to focus on the actions in the response plan in relation to Dementia. These points fit with the RCPsych invited review recommendation about the need to drive up standards in core mental health services. It will be a Health Board's Nurse for Dementia as a member of the Expert Advisory Group and will be able to provide expertise in older people's care, public engagement and detailed knowledge of services.

The Group members also expressed interest in cross-cutting matters such as clinical records and mortality reviews including learning and safeguarding.

The third round of meetings focussed on how the Group will work and challenge on the Response Action Plan. During January 2025, the Special Advisor and Executive Director of Allied Health Professionals and Health Science commenced a multi-disciplinary team approach on developing a smaller number of measurable real time outcomes of good mental healthcare which will help to demonstrate sustainability. It is particularly important that this work is able to illustrate in real time where care is good today.

5. SECTION 3 - COMMENCE MONITORING OF THE IMPLEMENTATION OF THE RCPsych RESPONSE PLAN

The ability for the Health Board Action Delivery Group and Expert Advisory Group to assess and validate progress against the RCPsych Invited Service Review report will determine how effectively progress against the recommendations can be tested by the Quality, Safety and Experience Committee and the Board in due course.

The work to progress improvements and reporting to the Health Board RCPsych Action Delivery Group will continue whilst the development of the Expert Advisory Group continues. This principle has been agreed with the Executive Directors, Chair of the Expert Advisory Group and discussed at a Board Development session in November 2024.

There is a desire to assess, validate and update progress on actions (and the sustained improvement in outcomes) and this report highlights that real and effective engagement is required in order to create the foundations upon which the assessment of improvement can be made. This engagement has been the focus of the first six months. The focus of the next six months will be to support the Expert Advisory Group and the Evidence of Outcome Group to assess and validate evidence of sustained improvement against the actions of the Invited Services Review.

The Quality, Safety and Experience Committee is receiving updates on progress against improvement actions from the Health Board RCPsych Action Delivery Group and this is being reported through the Committee. The Committee reviewed this on the 17 December 2024. The detail of actions progressed is available on the publicly available report and can be [viewed here](#).

6. SECTION 4 – TO PROVIDE REGULAR UPDATES ON PROGRESS TO THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE AND BOARD – THE NEXT SIX MONTHS

Reporting arrangements will continue through the regular report to Quality, Safety and Experience Committee. The next report to the Board will be in July 2025.

The focus of the next report to the Quality Safety and Experience Committee on the 20 February 2025 will be the update on the development of the Expert Advisory Group work programme and plan for the Expert Advisory Group receiving information that will enable it to assess progress the actions in the Invited Services Review. In addition it will receive an update on the Outcome Measures that are being developed to report progress against the actions and demonstrate sustained improvement in outcomes.

The subsequent Quality, Safety and Experience Committee Reports from April 2025 onwards will receive reports that contain assessment of progress against the actions in the Invited Services Review from the Health Board Evidence of Outcomes Group and the Expert Advisory Group.

The Board Report in July 2025 will receive a report reflecting the level of assurance that Committee will have received on these matters over the previous six months.

It is also important to recognise the support that current service users and family members of the Expert Advisory Group will need to continue to carry out this role. The Health Board has committed to continue providing this support.

7. PROGRESSING THE ACTIONS IN THE INVITED SERVICES REVIEW REPORT

This report highlights that over the last six months the focus has been on meaningful engagement with stakeholders, including clarity on how an assessment of progress of improvements will be made and the Quality, Safety and Experience Committee has been clear that there will not be validation of progress made until the Expert Advisory Group has reported this assurance to the Committee. As reported in Section 5, it is important that the Health Board continues to progress improvements and the following section gives a brief summary of matters reported to the Quality, Safety and Experience Committee on 17 December 2024. Noted below are some examples of progress that has been accomplished aligned to improvement activity;

- The Electronic Patient records business case has been approved by Welsh Government and pre-procurement processes are underway to enable a digital patient solution.
- The Patient and Carer Experience Team's introduced a new telephony system in July 2024 to give customers an improved caller experience. The successful relaunch of the Health Board's Patient Advice and Liaison Service (PALS) online platforms in October 2024, through the new "Report it" page, has led to the number of visitors to the new PALS and Complaints webpage increasing to 1559 (an average of 390 page visits per week). In October 2024, 5095 All Wales Real-Time Patient and Carer Feedback Survey responses were received via CIVICA, with 80.94% of respondents 'very satisfied' with their overall experience of accessing Health Board services.
- Health Board wide Implementation of the five step approach to the management of Complaints, Incidents and Mortality Reviews, has led to the total number of open complaints across the Health Board falling from 672 to 195 (70.98% decrease) and the total overdue complaints have fallen from 428 to 42 (90.18% decrease). As a Health Board, we are addressing complaints quicker and as at 15th January 2025, the Health Board compliance for addressing complaints was 80.23%, with Mental Health & Learning Disabilities achieving 100% compliance during this period.
- Improved Mental Capacity Act (MCA) Training has led to an increase in Deprivation of Liberty (DoLS) applications. This has demonstrated an improvement in MCA/DoLS awareness by the Health Board thus ensuring that patients are better protected by respective legislative frameworks.
- A Peer Review Environmental Ligature Risk Assessment Audit has been completed across all inpatient units across the MH&LD Division. The Audit demonstrates that ward areas have ligature assessments in place with a compliance of annual assessment at 93.1%. A re-audit will be completed on a six-monthly basis with a focus on bedrooms and bathrooms. In addition, the Health Board has trained 457 staff in ligature awareness training which has led to increased awareness by staff of ligature risks.
- The MH&LD Anti-psychotic Audit Task and Finish group, (established to ensure Audits are received and completed by the Multidisciplinary Teams), produced their

first update in November 2024. A monthly update is reported into the group, to ensure implementation and embedded process for these Audits.

- A MH&LD Falls Audit was completed during August 2024 which has led to improvements in the quality of record-keeping and staff awareness and the development of Falls Champions, Falls workshop and a Falls Bulletin developed and progress shared with all staff across the Division.
- The Divisional Recruitment & Retention Group have focused their activity on 'grow your own' nursing, with a number of Health Care Support Workers (HCSW's) supported to enter into a Registered Nurse training programme. This activity supports HCSW retention, career progression and skill development which will have a positive impact on our workforce.
- The development and implementation of a clear and comprehensive framework for senior leadership connectedness to the wards has progressed with the development a MH&LD Senior Leadership Walkabout Schedule. The Walkabouts commenced in April 2024, which includes "Ask DSLT (Divisional Senior Leadership Team) virtual staff engagement sessions and "Drop in Sessions" for patients, families and carers to improve engagement with external partners and stakeholders.
- The "iCAN" Dashboard has been strengthened to give an overview of community support activity and performance with outcomes measures achieved during the reporting period. Several Workshops were held during September 2024 with Primary Care, Mental Health, Local Authority, Allied Health Professionals and Third Sector Partners to help inform the approach to Tier 0/1 service strategy and development and the approach to commissioning services going forward. This has led to an increase in external partner and stakeholder engagement.

The governance arrangements that have been established allow early identification of actions where additional support or focus is needed. The Health Board Action Delivery Group received an escalation in regards to Action 9.3 which relates to "Development of Business Cases related to Therapeutic provision in inpatient settings." This escalation was reported to Quality, Safety and Experience Committee on 24 October 2024. The matter was also escalated to Executive Team and work has commenced by the Therapies Senior Managers and MH&LD Senior Managers working together to establish proposals to address the action. An update on this position will be reported to Quality, Safety and Experience Committee in February 2024.

The last report to Board identified the requirement to identify best practice in Mental Health and Learning Disabilities. Since the last report the Health Board has joined the Mental Health Network which is an NHS Confederation members network. The Network seeks to champion good practice and innovation in the mental health sector, influence policy and legislation and interpret the broader political and policy environment.

The Quality, Safety and Experience Committee received the report on progress against the actions from the Delivery Group (of 25 November 2024). At this reporting point the Committee noted good progress has been made overall and that there was an acceptable level of assurance of progress against the actions that have been taken up to 15 November 2024, as set out in the detailed response plan. The work of the Evidence of Outcome Group (Pilot phase) is supporting the provision of information that evidences actions taken and sustained improvement.

8. RECOMMENDATIONS

The Board is asked to:

- **NOTE AND CONSIDER** the contents of the report
- **RECEIVE ASSURANCE** on the action that has been taken to progress the Health Board response to the RCPsych Invited Service Review

Closing Statement

The Health Board's sincere thanks are again extended to the families and current service users who have supported this work since July 2024 and also for the support that Llais has provided over the last six months to formulate the approach reflected in this report and the opportunity it has given to fully understand the concerns of families and current service users.

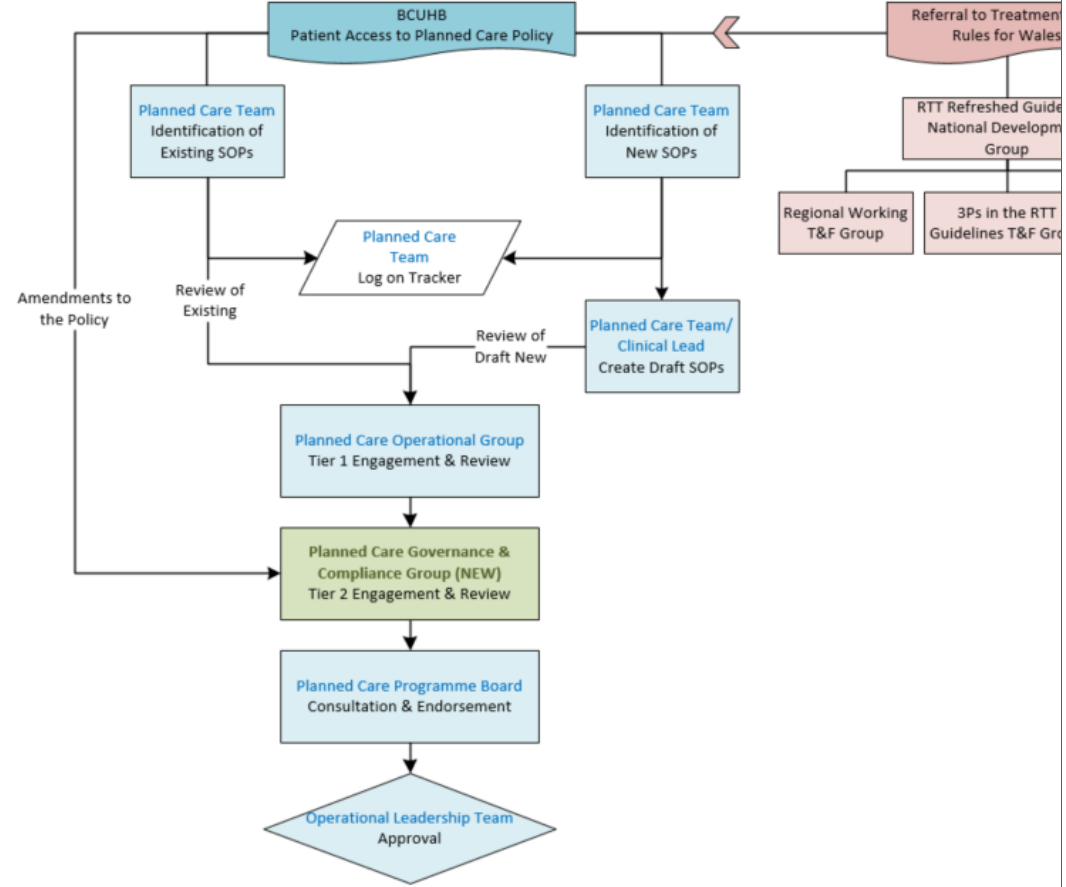
The report clearly illustrates the importance of meaningful engagement with patients and users, and families – to deliver safe and reliable care to the people of North Wales.

This report also highlights the Health Board's continued commitment and efforts to making effective and sustained progress within the next six months focussing on providing clear evidence to enable a fair assessment of the levels of improvement made.

<p>Teitl adroddiad: <i>Report title:</i></p>	<p>BCUHB Patient Access to Planned Care Policy</p>
<p>Adrodd i: <i>Report to:</i></p>	<p>Health Board</p>
<p>Dyddiad y Cyfarfod: <i>Date of Meeting:</i></p>	<p>30 January 2025</p>
<p>Crynodeb Gweithredol: <i>Executive Summary:</i></p>	<p>In response to feedback from the Executive Team on the 08th November 2024, a further review of the draft policy was undertaken by the Chief Operating Officer(COO) and Integrated Health Community(IHC) operational leads resulting in strengthening of the policy in the areas of:</p> <ul style="list-style-type: none"> ▪ Policy owner ▪ National Interventions Not Normally Undertaken(INNUs) policy position ▪ How treat and turn is applied and monitoring arrangements ▪ Clarity on medical ownership of pathways ▪ Managing vulnerable patients and links to Equality Impact Assessment(EQIA) <p>In support of this policy and in readiness for adoption, a <i>Patient Administration Booking Standard Operating Procedure</i> has been drafted and is under review against the Referral to Treatment(RTT) Rules for Wales.</p> <p>The revised version 1.3 was presented by the COO to the 'Executive Policy Oversight Group' on the 16th December 2024, and was endorsed with no requested amendments.</p> <p>If agreed by the Executive Team, the policy will be presented to the Health Board for adoption on the 23rd January.</p> <p>This Access Policy is informed through a significant period of internal and external engagement; the formal consultation of the Access to Planned Care Policy was completed on the 29th February 2024. All comments were logged and reviewed, and all appropriate feedback taken account of in this final version attached ready for adoption. There is a plain language, easy read and Welsh translated version to accompany the main policy.</p> <p>There has been a review of the best practice standards set within and in alignment with the EQIA, and a document prepared detailing the actions needed to ensure Betsi Cadwaladr University Health Board(BCUHB) compliance. This action plan will be progressed through the Access meetings and governed by the Planned Care Programme Board.</p> <p>In addition to the creation of the new <i>Patient Administration Booking Standard Operating Procedure</i>, we currently have a number of standard operating procedures(SOPs) as live/draft documents:</p> <ul style="list-style-type: none"> ▪ Direct Booking (Live) ▪ Partial Booking (Live) ▪ Envoy Messenger Reminder Service (Live) ▪ SOS & PIFU (Live) ▪ Non-contact (Draft) <p>The flowchart in fig.1 below sets out the Planned Care(PC) approach to create, govern and monitor SOPs to deliver within the framework the 'Patient Access to Planned Care Policy', and any reviews to the policy itself as a result of changes</p>

to the RTT Rules for Wales or local changes. The new Planned Care Governance & Compliance Group will be formed with membership across clinical, operational, equalities, patient experience, booking and Digital Data & Technology(DDaT) services:

Fig.1
Process for the Creation, Governance and Monitoring of SOPs to deliver within the framework the 'Patient Access to Planned Care Policy'



Argymhellion: <i>Recommendations:</i>	To approve the adoption of version 1.3 of the BCUHB Patient Access to Planned Care Policy			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Imran Devji, Interim Chief Operating Officer			
Awdur yr Adroddiad: <i>Report Author:</i>	Danielle Edwards, Head of Planned Care Digital & Transformation			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>				
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>		<ul style="list-style-type: none"> ▪ Revised rules for Managing Referral to Treatment Times, v7 (Welsh Government, October 2017) ▪ WHC 2023/025 – Guidelines for managing patients on the suspected cancer pathway ▪ WHC (2018) 018 - Consolidated Rules for Managing Cardiac Referral to Treatment Waiting Times - March 2018 ▪ Statutory Guidance on the Armed Forces Covenant Duty (2022) ▪ Welsh Government Support for Serving Armed Forces Personnel and their Families ▪ Standard Operational Procedure for monitoring children who were not brought (WNB) for appointments or surveillance in acute and community settings ▪ All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales (nhs.wales) ▪ Welsh Language Standards (The Welsh Language Standards Regulations 2018 under the Welsh Language (Wales) Measure 2011) ▪ BCUHB Interventions Not Normally Undertaken (INNU) Policy, 2018 		
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>		<p>Yes <i>(see appendix)</i></p>		
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>		<p>No – not applicable</p>		
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>		<p>The risk that we will not be compliant with the new BCUHB Patient Access to Planned Care Policy, Due to:</p> <ol style="list-style-type: none"> i. issues within the national Welsh Admin Administration System(WPAS) and eReferrals systems i.e. technical constraints to collect and share the data across systems ii. lack of standardisation in services applying the RTT rules; 		

	<p>iii. no referral directory for referrers to follow that will ensure minimum patient information and key clinical information is provided at the point of referral</p> <p>resulting in delays to treatment and inequitable access to secondary care.</p> <p>Mitigation: To accompany this key policy, there has been a review of the best practice standards set within and in alignment with the EQIA, and a document prepared detailing the actions needed to ensure BCUHB compliance. This action plan will be progressed through the Access meetings and governed by the Planned Care Programme Board. (see appendix)</p>
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	<p>A full and formal engagement, followed by a separate consultation period was undertaken, with a full log of response held, recording where comments could be accounted for in the drafts and then final policy, and if not why not.</p> <p>In summary 23 separate engagement sessions were held 13 formal consultation responses were received (many collective)</p> <p>Across both engagement and consultation:</p> <ul style="list-style-type: none"> ▪ 90 actions were recorded ▪ 64 closed or N/A ▪ All remaining actions outside of scope of Access Policy (will be reviewed in due course and re-assigned) except 1 that is awaiting the completion of the Gypsy Traveller Health Needs Assessment
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: <i>Next Steps:</i>	<ul style="list-style-type: none"> ▪ Arrange for the policy to be published via the Corporate Governance Team alongside the plain language, easy read and Welsh translated versions ▪ Create the SOP Tracker and identify existing and new SOPs required

- Form the new 'Planned Care Governance & Compliance Group' for both the SOPs and revisions to the Access Policy
- Create and adopt new SOPs
- 'Key Actions – Compliance to Patient Access to Planned Care Policy' will be progressed through the Access meetings and governed by the Planned Care Programme Board.

Rhestr o Atodiadau:

List of Appendices:

Appendix 1: BCUHB Patient Access to Planned Care Policy

Appendix 2: Key Actions to Ensure Compliance (included in supporting pack)

Appendix 3: Local Access Policy Equalities Impact Assessment (included in supporting pack)

PATIENT ACCESS TO PLANNED CARE POLICY

Author & Title	Danielle Edwards, Head of Planned Care Digital & Transformation				
Responsible Dept / director:	Chief Operating Officer				
Approved by:	Planned Care Programme Board on the 31/05/2024 Operational Leadership Team on the 11/07/2024 Executive Policy Oversight Group (EPOG) 16/12/2024 Executive Team 15/01/2024				
Date approved:					
Date activated (live):					
Documents to be read alongside this document:	<ul style="list-style-type: none"> ▪ Revised rules for Managing Referral to Treatment Times, v7 (Welsh Government ,October 2017) ▪ Pro-active waiting: Promote, Prevent & Prepare for Planned Care The 3Ps Policy: Working together for better health and well-being (Welsh Government, August 2023) ▪ WHC 2023/025 – Guidelines for managing patients on the suspected cancer pathway ▪ WHC (2018) 018 - Consolidated Rules for Managing Cardiac Referral to Treatment Waiting Times - March 2018 ▪ Statutory Guidance on the Armed Forces Covenant Duty (2022) ▪ Welsh Government Support for Serving Armed Forces Personnel and their Families ▪ Standard Operational Procedure for monitoring children who were not brought (WNB) for appointments or surveillance in acute and community settings ▪ All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales (nhs.wales) ▪ Welsh Language Standards (The Welsh Language Standards Regulations 2018 under the Welsh Language (Wales) Measure 2011) ▪ BCUHB Interventions Not Normally Undertaken (INNU) Policy, 2018 				
Date of next review:					
Date IAST completed:	03/12/2024				
Date EqIA completed:	22/02/2024				
First operational:					
Previously reviewed:					

Changes made yes/no:					
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N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

AWAITING APPROVAL

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1. INTRODUCTION/OVERVIEW

The Health Board's 'Patient Access to Planned Care Policy' was developed following engagement and consultation with a range of stakeholders. It will be reviewed and ratified annually, or earlier if there are changes to national access rules, or locally agreed principles.

This access policy should be read in full by all staff involved in managing patients through their pathway within Secondary care, including clinical and non-clinical staff, once they have successfully completed the relevant local induction training. It should not be used in isolation as a training tool.

2. Policy Statement

This Policy describes the minimum requirements that will be met pan-BCU for access to planned care within the secondary care sector. These requirements will be exceeded wherever it is feasible to do so.

This policy will deliver alongside the national [Promote, prevent and prepare for planned care](#) policy (Welsh Government, August 2023) and associated local delivery plans to:

- ensure that support and information is easily accessible to those who are waiting for their appointments and interventions in secondary care services, and their carers;
- move towards a proactive preparation list that will provide holistic support for people to help them manage their conditions and support people to prepare for surgery; and
- improve communication with people before they access care and whilst they are waiting, providing advice on actions they can take to keep them well and fit enough to benefit from their treatment.

3. Policy Aims

The aim of this policy is to ensure uniformity across the Health Board with regards to patient access to care and the management of waiting lists by both clinical and administrative staff. It aims to inform patients, their relatives and carers of their rights and what they can expect from the Health Board in terms of access to services by outlining relevant rules, responsibilities and actions by which the Health Board will manage patients through their pathways.

As an operationally effective, clinically led organisation, all pathways have been ratified via clinical leadership protocols. Where available the Health Board is informed via the Clinical Information Networks (CINs) on optimal changes to pathways, reviewed by the Clinical Leads locally. These changes can include opportunities to provide clinical decision support tools to guide the patient outcomes following appointments and treatments. They facilitate timely reviews and further treatments, utilising e.g. 'See on Symptom(SOS)' or 'Patient Initiated Follow Up(PIFU)', and can include guiding on the most appropriate medium for the appointment e.g. Face to Face, or virtual.

The policy:

- is designed to ensure the management of planned patient access to secondary care services is transparent, fair, equitable and managed according to clinical priorities;
- sets out the principles and rules for managing patients through their planned care pathways; and
- applies to all clinical and administrative staff and services relating to planned patient access at the Health Board.

Application of the policy will ensure that each patient's waiting time clock starts and stops fairly and consistently in accordance with 'Revised rules for Managing Referral to Treatment Times' (Welsh Government, October 2017, v7) and [WHC 2023/025 – Guidelines for managing patients on the suspected cancer pathway](#) (Welsh Government, 2022).

A quick guide to the Referral to Treatment Times(RTT) rules for clock 'start', 'stop', 'reset' and 'adjustments' is available in [Appendix A](#).

4. Objective

The objective of the policy is to set out the framework within which the Health Board will realise the commitment set out in Section 2. The key elements of this are as follows:

- [Scope](#)
- [Key Roles and Responsibilities](#)
- [Waiting List Targets](#)
- [Referral Criteria](#)
- [Booking Process](#)
- [Hospital Initiated Cancellations](#)
- [Capturing Outpatient Clinic Outcomes and Office Based Decisions](#)
- [Inpatient/Day Cases](#)
- [Patient Decisions](#)
- [Did Not Attend \(DNA\) / Could Not Attend \(CNA\)](#)
- [Waiting List Validation](#)
- [Removals and Reinstates](#)
- [Veterans](#)
- [Transfer to or from Private Care](#)
- [Entitlement to Treatment](#)

5. Scope

This policy extends to the management of all patients on planned secondary care pathways (including children, cancer and cardiac pathways and sexual health). For the avoidance of doubt unless stated otherwise the provisions of this Policy will cover planned patients:

- on waiting lists irrespective of whether these are published and/or subject to Welsh Government component and Referral to Treatment Time(RTT) waiting time guarantees;

- at any stage in a follow-up cycle irrespective of whether they are on waiting lists, including therapy patients who will be receiving intervention / treatment rather than a follow up consultation for the following services:
 - Adult Hearing Aids
 - Dietetics
 - Occupational Therapy
 - Physio Therapy
 - Podiatry
 - Speech and Language Therapy;
- recognised as veterans who qualify for priority treatment (see [Statutory Guidance on the Armed Forces Covenant Duty \(2022\)](#) and [Support for Serving Armed Forces Personnel and their Families](#))
- whose care is to be provided on a “planned” basis i.e. those waiting for a sequence of in-patient, or day case treatments, or investigations after their initial waiting list, or emergency admission;
- using ‘rapid access’ clinics, or similar;
- booking through a ‘See on Symptom(SOS)’ or ‘Patient Initiated Follow Up(PIFU)’ pathway, as opposed to traditional booked follow up appointments where appropriate;
- seen in ward settings;
- using telemedicine facilities / virtual clinics;
- accessing National Health Service(NHS) care after initially being seen in the private sector; and
- from prisons.

The primary patient administration system(PAS) used in this Health Board is the national Welsh Patient Administration System(WPAS), used in Health Boards across Wales. In addition to WPAS some services use a service specific PAS, and where the service pathway is in scope of this policy, so too is the PAS that is used to record that pathway.

The RTT rules for Wales do not cover:

- Neurodevelopment (however the service aims to follow the rules as best practice)
- non-RTT Diagnostic Tests
- non-RTT Therapy Services
- Fertility Treatment (L3)
- Fitting Adult Hearing Aids
- Emergency Care episodes
- Mental Health Services (including Child and Adolescent Mental Health Services)*
- Palliative Care (including hospice care)
- Cochlea Implants
- Undergraduate Dental Education
- Transplants
- Clinical Trials
- Community Children Services
- Screening Services
- Obstetrics
- Routine Dialysis Treatment

* Whilst Mental Health Services and CAMHS are out of scope of this Access policy, the Health Board recognises the importance of supporting our patients known to mental health services, to access our 'medical' and 'physical' services. The Health Board's Planned Care Teams will continue to work with the Together for Mental Health Strategy Board to ensure holistic and equitable access to all our services. Patients and their carers can find useful information and resources to help access a range of support at the BCUHB [Mental Health Hub](#).

This policy is informed by an Equalities Impact Assessment (EqIA), which has been developed through engagement with a range of specialists representing vulnerable groups, and subsequently ratified by the BCU Equalities Steering Group. At the time of writing this policy, the Referral to Treatment (RTT) Rules for Wales are in the process of being reviewed nationally through local engagement, with a specific task and finish group focusing on vulnerable groups. The outcomes of this work will be reviewed and incorporated into this policy in Spring 2025.

5.1 Interventions Not Normally Undertaken (INNUs)

INNUs are interventions where the evidence of clinical benefit in relation to harm and/or cost effectiveness is limited to such a degree that undertaking them may be unjustifiable. These interventions are therefore not routinely available on the NHS in Wales, or are only available if specified criteria are met.

The Welsh Government are currently leading on the development of a national Interventions Not Normally Undertaken (INNU) policy. Until that time the local BCU policy (2018) will be the guiding document.

6. Key Roles and Responsibilities

Referrers (Primary Care and Other Referrers)

- Ensure referrals (see also section [7.2 'Referral Criteria'](#) below):
 - meet and are consistent with the clinical criteria operated by the Health Board;
 - where available, are sent electronically using the Health Board's recognised system i.e. the Welsh Clinical Communications Gateway (WCCG);
 - have up to date information on the patient including all contact information and records the consent to be contacted by the Health Board by such means as text, email and telephone;
 - record the patient's language choice;
 - describe any sensory loss information and what communication support the patient needs; and
 - describe any mental health needs.
- Ensure patients are aware of the referral pathway that may be followed, e.g.:
 - advice and guidance rather than a hospital appointment
 - face to face, or virtual appointment
 - therapy services
 - request for diagnostic tests
 - straight to test

- their priority on the waiting list i.e. urgent suspected cancer(USC), urgent, or routine
- that appointments may be offered at locations across BCUHB sites
- that their appointment may be with a Health Care Professional(HCP) within the team.

Patient (including Guardians and Carers)

- Notify the Health Board of any changes to contact details, or changes in health that may affect the proposed treatment; and inform of language choice.
- Follow the instructions given in appointment correspondence and subsequent appointment reminders to contact the Health Board to arrange, confirm, rearrange, or cancel any offered dates.
- Make themselves available and notify the Health Board of any periods of unavailability.
- Attend appointments, or notify the Health Board as soon as possible where an appointment is no longer suitable, or required.
- Follow any instructions and/or complete any pre-appointment information and provide prior to, or during the appointment, as requested in the appointment correspondence.
- Where surgery may be required, to ensure that they remain fit to proceed with surgery when they are offered a date, follow all advice given:
 - by the referrer at the time of the referral;
 - by the clinician/healthcare professional at outpatient review; and
 - in any written subsequent advice.

This may include advice on smoking cessation, maintaining an ideal weight, or other health improvement advice and guidance.

Service Managers

- Responsible for monitoring Referral to Treatment(RTT) performance to ensure specialty compliance with RTT targets, including cancer waiting times targets.
- Responsible for ensuring the specialties deliver the activity required to meet the waiting list targets.
- Where activity volume is below that necessary to meet RTT and cancer timeliness targets, a mitigation plan to address and recover is produced and reported through the appropriate service management structure and to the relevant clinical director.
- Where the mitigation plan is not sufficient to recover lost activity, the process for escalation is:
 - review at weekly site Local Access Meetings;
 - escalated to the weekly Corporate Access Meetings; then
 - reported to the Medical Director and/or the Performance, Finance and Information Governance Committee.

It is the IHC Director that is responsible for ensuring provision of capacity to meet demand in order to meet the RTT and cancer targets.

- Ensure staff are appropriately trained in relation to patient access administration.

Hospital Consultants/Healthcare Professionals(HCP)

- Consultants/HCPs have a shared responsibility with their Service Managers for managing their patients' waiting times in accordance with the national and local waiting time targets of 26-weeks and up to 36-weeks for more complex cases, and 62-day suspected cancer pathway target.
- Adhere to the Health Board's principle of 6-weeks' notice of clinic and theatre cancellation process known as Hospital Initiated Cancellations(HICs), i.e. cancellations can only be agreed with less than 6-weeks' notice for the explicit reasons of special leave (in alignment with the Health Board's special leave policy) or for sickness absence (in alignment with the Health Board's sickness absence policy) (see also section [7.4 'Hospital Initiated Cancellations'](#)).
- To enable patients to move seamlessly along their referral to treatment pathways by ensuring:
 - 100% of clinic outcomes are recorded following a patient's appointment, including recording where patients did not attend(DNA);
 - timely review of requests for expeditions; and
 - timely recording of office-based decisions i.e. a decision that needs to be made outside of the clinic setting that does not need the patient to be present at the appointment, for example reviewing diagnostic results and assessments.
- Ensure that only patients that are fit and ready to proceed are added to treatment lists.
- Monitor and review where patients move into the 52, 104 and 156 week timeframes for the first time, and undertake a clinical review to assess the patient's current clinical priority (see also section [7.9 'Waiting List Validation'](#)).

7. Main Body

7.1 Waiting List Targets

While waiting list targets are set by Welsh Government, the guiding principles are that patients should wait the shortest possible time and booked according to clinical priority and then chronological order (**treat in turn**) ensuring that the principles for Prudent Health are applied.

This means that patients are seen in chronological order irrespective of whether any adjustments have been made to the patient's recorded waiting time that are permissible under the Referral to Treatment rules. The following are exceptions where it may not be feasible to schedule care strictly on this basis:

- where this is warranted to optimise resource utilisation. Examples of this include:
 - matching of case mix to available theatre time
 - scheduling of patients to "backfill" slots that become available if patients cancel booked appointments at short notice
 - booking of patients into clinics that have been specifically allocated for consultants to see patients in designated sub-specialism's;
- where a patient has already waited a period of time before being referred to the Health Board (excluding cancer, cardiac and outreach referrals) for example a weight loss programme, and it would not be feasible to start treatment on the basis of the unadjusted waiting time;

- where patients have been found to have medical conditions that need to be treated before they can receive treatment for the condition referred;
- where patients have declared themselves unavailable for social reasons for periods in excess of two and up to eight weeks; and
- where patients have exercised their right to choice and requested treatment at specific locations and/or under the care of specific consultants when this could be provided earlier at a location or under the care of a Consultant suggested by the UHB.

There will be variations where specific clinicians are required for certain sub-specialities, that may result in treating out of turn at the speciality level. Where this occurs, efforts will be made to adjust capacity across the speciality. Where this cannot be achieved, this will be monitored through the Local Access Meetings via an escalation report by sub-specialty groups, with exceptions being raised with and reviewed by the Specialty Management teams.

Current waiting list maximum wait targets are:

- [Suspected cancer pathway\(SCP\) target](#) – 75% patients to be treated within 62-days of suspicion of cancer.
- RTT 26-weeks (95%) with a maximum of 36-weeks for clinically complex cases.
- Diagnostics 8-weeks.
- Therapies 14-weeks.

Whilst Ophthalmology (Eye Care) are in scope of RTT rules, patient target dates are sequenced in priority order and based on urgency. Any patient missing their target date for an outpatient appointment will be seen in priority sequence across all conditions, following a categorisation of the risk of harm associated with the patient's eye condition if the target review date is missed, as follows:

- R1 – risk of irreversible harm or significant patient adverse outcome if target date is missed
- R2 – risk of reversible harm or adverse outcome if target date is missed
- R3 – no risk of significant harm or adverse outcome.



The patient's waiting time starts at receipt of the referral into the Health Board.

Exceptions to this are:

- Cancer waiting times target(SCP) - where the clock starts on the day the referral is sent to the Health Board;
- Consultant/HCP to Consultant/HCP referral for the *same* condition;
- where the treatment is not offered at BCUHB; and
- the referral is non-compliant with the referral criteria (see also section [7.2 'Referral Criteria'](#)).

Waiting list stop points:

- Diagnostic Component – where a diagnostic procedure results in immediate treatment, such as an ECG requiring a pacemaker insertion;
- Non RTT, or Therapy Services – Attendance for first appointment, or decision that treatment is no longer required; and
- RTT & Cancer – These pathways may have multiple stop and start points depending on clinical and patient decisions.





Stop

In the case of a [cardiac referral](#) where an inpatient admission is required, the clock will continue from the receipt of the referral into cardiology through to the date of admission.



Continue

If the treatment is not carried out during admission, the clock stop must be retracted and the clock will continue.

Good waiting list management relies on:

- effective communication;
- timely and accurate recording of decisions avoiding unnecessary delays;
- capacity aligned to demand;
- full utilisation of booking to template capacity;
- robust pathway management ensuring onward referrals are processed and received in a timely manner;
- a balance between clinical urgency routine and treat in turn rates; and
- regular validation (see also section [7.9 'Waiting List Validation'](#)).

If patients have concerns about their experience while waiting for, or during their treatment, they can access guidance on how to seek support to '[put things right](#)' or make a complaint [Make a complaint - Betsi Cadwaladr University Health Board \(nhs.wales\)](#).

7.2 Referral Criteria

Where available all referrals must be processed electronically using the Health Board's recognised system i.e. the Welsh Patient Referral Service(WPRS).

Referrers should ensure that the referral is consistent with the clinical criteria operated by the Health Board to determine which referrals it considers appropriate to accept. Clinical criterion will be based on exclusion policies, exemption processes, clinical pathways, NICE guidelines and best evidence-based practices which the Health Board works to. All criteria will be continually reviewed in line with clinical practice and latest clinical evidence available.

As a minimum all referrals must include:

- a description of the reason for the referral, include the questions/concerns the referrer and the patient are looking to have managed (clear and concise);
- the medical 'condition' (following a suspected diagnosis which will be decided from the patient's symptoms) so far as can be determined by the referrer;
- significant medical history and relevant family history;
- relevant blood and imaging results (within the past 6-months);
- current medication and medication previously tried relevant to the referral;
- any drug or other allergies;
- full patient contact details, including name, DOB, address, and where available, current mobile and landline phone numbers (day and evening contact numbers) and email address, and language choice;
- consent for the patient to be contacted by the Health Board by such means as text, email or telephone;
- details of any sensory loss information and the communication support the patient needs;

- details of any disability which may require reasonable adjustments;
- details of cultural related requirements e.g. chaperone in appointments, diet, access to chaplaincy for all beliefs;
- details of any translation requirements;
- patient NHS number;
- referring clinician's name, practice name, address, practice phone number and email address; and
- date of referral (must be within 3-months).

The inclusion of the 'minimum set' and 'clinical' referral criteria to *all* referrals will be a focus for the Health Board to work with National and Local teams to develop a referral directory.



Start

If the referral meets the required criteria, the clock starts from the date it is *received* into Secondary Care (except in the case of SCPs when the clock will start on the date the referral is *sent*). This means that the wait for the patient is being recorded and managed from this point until the patient receives their appointment, starts treatment, or is discharged.

With the exception of cancer and urgent screening referrals, the target for all referrals (electronic and paper) to be reviewed and triaged is within 48 working hours of receipt, except for visiting Consultants/HCPs, where alternative arrangements are to be agreed by the specialty manager. USC referrals will be reviewed and triaged within 1 working day. At triage, clinicians must consider both the appropriate pathway for the patient as well as clinical priority.

Advice from Consultant/HCP

Where a referral is received that requires the Consultant/HCP to respond with advice, rather than arranging an outpatient appointment, the referral must be updated accordingly on the PAS. Where the provision of advice does not happen automatically within an electronic system such as Welsh Patient Referral Service(WPRS), this must be actioned at the time of the advice being generated. There is no adjustment to the patient's clock while waiting for advice.



No Adjust

Straight to Test

Where diagnostics are indicated to inform clinical decision, the referral should be redirected to the relevant diagnostic department without delay.



Adjust

If the diagnostic required is excluded from the 26-week target as a stage in the patient's pathway that is essential before treatment, the clock for the patient's wait will be adjusted from the date of the referral to the date the test is taken, or the assessment carried out.

Other Healthcare professionals

Where it is deemed appropriate, the referral may be triaged for specialist nurse, or therapy intervention, in line with this Access Policy.



Adjust

If the therapy required is excluded from the 26-week target, as a stage in the patient's pathway that is essential before treatment, the clock for the patient's wait will be

adjusted from the date of the referral, to the date the test is taken or the assessment carried out.

Referrals Clinically Assessed as not Requiring a Secondary Care Pathway

If a Consultant/HCP deems that the referral does *not* require a secondary care pathway, it must be sent back to the referrer with an explanation of why and the patient's clock will stop. If the referral does not meet the referral criteria, it must be sent back to the referrer along with any advice and with an explanation of why and the patient's clock will stop. The referral decision must be updated and removed accordingly on the PAS.

Referral Re-direction

If a referral has been made and the special interest of the Consultant/HCP does not match the needs of the patient, the Consultant/HCP should transfer the patient to the appropriate colleague where such a service is provided, and the referral amended on PAS. The clock for the patient's wait will continue without interruption during the period of re-routing to the correct team within the Health Board.

Pooling of referrals

Referrals should be marked as "pooled" for conditions where patients can be seen by a Consultant/HCP from a designated pool, as opposed to by a named Consultant/HCP. Where feasible, treatment will be offered at the location closest to the patient's home, but may be given at any of the locations utilised by the Health Board.

Acknowledgement of referrals

Confirmation of the referral being accepted will be sent to the patient if the appointment is likely to be more than 8-weeks in the future (see also section [7.3 'Booking Process'](#)). This must be provided bilingually in Welsh and English to meet the patient's language choice, and include:

- contact details for patient queries;
- details on how their appointment will be booked;
- detail on whether their referral has been triaged as 'urgent', or 'routine';
- request for the patient to inform if there are dates they will be unavailable or if their details have changed; and
- notification that treatment may take place at any location across the Health Board and in some instances with other providers.

7.3 Booking Process

Appointments should be booked using a patient focused approach and the booking process clearly communicated to patients to ensure that they are clear on their role within the process.

The focus of the booking process should be on achieving a mutually agreed date. Where a proposed date is sent, the correspondence must include clear direction on the steps the patient needs to take should they wish to change it. Providing at least 3-weeks' notice has been given, if the patient does not take up this option, the appointment will be deemed as mutually agreed in the case of a DNA outcome (see also section [7.8 'Did Not Attend\(DNA\) / Could Not Attend\(DNA\)'](#)).

The methods of booking used in BCUHB are 'Partial' and 'Direct' booking. The process for each of these methods must be standardised following the minimum processes in the 'Direct Booking Standard Operating Procedure' and 'Partial Booking Standard Operating Procedure'.

Direct Booking

The patient will receive an appointment letter asking them to attend on a specific date and time. The letter will contain details on how to contact the relevant booking team to re-book a more appropriate date/time, or to cancel. Direct booking may also be carried out at the outpatient reception to book a follow-up appointment.

Partial Booking

The patient will receive an invitation letter asking them to contact the relevant booking team to arrange a suitable date/time. If no contact is made after 14 days, a reminder letter is sent, followed by a second reminder after a further 7 days. If after 29 days from the date the first letter was sent no contact is made, the patient will be removed from the waiting list with a letter sent to both the patient and the person that referred them.

Appointment Reminder Service

Through a third-party provider, BCUHB can contact the patient with a reminder for their new, or follow up outpatient appointment 7-days and 48-hours before their appointment. This communication can be via SMS (text), Interactive Voice Message (landline), or Agent Calls (person to person call reminders).

Not all speciality clinics are signed up to the reminder service. BCUHB is committed to providing equitable access to this service for our patients and are engaging with services to increase adoption where appropriate. An up to date list of speciality clinics that have signed up to the reminder service can be obtained by logging a service desk call via the [Informatics Portal](#), or email direct to: BCU.TextMessageService@wales.nhs.uk.

It is the responsibility of every Patient Appointment Booking Centre(PABC) and speciality booking team, to ensure that patient responses are processed within 24 hours of receipt of the patient response, following the 'Envoy Messenger Reminder Service Standard Operating Procedure'.

Accessible Communication

BCUHB has a duty of compliance with the [All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales \(nhs.wales\)](#) and is committed to working to make reasonable adjustments as standard practice to support equitable access to care for patients with sensory loss and language requirements.

Through continuous improvement we aim to ensure that:

- all referrals must include details of any sensory loss information and the communication support the patient needs;
- all written communication e.g. appointment letters, are available to be provided in accessible formats for patients with sensory loss;

- a patient's preferred language including British Sign Language(BSL), is captured on the demographic screen and is easily viewable to all users with access to the PAS;
- written communication e.g. bilingual appointment letters, are provided in plain Welsh and English to help those who do not have Welsh or English as their first language;
- translations of written communications are available according to the preferences stated at referral, or at any point in the patient pathway, and access to the [Welsh Language Interpretation and Translation Service \(WITS\)](#) and the [Centre of Sign, Sight, Sound](#) are accessible to support communication; and
- patients with sensory loss can make, or change an appointment through a variety of contact methods including text messaging (Appointment Reminder Service, which offers the patient the option to rebook, or cancel an appointment via text reply), text phones and websites. Patients with sensory loss can use the [BT Relay UK](#) services via a downloaded app on a mobile phone, or can use a special textphone.

Travellers and Transient Groups

Where patients do not have a specified consistent home correspondence address or secure mail box, written communications can be sent to an agreed holding address, such as their General Practitioner(GP) address.

Cultural and Belief Related Requirements

Religion and belief can affect how people view their treatment and can also have an impact on end-of-life care and arrangements made following a death. To support this:

- all referrals must include details of cultural related requirements e.g. chaperone in appointments, diet, access to chaplaincy for all beliefs; and
- patient information leaflets and webpages should include information advising patients of their right to have a chaperone and of the right to adjustment for other cultural needs such as diet, access to chaplaincy for all beliefs.

7.4 Hospital Initiated Cancellations(HICs)

HICs is where a patient's appointment, or procedure is cancelled by the hospital. This may be unavoidable due to for example, a safety concern in the environment, or more commonly to accommodate an urgent escalation into surgery, or clinic. When this happens, the patients whose appointment was cancelled will be prioritised for a re-booked appointment.

Outside of unexpected conditions and urgent escalations, all Consultant/HCP and clinical leads for clinics and theatre sessions must adhere to the Health Board's principle of 6-weeks' notice for a HICs process:

- cancellations can only be agreed with less than 6-weeks' notice for the explicit reasons of special leave (in alignment with the Health Board's special leave policy) or for sickness absence (in alignment with the Health Board's sickness absence policy);
- responsibility for authorising a clinic, or theatre list cancellation must be sought from the IHC Director for the site (East, West or Centre), or their delegate; and

- an email must be sent explaining the exception to the Chief Operating Officer and Planned Care Team.

In the event of a HIC, it is the responsibility of the staff member informing the booking clerk to provide an appropriate reason for the cancellation. Booking Clerks are not able to accept a clinic cancellation request without a reason, nor with a reason of 'other'. The reason will be recorded in WPAS as a *mandatory* field against the outcome of 'Cancelled by Hospital'. Where appointments, or procedures are cancelled by the hospital due to unexpected conditions, or urgent escalations, the process for escalation is:

- review at weekly site 'Local Access Meetings';
- escalated to the weekly 'Corporate Access Meetings'; then
- reported to the Medical Director and/or the Performance, Finance and Information Governance Committee.

There will be no impact to the patient's clock as a result of a HIC.

7.5 Capturing Outpatient Clinic Outcomes and Office Based Decisions

Clinic Outcomes

All clinic outcomes must be recorded directly following a patient's appointment and include 100% pathway decision making to ensure that patients are appropriately managed onto the next stage of their treatment pathway without delay.

A code exists for each type of activity and this code must be recorded in the PAS within the referral to treatment history, at each point during the pathway. Typical outcome decisions include:

- Further Investigation Required/Refer to outpatient diagnostic – used where diagnostics are required before a decision on treatment can be made.
- See on Symptom(SOS) - where treatment has been started, or no treatment is required at this time, but the patient has a condition that may need secondary care review at a future undefined date. The patient will be able to self-refer back onto the list and be seen when symptomatic, within a maximum 12 month period. This prevents unnecessary visits for the patient, releases clinic capacity and reduces the risk of a patient DNA.
- Patient Initiated Follow-up(PIFU) - is for long term/chronic conditions for up to 2 years, after which a clinical decision is made to review, or discharge the patient, with the option to extend the PIFU period. The patient can request a follow up appointment based on their understanding of their condition and when support is needed for their health and wellbeing.
- Discharge – where treatment has been completed, or no treatment is required and the patient has a condition that can be managed by their GP closer to their home.
- Referral onto another clinician/specialty - where the patient is referred onto another clinician/specialty, who will take over the patient's care due to clinical necessity.
- Follow up appointment – where the patient has a condition that requires ongoing specialist secondary care at a defined future date. Further pathway coding information needs to be completed when this option is chosen to indicate

whether treatment has been started, not required at this time (active monitoring/watchful wait), or outpatient treatment is planned.

- Virtual, or telephone follow up – where the patient requires ongoing monitoring by specialist secondary care clinicians e.g. regular diagnostics such as PSA, but does not need a face to face consultation. This prevents unnecessary travel for patients.
- Add to Day Case, or Inpatient list – where treatment is required as an inpatient, or day case and the patient is fit, ready and able to proceed with surgery.

Capturing Outpatient Clinic Decisions

It is the responsibility of the Consultant/HCP, to complete the (electronic, or paper) 'Outcome Form' during, or immediately following the outpatient appointment. The form must include the intended management of the patient and future appointment if required, and must be accurately filled in with all necessary information at the time.

Where systems do not exist to automatically update the PAS with the outcome, it is the responsibility of the treating specialty to ensure the PAS is updated by their reception staff, medical secretary, or booking team upon receipt of the outcome form on that same day.

Patients who require a follow up appointment within 6-weeks, should wherever possible, be booked at reception prior to leaving the outpatient department.

Capturing Office Based Decisions

Office based decisions are where the patient is clinically reviewed without patient involvement, and decisions are taken regarding their treatment outside of normal clinic activity and following a review of diagnostic results. The decision must be communicated to the patient.

It is the responsibility of the Consultant/HCP to complete the (electronic or paper) 'Outcome Form' during, or immediately following the office-based review. The form must include the intended management of the patient and future appointment if required, and must be accurately filled in with all necessary information at the time.

Where systems do not exist to automatically update the PAS with the outcome, it is the responsibility of the treating specialty to ensure the PAS is updated by the reviewer immediately following the review, or by the medical secretary at completion of the clinic letter on that same day.


7.6 Inpatient/Day Cases


Patients must only be added to an active planned care admission list, or booked for surgery when they are considered fit, ready and able 'to come in'(TCI) for their appointment, or treatment. Patients should not be placed on inpatient/day case lists if there are reasonable grounds to believe that the clinical outcome could be compromised, or if there are unacceptable levels of risk to the patient due to unresolved clinical issues.


Planned Care (Elective)


Planned care relates to planned care admissions planned to occur in the future where, for medical reasons, there must be delay before a particular intervention can be carried out.

When a planned intervention is part of a surveillance programme no RTT period will apply.


 Stop When the decision is taken to commence a surveillance programme, the current RTT (including cancer) period will end and the clock will stop.

 Stop When a required intervention must be delayed until a certain level of developmental maturity is reached, the patient will be actively monitored until ready to undergo the procedure. At the time of this decision the current RTT period will end and the clock will stop.

 Start When the Consultant/HCP decides that the patient is ready and fit for the procedure and a decision to admit is made, a new RTT period will begin and the clock will start on the date of the decision to admit.


 Stop On the date of admission for the procedure, the clock will stop (except in the case of the SCPs, where the clock will only stop when the cancer has been treated).


Bilateral Procedures


 Start Where a patient requires bilateral procedure and the second procedure is not undertaken at the same time as the first, a new clock starts when a patient is considered fit and ready for the second procedure. This must be recorded on PAS under the same Unique Pathway Identifier(UPI).

Planned Pathways

This refers to a patient care plan consisting of a 'planned sequence of procedures and treatments'.

 Stop Where a care plan is agreed with a patient at the time of the decision to treat and there is no change in the plan, once the patient has received their first definitive treatment, the clock will stop. Subsequent treatments as part of the care plan will be "planned" and therefore not part of a new RTT pathway. It is therefore not necessary to add new clock starts, e.g. the removal of metal works after an orthopaedic procedure, or a series of eye injections.

 Stop When a planned intervention is part of a surveillance programme, no RTT period will apply. When the decision is taken to commence a surveillance programme, the current RTT period will end. This may be as a result of an initial intervention, or diagnostic test leading to the surveillance programme.

 Start Where a patient exceeds their target date for treatment, the pathway reverts to the RTT active waiting list at Stage 4 '*Waiting for an admitted diagnostic or therapeutic intervention (i.e. treatment) only*' and a new clock will start.

Clinically Initiated Delays or Patient Unfit for Treatment



If the patient is on an SCP and is not fit for the procedure due to a medical condition that needs resolving first, the patient should remain on the waiting list until they are fit to proceed. An adjustment can be made (i.e. clock reset) to the pathway if the period of unavailability is 2 months or more (60 days).



For patients on a non-SCP, if a patient is not fit for surgery due to a short-term medical condition that can be resolved within 3-weeks, the patient should remain on the waiting list and an adjustment made to the pathway.



If the reason is that they have a condition that itself requires active treatment, or monitoring that will take more than 3-weeks, then this will be discussed with the patient who will either be:

- placed on active monitoring on an PIFU pathway;
- discharged back to the care of their original referrer; or
- referred to another clinician who will treat the co-morbidity and the RTT period for the original condition will end.



Once the patient is considered fit to proceed they should be re-referred to the Consultant/HCP for assessment and a new clock start would be initiated on the original condition pathway. The Consultant/HCP will prioritise the patient taking into consideration the period of active monitoring/previous wait.



Decline change of Consultant/HCP and /or site

Patients can exercise their right to choose to have treatment at specific locations and/or under the care of specific Consultants/HCPs. When the Health Board can provide an earlier date at a different location, or with a different Consultant/HCP, but this is declined by the patient on the grounds that they exercise their right to choose a specific location/and or Consultant/HCP, the clock will be reset (except in the case of a SCP). Patients should be made aware that this means that while they will remain on the waiting list, they may have to wait longer to be treated.

Any conversations with patients agreeing to dates offered and declined need to be recorded and documented together with the reason(s) in the PAS.

Reasonable Offer - see section [7.7 'Patient Decisions'](#).

7.7 Patient Decisions

The focus of the booking process should be on achieving a mutually agreed date. Where a proposed date is sent via Direct Booking, the correspondence must include clear direction on the steps the patient needs to take should they wish to change it. Providing at least 3-weeks' notice has been given, if the patient does not take up this option, the appointment will be deemed as mutually agreed in the case of a DNA outcome (see also section [7.8 'Did Not Attend\(DNA\) / Could Not Attend\(CNA\)'](#)).

The following does not apply to **cancer waiting times where no adjustment can be made due to patient decisions unless the patient makes themselves unavailable for a period of 2 months (60 days) or more, at which point the clock can be reset **



Where a patient decides to wait longer for their appointment, or treatment, and contacts the Health Board to request a change to their attendance date (CNA), an adjustment may be made to their waiting time provided reasonable notice has been given for the 1st offer. Reasonable notice is 24hrs for USC and 14-days for other waiting lists. The adjustment will be from the 1st date offered through to the patient's chosen date.



Two declined reasonable offers will result in a pathway reset, or the patient being removed from the waiting list.



Patients may also decide to delay their treatment for personal, or social reasons and declare themselves unavailable. Their waiting time will be adjusted to reflect this.

- When the period of unavailability is less than 2-weeks, no adjustment may be made.
- When the period of unavailability is between 2 and 8-weeks, an adjustment may be made for the full period of time that the patient is unavailable.
- When the period of unavailability is more than 8-weeks the patient should be returned to the referrer, but this should be discussed and agreed by their consultant/HCP. If the referrer and consultant/HCP are in agreement, the patient may be reset and remain on the waiting list, and must be informed of this verbally, or in writing.



If the patient is available, but declines an offer for admission given with at least 2-weeks' notice, an adjustment can be made to the waiting time to take into account the delay for patient decision, from the date of the agreed appointment to the date the patient is available.



If two such offers are declined the pathway may be reset, or the patient removed from the waiting list if either the patient or Consultant/HCP decides that treatment is no longer required. Both the patient and the referrer will be notified of this in writing to ensure the referrer is aware and can action further management of the patient if necessary. Requests to delay treatment for Cancer patients must be discussed with the consultant responsible for their care.

7.8 Did Not Attend(DNA) / Could Not Attend(CNA)

Did Not Attend(DNA)

The following does not apply to cancer waiting times where no adjustment can be made due to DNA unless the patient makes themselves unavailable for a period of 2 months (60 days) or more at which point the clock can be reset

The following applies to both outpatient and inpatient attendances.

Patients that do not attend an appointment without informing the Health Board, up to a maximum of two occasions, can be discharged back into the care of the referrer. Both the patient and the referrer will be notified of this in writing to ensure the referrer is



aware and can action further management of the patient if necessary. The patient's waiting time clock will be stopped.

Exceptions to this are:

- when a clinical decision is taken that discharging the patient is contrary to the patient's clinical interests;
- clinically very urgent referrals including cancer, or active surveillance for cancer or other critical illnesses; and
- children that DNA appointments are managed under the [Standard Operational Procedure for monitoring children who were not brought \(WNB\) for appointments or surveillance in acute and community settings](#), where they are offered a second appointment if contact can be made with the family, beyond this a further DNA will result in the patient being discharged back to their referrer with a copy of the letter to their health visitor/School Nurse, social worker (where known) and parents/carers.

Where a further appointment will need to be offered due to meeting the exception criteria, the patient should be advised of this and the patient's clock will be re-set up to a maximum of two times on the same pathway, after which the patient should be discharged back to the care of their referrer.

If the patient DNAs for a third time and the consultant responsible feels the patient should remain on the waiting list for reasons of for example, high clinical risk or vulnerability, the pathway should be stopped and the clinician should write to the referrer and patient seeking clarification that they need to continue on the pathway.

Only if this is confirmed by the referrer *and* the patient, will they be reinstated on the waiting list and the clock will be reset to the date of confirmation from the referrer and patient that they wish for the patient to remain on the pathway. They should restart at the most appropriate stage of the pathway based on their clinical need and their past pathway.

Where the patient did not attend for one of the following confirmed reasons and a further appointment will need to be offered, the patient may be returned to the waiting list at the same point as they left with no impact on the patient's clock if:

- the appointment was sent to the incorrect patient address;
- the appointment was not offered with reasonable notice (reasonable notice is 24hrs for USC and 14-days for other waiting lists, unless the appointment was verbally agreed with the patient); or
- a review of individual patient circumstances deems it appropriate (e.g. a patient with dementia, motability issues, carer responsibilities).

Could Not Attend(CNA)

The following does not apply to cancer waiting times where no adjustment can be made due to CNA unless the patient makes themselves unavailable for a period of more than 2 months, at which point the clock can be reset

Patients who inform the Health Board that they are unable to attend an appointment due to a 'social' (e.g. booked holiday, childcare arrangements, work commitment), or 'medical' reason (e.g. cold, flu, migraine) up to and including the day of that appointment, but prior to the appointment time, will be recorded as CNA.



Where the patient cancels an agreed appointment for the first time, a new appointment should be arranged as soon as mutually agreeable and the patient's clock will be re-set.



Where the patient cancels a second agreed appointment, and it is for a second 'social', or second 'medical' reason, the patient will be discharged back to the care of their referrer. Both the patient and the referrer will be notified of this in writing to ensure the referring referrer is aware and can action further management of the patient if necessary. The patient's waiting time clock will be stopped.

7.9 Waiting List Validation

Our waiting lists need to be constantly reviewed and validated to check that our lists are accurate and up to date. This is necessary to ensure that our patients that need to be seen receive an appointment, or date for surgery, as quickly as possible according to their clinical need. Without administrative validation patients may wait longer than necessary due to appointment, or date for surgery, being wasted through patients not attending (DNA) due to:

- already been seen elsewhere,
- their symptoms clearing, or
- not being clear on what the appointment, or surgery is for.

Validation must be undertaken both administratively (via desktop and contacting the patient) and clinically ensuring engagement is sought from the responsible Consultant/HCP at every point in the patient pathway.

Administrative Outpatient Waits

Validation must be undertaken for both long waiting new patients and follow up patients who have exceeded their intended target date, to ensure that they still need to be seen and that their contact details are correct. All validation outcomes must be recorded on PAS at every opportunity to ensure the patients status is a true representation of their pathway.

Add to Inpatient / Day Case List

A letter should be sent to patients to confirm that they have been added to these treatment lists and include telephone/email details for the patient should they need to contact the Health Board, along with sources where further information can be found. This provides an opportunity to check that all contact details for the patient are correct and ensure that any periods of unavailability are updated on PAS to prevent patients being called for treatment inappropriately.

Clinical (Generally Inpatient or Day Case)

These review appointments can be with Consultant/HCP staff, but may also be carried out by an appropriate member of the clinical team.

Patients moving into the 52, 104 and 156 week timeframes for the first time will be alerted to the named Consultant/HCP, and a clinical review will be undertaken to assess the patient's current clinical priority.

Patients referred for urgent care waiting longer than 3-months for their surgery following the decision to surgically treat, will also be alerted to the named Consultant/HCP and subject to a further clinical review. If they continue to require urgent care they will be expedited for treatment.

7.10 Removals and Reinstates



Stop

There are times where it is appropriate to remove patients from a waiting list without treatment. When this is the case, the patient will be discharged back to the care of their referrer and both the patient and the referrer will be notified of this in writing to ensure the referrer is aware and can action further management of the patient if necessary. The patient's waiting time clock will be stopped.

In the event of a removal for the following reasons, patients may have the opportunity to be reinstated, or reset to the same pathway stage (same waiting list, for the same condition), without the need for a re-referral:



Re-instate



Re-set



Re-instate



Re-instate

- Patient is not medically fit to proceed and it is expected that it will take longer than 3-weeks to resolve (excludes USC where clock only reset if unavailable for 2mths) - patients should be booked taking into consideration their previous wait.
- If the patient chose not to proceed at this time, but subsequently requests to change their choice – the option to re-join the same pathway stage must be actioned within:
 - 6-months of removal for a reason of 'treatment no longer required'; and
 - 4-weeks for any other reason for removal other than treatment.
- If the patient has been transferred by the Health Board to private care – (see also section [7.12 'Transfer to or from Private Care'](#)).
- As part of the patient validation process, following 3 failed telephone contacts (one of these outside working hours) on different days, or 3 SMS contacts over a three week period with a final SMS to advise a discharge letter will be sent, if patients are not contactable the patient is removed from the waiting list. A letter will be sent to both the referrer and the patient to inform them of this and will contain information on how to be re-instated within a 4-week period.



Re-instate

Patients may be reinstated to a clinically agreed appropriate stage of the pathway without the need for re-referral when:

- They are on an active SOS, or PIFU pathway.
- They are ready to proceed with treatment following a period of unavailability, or deferred decision making.
- Patient was a DNA, or did not respond to booking or validation letters, but contacts the Health Board on receipt of the removal letter to advise that no earlier letters were received.

7.11 Veterans

In line with [Statutory Guidance on the Armed Forces Covenant Duty](#) (2022) all veterans and war pensioners should receive priority access to NHS care for any conditions that are related to their service.

When referring a patient who they know to be a veteran, referrers should consider if, in their clinical opinion the patient's condition may be related to the patient's military service. Priority treatment only applies to conditions that are related to veteran's service. Where the Consultant/HCP reviewing the referral agrees, the veteran will be prioritised over other patients with the same level of clinical need. In line with clinical policy, patients with more urgent clinical needs will continue to receive clinical priority. See also: [Support for Serving Armed Forces Personnel and their Families](#)

7.12 Transfer to or from Private Care

Cancer patients initially seen in the private sector should be managed on the SCP with the clock starting on the day they were referred to the NHS



Patients who elect to continue their treatment in private care will be removed from the NHS waiting list and any waiting time stopped.



Any patient referred into NHS care after having been provided with private services should not receive an unfair advantage over other patients. They will join any NHS waiting list at the same point as if the prior consultation, or treatment was with a NHS service (i.e. added to day case or inpatient list) and their priority on the waiting list should be determined by the same criteria applied to other referrals. The entry on to the appropriate stage commences a new 26-week clock start.

However, if treatment was already started within the private sector, then a referral from private to NHS would not start a new RTT clock, but be recorded as ongoing follow-up care. Only if there is a significant planned change in treatment would a new RTT clock commence, e.g. where a patient has received an operation in private care and then is referred to the NHS for an outpatient appointment to continue the planned care.

7.13 Treatment Outsourced / Insourced to Independent Providers

Patients may be offered the opportunity to be seen / treated by independent providers outside of the Health Board.

Patients can expect to receive the same experience as provided at the Health Board. Patients will remain on the Health Board's waiting list, with status updated as the patient is seen and/or treated in the independent sector.

In order to reduce the length of waits of backlogs, where outsourcing is considered appropriate the longest wait 'routine' referrals will be assessed for independent sector suitability in the first instance. The patient has the right to decline an offer of outsourcing without this affecting their waiting list status.

7.14 Entitlement to Treatment

The Health Board has a legal obligation to identify patients who are not eligible for free NHS treatment. The NHS provides healthcare for people who live in the United Kingdom.

People who do not normally live in this country are not automatically entitled to use the NHS free of charge, regardless of their nationality, or whether they hold a British Passport, or have lived and paid National Insurance contributions and taxes in this country in the past. All Health Boards have a legal obligation to:

- ensure that patients who are not ordinarily resident in the UK are identified;
- assess liability for charges in accordance with Department of Health Overseas Visitors Regulations; and
- charge those liable to pay in accordance with Department of Health Overseas Visitors Regulations.

This policy will comply with all relevant Human Rights legislation and will adopt a health care human rights based approach – commonly referred to as the FREDA principles. These principles include putting human rights principles and standards at the heart of policy and planning; through:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

In the event that a patient moves out of Wales whilst receiving ongoing review or treatment, they should be transferred by way of referral from their new GP into the appropriate hospital setting within the new location area, unless there are specific circumstances to consider that would be discussed between the new GP and the treating BCUHB Service. If the move is within Wales, patient choice can be enacted with an agreement by the patient to travel back for review and treatment if so requested.

8. Equality including Welsh Language

An Equalities Impact Assessment (EqIA) has been carried out on this policy to demonstrate the due regard given to the Public Sector Equality (part 149) of the [Equality Act 2010](#). The Health Board will endeavor to make reasonable adjustments to accommodate any employee'/patient with particular equality and diversity requirements in implementing this policy.

BCUHB has a duty of compliance with the [All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales \(nhs.wales\)](#) and is committed to working to make reasonable adjustments as standard practice to support equitable access to care for patients with sensory loss and language requirements.

Consideration for the [Human Rights Act 1998](#) has been included as part of the EQIA and the Health Board remains committed to uphold a patients right to treatment

([National Health Service Act 2006](#)). The Health Board will make reasonable adjustments on an individual needs basis, with the support the appropriate teams such as safeguarding for patients fleeing domestic abuse/safe houses. In addition:

- The right to access services consistently across BCUHB will uphold Article 2 - Right to life.
- The policy has given regard to data protection which relates to Article 8 - Right to respect for family & private life.
- The policy has given regard to cultural issues around dignity, which relates to Article 3 - Prohibition of inhuman or degrading treatment and Article 8 - Right to respect for family & private life
- Article 9 - Freedom of thought, conscience & religion

In line BCUHB [Welsh Language Standards \(The Welsh Language Standards Regulations 2018 under the Welsh Language \(Wales\) Measure 2011\)](#) in specific reference to the communications a patient may have in relation to their appointment:

- the patient's preferred language is recorded in the WPAS;
- all written correspondence pertaining to the patient's referral, appointments and discharge follow the Written Correspondence Standards (1-7);
- all text and Interactive Voice Message (IVM) reminders follow the Website, Social Media, Apps Standards (39-46) – reminders are sent bilingually, unless the patient has a language preference recorded in the WPAS, in which case the patient will receive reminders in their language of choice; and
- contact with the booking teams follow the Telephone Greeting Standards (8-20).

9. Well-being of Future Generations

The Access Policy is aligned to the Well-being of Future Generations Act with specific reference to the following goals:

- A healthier Wales: the policy will promote people's physical and mental well-being.
- A Wales of vibrant culture and thriving Welsh language: the policy promotes the Welsh language by providing bilingual letters and communication.
- A more equal Wales: the policy will promote equity and consistency across access into health care across north Wales.

10. Environmental Impact

There are no environmental impacts associated with this policy.

11. Resources

As the activities described in this Policy are central to the delivery of the Health Board's Planned Care responsibilities, they will be resourced from its income sources subject to the Health Board's Financial Control Procedures.

12. Training

Staff involved in the administration of planned care pathways need to be aware of their accountabilities and responsibilities in each specific role/clinical setting. To achieve this the Health Board will maintain a mandatory training programme covering such issues, supported by locally based clinical and administrative induction programmes.

13. Implementation

This access policy should be read in full by all staff involved in the patient's pathway, including clinical and non-clinical staff, once they have successfully completed the relevant local induction training. It should not be used in isolation as a training tool (see also section [12 'Training'](#)).

14. Further Information - Clinical Documents

Not applicable

15. Audit

The Health Board is fully committed to ensuring full compliance with all relevant Welsh Government requirements that determine how patients on planned care pathways are to be accounted for.

The methods for delivering this will be set out in the Health Board's procedures, and the Health Board's Internal Audit Department will have a key role in monitoring compliance with this Policy.

A report on compliance will be formally reported to the Health Board through the Audit Committee on an annual basis.

16. Review

The provisions of this Policy will be reviewed annually by the Executive Medical Director. An exception report setting out the outcome of the review will be submitted to the Quality & Safety Experience Committee.

17. References

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BCUHB (2015) *Standard Operational Procedure for monitoring children who were not brought (WNB) for appointments or surveillance in acute and community settings*. Available at: [Policies and Written Control Documents - SCH02 - SOP for Monitoring Children Who Were Not Brought for Appointments or Surveillance in Acute & Community Settings - V0.2.pdf - All Documents \(sharepoint.com\)](#)

Equalities Act, 2010, part 141. Available at: [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15/section/141)

Human Rights Act, 1998. Available at: [Human Rights Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1998/42)

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Ministry of Defence (2022) *Statutory Guidance on the Armed Forces Covenant Duty Covering the United Kingdom*. Available at: [Armed Forces Covenant Duty Statutory Guidance.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/108422/armed-forces-covenant-duty-statutory-guidance.pdf)

Welsh Government (2023) *Pro-active waiting: Promote, Prevent & Prepare for Planned Care The 3Ps Policy: Working together for better health and well-being*, Welsh Government: Cardiff. Available at: [Promote, prevent and prepare for planned care | GOV.WALES](https://gov.wales/promote-prevent-and-prepare-for-planned-care)

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Welsh Government (2017) *Welsh Health Circular (2017) 041: Armed Forces Covenant – Healthcare Priority for Veterans*, Welsh Government: Cardiff. Available at: <https://www.gov.wales/armed-forces-covenant-healthcare-priority-veterans-whc-201741>

Welsh Government (2018) *Welsh Health Circular (2018) 018: Consolidated Rules for Managing Cardiac Referral to Treatment Waiting Times*, Welsh Government: Cardiff. Available at: <https://www.gov.wales/sites/default/files/publications/2019-07/consolidated-rules-for-managing-cardiac-referral-to-treatment-waiting-times.pdf>

Welsh Government (2023) *Welsh Health Circular (2023) 025: Guidelines for managing patients on the suspected cancer pathway*, Welsh Government: Cardiff. Available at: <https://www.gov.wales/sites/default/files/publications/2023-07/guidelines-for-managing-patients-on-the-suspected-cancer-pathway.pdf>

Welsh Language Standards (The Welsh Language Standards Regulations 2018 under the Welsh Language (Wales) Measure 2011). Available at: [The Welsh Language Standards \(No. 7\) Regulations 2018 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2018/1100)

18. Appendices

18.1 Appendix A - Referral to Treatment Times(RTT) Quick Reference Guide

Clock	Description
START (on date)	Receipt of referral in to secondary or tertiary care, or any other Healthcare professional where referral protocol exists
	Receipt consultant to consultant referral for DIFFERENT condition (exc. Cardiology to cardiac intervention/surgery)
	PIFU - New decision to treat, or change to the management plan
	New decision to treat made, or decision for a step change that cannot be started at point change is discussed with patient
	Discharged from emergency admission/attendance if placed on list for elective procedure
	Receipt of patient self-referral following a removal
	1st bilateral or sequential procedure
	Date patient is deemed fit for 2nd or subsequent procedures
NO Start	Receipt consultant to consultant referral for the SAME condition
	Treatment not offered at Health Board – returned to referrer
	Non-compliant with referral guidelines (aim for 48hr correction)
RE-SET	Patient is available, but refuses – see 'refused reasonable offer'. Clock is reset to date patient refuses the offered appointments
	Following 1st CNA or DNA if the patient is on a clinically appropriate pathway to re-book following 1st DNA
	(After 3rd DNA when clock stopped) If confirmed by both clinician & patient that the patient needs to remain on pathway - clock reset to date of confirmation on the most clinically appropriate stage of pathway
	Where the patient has been informed of service options and consequences of remaining with a named consultant/hospital site – ONLY ONCE in a pathway - retain place on list and reset clock to the date the patient informed the organisation of their decision
ADJUST	Time spent waiting for excluded diagnostics, or therapies, when this precludes treatment commencing
	At booking stage: where not possible to agree suitable date where two have been offered; within original booking period – difference is from when you planned to book to when you actually book
	Medically unavailable (short-term) – condition must be expected to resolve within 21 days – adjustment from decision medically unfit to fit, up to a maximum of 21 days, only once within the pathway stage
	Socially unavailability (short-term) – must be between 2 and 8 weeks, adjustment is for the full period of time within the 2 to 8 weeks
	If referred to diagnostic, or therapy service excluded from 26week target as a stage in the patient pathway that is essential before treatment – adjustment from date of referral to date test taken/assessment or intervention carried out
	Period of re-routing the referral received to a clinician/speciality that does not treat this condition, to correct team within the Health Board

Clock	Description
NO Adjustment (continues)	Period if re-routed incorrectly
	Period during which the referral is returned to referrer due to insufficient information to enable a clinical decision
	Referral to a non-excluded diagnostic service, therapy assessment, or anaesthetic assessment
	Where the patient's responsible consultant does NOT change, but the patient is transferred between organisations
	Patient referred from NHS to independent sector of the organisation as part of NHS pathway
	Request for advice
STOP (on date)	Treatment commences (non-admission), or date of admission – However, if treatment is not carried out during admission, clock stop must be retracted and clock will continue
	Decision is made NOT to treat/patient declines/defers treatment
	Commencement of active monitoring
	Receipt of consultant-to-consultant referral for a DIFFERENT condition (exc. Cardiology to cardiac intervention/surgery)
	Patient informed they are enrolled on clinical trial, or added to a transplant list
	Patient communicates intention to have next stage of pathway delivered privately
	Referral for excluded therapy treatment is made
	When diagnostic procedure converts to a therapeutic intervention, on intervention date
	Of intervention, if patient is admitted as an emergency and receives intervention for condition with open RTT pathway
Non-response to booking process within 4 weeks of 1st contact (remove)	
STOP (decision date)	Following 2nd CNA if the responsible consultant decides patient is NOT to remain on pathway
	Following 1st/2nd DNA (some exceptions apply see SECTION OF POLICY)
	Following 3rd DNA where clock has been reset twice
	Medically unavailable (longer-term) – condition will not resolve within 21 days – return to referring clinician
	Socially unavailable (longer-term) – more than 8 weeks, but must be discussed and agreed by consultant
	Where the patient is placed onto a See on Symptom(SOS) or Patient Initiated Follow Up(PIFU) pathway

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18.2 Appendix B - Glossary of Terms

Access Meetings	Forum to monitor compliance to referral to treatment performance standards
Access Policy	Describes the way in which the Health Board manages patient referrals, waiting lists, appointments and admissions. It informs patients, relatives and staff of their rights and what to expect.
Bilateral Procedures	Surgical procedures performed on corresponding sides of the body
Clinic Outcomes	A record of the event of a clinical decision made by a clinician.
Clinical	Care to patients, such as nursing, medicine, midwifery, as well as a range of allied health professions such as physiotherapy, radiography and counselling.
Consultant	Senior doctors that have completed full medical training in a specialised area of medicine and are listed on the GMC's specialist register.
Could Not Attend(CNA)	Could not attend – where a patient informs the Health Board in advance that they will be unable to attend the mutually agreed appointment
Day Case	A patient attends hospital for treatment but does not need to stay overnight
Diagnostic	Tests or procedures used to identify a patient's disease or condition
Did Not Attend(DNA)	Did not attend – where a patient does not attend their mutually agreed appointment and did not inform the Health Board in advance
Direct Booking	The patient will receive an appointment letter asking them to attend on a specific date and time. The letter will contain details on how to contact the relevant booking team to re-book a more appropriate date/time, or to cancel.
Discharge	Where treatment has been completed, or no treatment is required and the patient has a condition that can be managed by their GP closer to their home.
Equality Impact Assessment(EQIA)	A tool to help you to anticipate the needs of diverse groups when you are making decisions
Follow Up Appointment	Where the patient has a condition that requires ongoing specialist secondary care at a defined future date

HealthCare Professional(HCP)	A person who is contracted to provide a healthcare service to a patient and is registered with any of the following professional bodies, who is permitted by that body to provide or supervise the provision of the regulated activity: <i>Health and Care Professions Council. Nursing and Midwifery Council. General Medical Council. General Dental Council.</i>
Hospital Initiated Cancellations	Where a patient's appointment or procedure is cancelled by the hospital
Inpatient	A patient who stays for one or more nights in hospital for treatment
Mutually Agreed	Agreed by both the patient and the Health Board
New Appointment	This is a first appointment following a new referral
NHS Number	NHS number is a unique 10-digit number. It helps healthcare staff and service providers identify patients correctly and match to health records
Office Based Decisions	Where the patient is clinically reviewed without patient involvement and decisions taken regarding their treatment outside of normal clinic activity and following review of diagnostic results. The decision must be communicated to the patient.
Outpatient	A patient who attends an appointment in a hospital or clinic but does not need to stay overnight
Partial Booking	The patient will receive an invitation letter asking them to contact the relevant booking team to arrange a suitable date/time.
Pathway	The route that a patient follows from the first contact with an NHS member of staff (typically his or her GP) through referral to the completion of treatment.
Patient	Any recipient of health care services that are performed by healthcare professionals
Patient Administration System(PAS)	A computer software program that helps the Health Board track and manage their patient's demographic (e.g. name, home address, date of birth, contact information) and appointment/treatment booking information. The primary Patient Administration System(PAS) used in the Health Board is the national Welsh Patient Administration System(WPAS), used in Health Boards across Wales. In addition to WPAS, some services use a service specific PAS e.g. Therapy Manager for Therapy Services

Patient Initiated Follow Up(PIFU)	For long term/chronic conditions for up to 2 years, after which a clinical decision is made to review or discharge the patient, with the option to extend the PIFU period. The patient can request a follow up appointment based on their understanding of their condition & when support is needed for their health & wellbeing
Planned Care	Also known as elective care, planned care is the provision of services with planned appointments or interventions. Planned care can be an outpatient appointment or surgical procedure.
Primary Care	Primary care services include those services provided by local GP practices, pharmacists, dentists and opticians. They also include the wider community team such as district nurses, health visitors and physiotherapists.
Private Care	Medical treatment which is paid for by the patient
Prudent Health	Four core principles: co-production, prioritising those with the greatest need within the system, evidence-based care, and reducing waste and unnecessary interventions
Rapid Access Clinic	A consultant-led clinic which enables rapid assessment of symptoms, following which any appropriate investigations will be booked and treatment started if necessary
Referral & Referrers	A written request from one health professional to another health professional or health service, asking them to diagnose or treat a patient for a particular condition. The health professional that submits the request is known as the 'referrer'
Referral to Treatment(RTT)	The time between a referral being made for a particular condition and treatment being commenced for that condition
Secondary Care	Secondary care services are usually provided in hospital following an emergency admission via the A&E department, or treatment provided via an out-patient appointment. The ambulance service is also a secondary care service.
See on Symptoms(SOS)	Where treatment has been started, or no treatment is required at this time, but the patient has a condition that may need secondary care review at a future undefined date. The patient will be able to self-refer back onto the list and be seen when symptomatic within a maximum 12 month period
Service Manager	Directing and managing medical and non-medical resources to ensure optimal day to day running of services

Specialty	Specialty care is medical care provided by healthcare providers with specialised training and expertise in a particular area of medicine
Surveillance Programme	Ongoing monitoring and assessment
Suspected Cancer Pathways(SCP)	A Welsh Government target for diagnosing cancer and starting treatment more quickly
Treat in Turn	Patients should wait the shortest possible time and will be booked in turn taking into account clinical priority (USC, Urgent or Routine) and then how long they have been waiting
Triage	To decide the order of treatment of patients
Unique Pathway Identifier	This is the pathway identifier within the health board which together with the organisation code uniquely identifies a patient pathway.
Validation	Reviewing and checking of (in the context of this policy) the Health Board's waiting lists to ensure they are accurate and up to date
Virtual Appointment	When the patient's appointment is held over a video, or telephone call
Welsh Clinical Communications Gateway	National system in Wales for the electronic exchange of clinical information, such as referrals, that integrates primary and secondary care systems using familiar yet highly secure Internet technology
Welsh Patient Administration System	National system in Wales that is the primary source of administrative data for patients in a secondary care setting, holding patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient appointments and emergency visits
Welsh Patient Referral Service	National system in Wales enables electronic referrals to go directly from GPs to clinicians

18.3 Appendix C - Four Stages of the RTT Pathway

Stage of the Pathway	Stage of the Pathway
1	Waiting for a new outpatient appointment. A new Outpatient Appointment may come from any referral source. A patient will be at Stage 1 only once.
2	Waiting for a diagnostic or Allied Health Professional (AHP) test, intervention or result.
3	Waiting for a follow-up outpatient appointment or waiting for a decision following: 1) An outpatient appointment. 2) A diagnostic or AHP intervention result. 3) Or where the patient is waiting and the stage is uncertain/unknown.
4	Waiting for an admitted diagnostic or therapeutic intervention (i.e. treatment) only.

A WAITING APP

Appendix 2: Accompanying Organisational Design Principles/Decision Guidelines Assessment Checklist to support decision making during service design, project initiation, review phases or operational planning

DECISION GUIDELINES ASSESSMENT CHECKLIST (To assist people in thinking about their decisions)

Implementation Guide

1. Application:

Apply this checklist during service design, project initiation, review phases, or operational planning.

2. Scoring:

Rate each criterion (e.g., 1-5 scale) to ensure principles are comprehensively addressed.

Scale	Descriptive Rating	Qualitative Description
1	Fully Compliant	Compliant in all areas
2	Compliant	Compliant in most areas
3	Somewhat Compliant	Compliant in some areas
4	Not Compliant	Non-compliant in most areas
5	Fully Not Compliant	Non compliant in all areas

3. Accountability:

Assign ownership for addressing each domain within delivery teams or governance structures.

Design Principle	Score
<p>1. People First</p> <p>Does this plan improve outcomes for individuals, families, and/or the communities we serve?</p> <p>Have we considered the whole person (physical, mental, emotional, and social well-being)?</p> <p>Are the proposed changes aligned with the Health Board's Wellbeing Objectives?</p>	
<p>2. Inclusive Design</p> <p>Have we included all relevant stakeholders in the design process (e.g., patients, carers, staff, technical experts)?</p> <p>Were diverse perspectives considered, ensuring the solution is user-centered?</p> <p>Has collaboration been effective across multidisciplinary teams?</p>	
<p>3. Wise Spending</p> <p>Does this investment provide value for money while contributing to better outcomes for North Wales communities?</p> <p>Have we considered the wider impact on the public sector budget?</p> <p>Is the financial plan sustainable within allocated resources?</p>	
<p>4. Simplify, Standardise, and Adopt Best Practices</p> <p>Can processes or practices be simplified to reduce complexity and operational overhead?</p> <p>Are there existing standards or benchmarks to align with?</p> <p>Have we reviewed lessons learned and best practices from other organisations or services?</p> <p>Are potential impacts of changes fully assessed?</p>	

<p>5. Digital First</p> <p>Have we prioritised digital solutions where appropriate, considering efficiency and user experience?</p> <p>Has the Digital, Data, and Technology team provided input or validation?</p> <p>Does this align with our digital transformation goals and reduce reliance on legacy systems?</p>	
<p>6. Equity and Accessibility</p> <p>Does the plan promote fairness and equality of access for all community members?</p> <p>Has the Welsh Language and cultural requirements been considered?</p> <p>Have potential equality impacts been assessed and mitigated?</p>	
<p>7. Consistency with Organisational Values</p> <p>Does this align with the Health Board's values of Compassion, Openness and Respect (Values not yet finalised)</p> <p>Is the decision-making process transparent and ethical?</p> <p>Will this enhance trust and credibility with stakeholders?</p>	



Teitl adroddiad: Report title:	Organisational Design Principles			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 30 January 2025			
Crynodeb Gweithredol: Executive Summary:	<p>Organisational Design Principles are an essential feature of developing an organisation, its strategic direction and guiding decision-making. The Principles form a key step in guiding the design and development of the Integrated Medium Term Plan, due to be considered by the Board in March 2025 and the Foundations for the Future Programme.</p> <p>Significant engagement has taken place over a period of 10 months in developing these principles and modification has been made as a result of feedback. Whilst further iteration may be possible, there is sufficient consensus to present these for the Board to consider and possibly approve.</p> <p>The report includes two version of the principles; one with more detail the other a concise version. Also included is an aide to the use of the Principles in practice.</p>			
Argymhellion: Recommendations:	The Board is asked to APPROVE the Organisational Design Principles.			
Arweinydd Gweithredol: Executive Lead:	Chief Executive			
Awdur yr Adroddiad: Report Author:	Chief Digital and Information Officer Programme Manager, Foundations for the Future Programme			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol:	Building an effective organisation: Recognising the importance of governance and effective			



<p>Link to Strategic Objective(s):</p>	<p>procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.</p>
<p>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</p>	<p>High quality, effective decision making reduces the likelihood of non-compliance with regulatory and legislative requirements.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>An EQIA is unnecessary in accordance with the SEIA EQIA Quick Guide document</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>N/A</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Risk BAR24-01 Risk of Not Fully Building an Effective and Accountable Organisation: Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation. (Draft 2024 BAF)</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations</p>	<p>High quality, effective decision making will offer value for money for the population of North Wales and will support the delivery of a robust financial control environment.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations</p>	<p>In line with the organisations Values and Behaviours Framework</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation</p>	<p>The Organisational Decision Principles have been developed over the last 10 months engaging with staff, stakeholder groups and the informal board. This has concluded in the creation of two versions of the Principles.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Risk BAR24-01 - Risk of Not Fully Building an Effective and Accountable Organisation: Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation.</p>



<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p>Camau Nesaf: Next Steps:</p> <p>The Organisational Design Principles will steer the design and development of the Integrated Medium-Term Plan and the Foundations for the Future Programme. A wider implementation approach will be detailed in order that the Principles increasingly guide day to day decision making across the health board.</p> <p>Gweithredu argymhellion Implementation of recommendations</p> <p>Visibility of deployment of the Principles will be reviewed in the work of the Board, Executive Team and other fora.</p>	
<p>Rhestr o Atodiadau: Appendix</p> <p>Appendix A: Simplified, everyday version of the Organisational Decision Guidelines Appendix 2: Organisational Design Principles/Decision Guidelines Assessment Checklist</p>	

ORGANISATIONAL DESIGN PRINCIPLES

1.0 INTRODUCTION

Organisational Design Principles are a key feature of developing an organisation, its strategic direction and guiding decision making. The Principles assist the Board and staff across the organisation in making consistent decisions that align with the approach the Board has set to achieve its strategic purpose. The Principles will, if approved, provide the basis for the development of the Integrated Medium-Term Plan and the wider Foundations for the Future Programme. More broadly the Principles will act as guiderails for decision making across the organisation by colleagues in all specialities and at all levels.

2.0 PURPOSE, VALUES AND DESIGN PRINCIPLES

The core legislative framework relating to Health Boards in Wales is set out in the National Health Service Wales Act 2006, with amendments relating to NHS Finance Act 2015 and Quality and Engagement Act 2020. The core purpose of the health board is to:

1. Improve the health and wellbeing of the population; and
2. Provide/secure excellent health services

In delivering the core purpose the health board has set strategic objectives and key priorities, including:

1. Building an Effective Organisation
2. Developing Strategy and Long-lasting Change
3. Creating Compassionate Culture, Leadership and Engagement
4. Improving Quality, Outcomes and Experience
5. Establishing an Effective Environment for Learning

In designing and delivering the organisations strategic objectives, organisational design principles provide ***a common and consistent set of considerations that aid effective design, development and deployment of services and support effective and aligned decision making***. These are the subject of this report and form a key feature of building an effective organisation.

Running alongside the Organisational Design Principles are the organisations Values and Behaviours Framework, approved by the Board in November 2024. This sets out the individual and collective approach to the values and behaviours that are desired, and indeed expected to be displayed.

3.0 ORGANISATIONAL DESIGN PRINCIPLES

A co-designed approach has been taken to developing the Principles, involving colleagues from across the health board.

PRINCIPLE 1: People First - We will put better outcomes for the people we serve first

Rationale/implication: *We will take a people centred approach when designing services, projects, systems or processes and in making day to day decisions to deliver better outcomes (noting that this does not always mean 'services'). This approach will support people in experiencing better health and wellbeing outcomes overall.*

People can be individuals citizens, populations, people that make up communities (of interest or geographies), families, carers or staff. Considering the whole person, including their physical, mental, emotional and social wellbeing leads to more comprehensive and effective care.

Key questions in decision making/application of the Principles:

1. Does this (decision) lead to better outcomes for someone?
2. Whose life is this improving?
3. Is this (decision) helping to deliver outcomes that matter to the people/patients concerned?

PRINCIPLE 2: Inclusive - We will work in a multidisciplinary way and bring together the right people to collaborate and co-design services which could include patients, carers, families, staff and partners

Rationale/implication: *We will seek to bring the right people and expertise together and work collectively across service and teams to co-design products and services, with a strong focus on delivering the targeted outcomes with quantifiable benefits. We must start with understanding the problem from the users point of view. In this, and with all that we do, we will ensure that there are clear lines of responsibility and accountability. We will seek to work with, not doing to or for.*

Key questions in decision making/application of the Principles:

1. Have I included the right people in designing or developing the service/making this decision?
2. Has their input been considered?

PRINCIPLE 3: We will spend the North Wales pound wisely

Rationale/implication: *We will ensure best value for money. Value includes cost, outcomes and experience. We will have due regard for the overall public purse for North Wales whilst considering our own individual services or areas of responsibility. This requires working within budgets that are allocated, looking to reduce costs and improving value.*

Key questions in decision making/application of the Principles:

1. Am I spending money wisely?
2. Am I confident that this will contribute value in improving outcomes and experience?
3. Am I managing within budget and finding ways of reducing cost and improving value?

PRINCIPLE 4: We will simplify, standardise and adopt best practice, applying recognised standards to what we do

Rationale/Implications: *We will use data and information, external expert input, and peer-to-peer feedback to identify and share best practices across different specialties and services, to give assurance on quality and effectiveness and to reduce unwarranted variation. We will Simplify, Standardise and Re-use our business capabilities, practice, process, and guidelines to reduce complexity and unwarranted variation. We will encourage integration, avoid duplication, increase efficiency, and if applicable, reuse that which has been successfully delivered elsewhere. This also means learning about the innovations others have made and applying it to our work. We will recognise the need for flexibility.*

Non-differentiating processes and practices will be streamlined to reduce complexity. Standard operating procedures, shared tools, and templates will be utilized to drive consistency, reduce variation, and minimise duplication of effort. Design solutions will be adopted that are intuitive, easy to use and 'good enough' in terms of delivering the outcome we need and we will embrace and adopt industry best practices.

Key questions in decision making/application of the Principles:

1. Is there a recognised standard that I can benchmark against?
2. Has the development and decision increased standardisation?
3. Will the design/decision enable greater efficiency?
4. Can we adopt what is already available elsewhere to deliver 'good enough' solutions that enable consistency, efficiency and scalability?

PRINCIPLE 5: Digital First

Rationale/Implications: *We will adopt and promote digital ways of working as a default where it makes clinical and business sense to do so. This will be focused on transforming our services and outcomes for people.*

Key questions in decision making/application of the Principle:

1. Am I designing this service with a digital first approach?
2. Has the development and decision utilised digital interactions, technologies and data?
3. Have I sought the expertise of others, especially in the field of digital, data and technology to maximise the benefit for people?

PRINCIPLE 6: We will simplify, standardise and adopt best practice , applying recognised standards to what we do

Rationale/Implications: *Rationale/Implications: When considering how to solve a problem we will always consider the different angles to it from the intersectionality of different people. This will include design and build services that promote and ease the use of Welsh and treat those who speak it equally with those who speak English.*

'Equality' refers to individuals or groups of people having the same resources or opportunities, whilst 'equity' recognises that each person has a different starting position, and therefore the resources and opportunities need to be allocated based on need to reach an equal outcome. For example in relation to outpatient appointments, whilst all patients might be given the same universal opportunity to access specialist care, not everyone is able to engage in the appointment offered to them or get the most out of their interaction with due to factors such as cognitive impairment, insecure working arrangements, language issues or confidence in healthcare settings.

It is important to understand the impact of this principle on the other principles. For example there is evidence to indicate that an aim of improving outcomes for the overall population can lead to poorer outcomes for specific parts of the population (impacts on equity and equality) such as when an intervention that significantly improves outcomes is more difficult for some groups in the population to access or to maintain.

Key questions in decision making/application of the Principle:

1. Have I considered the different aspects of any change to a service/in the development of a new service or solution?
2. Have I considered the equity aspects of this decision/development?

PRINCIPLE 7: Consistent with Organisational Values

Rationale/Implications: Our organisational values are the core principles that guide behaviour and decision-making within the health board. These form the foundation of our culture and ensure strategic alignment with our mission and vision. Adhering to these values fosters a cohesive and engaged workforce, enhances trust and credibility with stakeholders, and supports ethical behaviour as such they need to be considered in investment decisions.

The Values are: Compassion; Openness; Respect

Key questions in decision making/application of the Principle:

1. How is this decision demonstrating the organisational values?

4.0 DEPLOYMENT OF THE ORGANISATIONAL DESIGN PRINCIPLES

The Organisational Design Principles will be deployed in a number of ways. At a strategic level they will feature strongly in key elements of the Boards work. The forthcoming Integrated Medium Term Plan will include the Principles and the proposals within will be tested against the Principles. The Foundations for the Future Programme will also be built upon these Principles.

In everyday work, the Principles will be considered and action will take place, to encourage and enable a visible use of these principles in day to day decision making. This is part of becoming an organisation with a strong approach to high accountability and high autonomy, enabling the majority of day to day decisions as close to patients and citizens as possible.

A review of their application will take place within 12 months.

7. CONCLUSION

The development of the Organisational Design Principles is a key step forward in delivering Strategic Objective 1: Building and Effective Organisation. The co-designed approach with colleagues across the health board has enabled confidence that these Principles are supported and thus intended to form the core 'guidrails for both strategic and day to day decision making and service development/delivery moving forward. The implementation would start immediately and feature in both the IMTP development and the Foundations for the Future Programme.

Appendix A: Simplified, everyday version of the Organisational Decision Guidelines

1. People first

Prioritise a people centred approach to support better health and well-being outcomes.

Consider this:

- Am I improving outcomes for people?
- Whose life am I making better?
- The Health Board's Wellbeing Objectives

2. Inclusive

Bring together the right people to collaborate and co-design services.

Consider this:

- Have key stakeholders' been involved? For example, service users, carers, families, staff, other partners and those with relevant technical expertise.

3. Wise spending

Best value (outcomes, experience, cost)

Consider:

- Will this decision improve value in terms of outcomes and cost

4. Simplify, standardise and adopt best practice

Recognise complexity, streamline and reduce inappropriate variation.

Consider this:

- Learn from others and apply best practice
- Is there a recognised standard, process or policy to benchmark against?
- Have the different aspects/consequences of change been considered?
- Keep it simple for the public

5. 'Digital first'

Adopt and promote new ways of working, harnessing the potential of digital innovation. Consider this:

- Seek advice and guidance from the Health Board's Digital, Data and Technology Team.

6. Equity and accessibility

Equitable and accessible services which take account of the diverse needs of the communities we serve.

Consider this:

- Does this decision promote fairness and equality of access?
- Seek advice and guidance from the Health Board's Equalities Team
- Consider the Welsh Language.

7. Consistent with the Health Board's Values.

The Health Board values ([link to values in website copy](#)), guide our behaviours and decision-making.

Consider this:

- Does this decision align with our organisational values?

Teitl adroddiad: Report title:	Vascular Services Update: Abdominal Aortic Aneurysm Repair			
Adrodd i: Report to:	Health Board			
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 30 January 2025			
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of this paper is to provide Board with an update on the management of Abdominal Aortic Aneurysms (AAA) within BCUHB. AAAs form a small part of the vascular service's overall case work.</p> <p>The paper explains the clinical context of AAAs within the vascular service and summarises how AAAs are managed.</p> <p>The paper then describes the series of events and national discussions which led to the decision to temporary suspend both open elective and emergency AAA repairs being undertaken within BCUHB.</p> <p>The paper highlights the arrangements with the University Hospital North Midlands (UHNM / Stoke) to provide short-medium term support for patients with a AAA in North Wales.</p> <p>Finally, the paper describes steps involved in developing a longer-term plan for the safe and sustainable provision of AAA repairs for the population of North Wales.</p>			
Argymhellion: Recommendations:	<p><i>The Board is asked to:</i></p> <p>1. <i>Note this report</i></p>			
Arweinydd Gweithredol: Executive Lead:	Carol Shillabeer, Chief Executive Officer			
Awdur yr Adroddiad: Report Author:	Dr Jo Flannery, Vascular Network Manager / Dr Jim McGuigan, Deputy Executive Medical Director			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				

<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<ol style="list-style-type: none"> 1. Building an effective organisation 2. Developing strategy and long-lasting change 3. Improving quality, outcomes and experience
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Incidents of harm to patients may indicate failures to comply with the NHS Wales Health and Care Standards or safety legislation</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>N/A for this paper. However, an EqlA will be completed as part of the implementation of the agreed way forward</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N/A for this paper. However, a SEIA will be completed as part of the implementation of the agreed way forward</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>There is a risk that the service continues to have high morbidity and mortality rates compared to other UK vascular networks</p> <p>There is a risk that the mortality and morbidity rate for the service continues to be high despite the introduction of the AAA improvement programme</p> <p>CRR24 – There is a risk that individuals may experience preventable harm and a poor experience whilst receiving care from the North Wales Vascular Service. This may be caused by current and projected future staffing challenges, a lack of capacity across the network a lack of clarity with regards secondary care and/ or end-to-end, vascular pathways. This could lead to increased morbidity and mortality, poor quality of care, reduced quality of life, psychological distress, difficulties recruiting and retaining staff, staff health and well-being, reputational damage, increased costs, increased legal and financial claims</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The implementation of an agreed option will have cost implications for the Health Board, which will be fully worked up once agreement has been given to open up discussions with other Networks</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The implementation of an agreed option will have workforce implications. We will work with the consultant body to minimise any adverse implications</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p>	<p>The paper has been shared with the Chief Executive Officer, as SRO for this work</p>

Feedback, response, and follow up summary following consultation	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF21-02: Recovering access to timely care pathways
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf / Next Steps: Gweithredu argymhellion / <i>Implementation of recommendations</i>	
Rhestr o Atodiadau / List of Appendices: None	
North Wales Vascular Network – Abdominal Aortic Aneurysm (AAA) Service Update <hr/>	
Introduction BCUHB vascular services have been configured as a hub and spoke network model since 2019. Ysbyty Glan Clwyd is the main hub for the network, with a vascular inpatient ward (ward 3) and a dedicated vascular hybrid theatre. Ysbyty Gwynedd and Ysbyty Wrexham Maelor are the two spoke sites, and provide minor day case surgical procedures, outpatient clinics and inpatient support to other specialities. Following concerns raised in 2020 about the quality of care within the vascular network, a series of external reviews were undertaken, the outcomes of which informed the development of an improvement plan, which is monitored by the Vascular Steering Group (VSG), as well as through the annual plan and special measures frameworks.	
Clinical Context The department performs approximately 780 vascular procedures a year, of which circa 40 are Abdominal Aortic Aneurysm (AAA) repairs. Therefore, whilst important, AAAs form a small part of the case work of the vascular department. The management of carotid arteries, diabetic feet, amputations and limb salvage being more numerous categories of clinical activity. An AAA is a dilatation (aneurysm) of the largest blood vessel (Aorta) taking blood out of the heart down to the rest of the body as it crosses the retroperitoneal cavity within the abdomen. The dilatation (aneurysm) weakens the wall of the Aorta, which leads to risk of rupture. Most patients are picked up by the national screening programme (Wales Abdominal Aortic Aneurysm Screening Programme [WAAASP]), or incidentally by their GP or as a result of other, non-related clinical investigations. Once identified, all AAAs are monitored until they are over 5.5cm in diameter, when the risk benefit ratio of elective surgery is considered appropriate.	

There are two main methods of elective repair for an AAA; endovascular repair (EVAR) and open repair. EVAR is less invasive and performed via keyhole surgery by an interventional radiologist. Whilst less invasive, there is a greater risk of needing surgery again in the future. In the period between 01/01/2024 and 22/11/2024, 25 (81%) elective AAA repairs in BCUHB were treated by EVAR.

Open repair is more invasive, and involves replacing the weak section of the aorta with a piece of manmade tubing known as a graft. As with all major procedures, open repair is more invasive and therefore carries a greater risk of complication. However, patients who have an open repair are less likely to need more surgery in the future than if they have an EVAR. In the period between 01/01/2024 and 22/11/2024, 6 (19%) of elective AAA repairs were treated using open repair in BCUHB.

The type of operation a patient has depends on their fitness, and the size, shape and position of the aneurysm. The decision over which operation to recommend is made by a multi-disciplinary team (MDT). If an aneurysm ruptures the patient presents as an emergency. If the patient is suitable for surgery a patient would undergo an emergency open AAA repair.

The number of open AAA repairs has fallen across the UK due to improved management of risk factors in primary care reducing incidence of AAA, and increased numbers of cases that can be managed by EVAR.

A number of improvement recommendations relating to AAA repair were incorporated within the vascular improvement plan. This included introducing dual consultant operating for all open AAA repairs, and the establishment of a joint aortic MDT with a large regional complex aortic unit. These recommendations were implemented by the vascular network.

Emerging Concerns

In April 2024 the BCUHB consultant body highlighted to the health board's Vascular Network a higher-than-expected mortality rate together with low case volumes, for elective open AAA repair. This led to an Abdominal Aortic Aneurysm (AAA) quality improvement programme, the design of which was led by the BCUHB vascular network, including BCUHB clinicians, and supported by the national clinical lead.

The improvement programme extended across all aspects of AAA treatment, including screening and surveillance, medical optimisation, pre- and post-operative care, and follow-up.

Elective open AAA repair procedures were consolidated to a small number of vascular consultants, who would act as aortic advisors within BCUHB. This was accompanied by the development of a programme enhanced continuing professional development (CPD), whereby BCUHB vascular consultants would establish stronger peer networks with consultants working in neighbouring vascular units, including UHNM, as well as attend AAA surgical procedures at other hospitals, as part of their ongoing training.

Finally, case management was being strengthened through the development and standardisation of the Vascular Specialist Nurse (VSN) role, improving the patient's journey through their care pathway.

However, a recent adverse event (October 2024) relating to an elective open AAA repair in YGC led to the BCUHB consultant body recommending to the Network that elective open AAA repair procedures in BCUHB be paused. This recommendation was discussed with the National Vascular Lead. Based on this advice, a decision was taken to pause the direct provision of both elective and emergency AAA repairs in BCUHB and to work with another, large specialist centre.

Both elective and emergency AAA repairs were immediately directed to the University Hospital of North Midlands (UHNM/ Stoke), with secondary support arrangements in place with the Cardiff and Vale UHB Vascular network.

The adverse event is being reviewed internally, as well as by an external team to establish learning and inform future plan/decision making.

Given the very positive outcomes achieved within BCUHB for AAA repairs undertaken by EVAR (0% mortality rate since the formation of the network in 2019), this procedure continues to be delivered within North Wales. This decision was supported by the Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP), following a joint meeting exploring the data.

Plan for the current service and short-term

▪ Elective AAA Repair

All individuals identified as having an Abdominal Aortic Aneurysm (AAA) greater than 5.5cm receive their pre-operative assessment and work-ups at BCUHB. Following pre-operative assessment, patients are discussed at the BCUHB Multi-Disciplinary Meeting (MDM) before then being discussed at a joint MDM with UHNM. If the patient is deemed suitable for EVAR, they undergo the procedure in YGC. If the patient requires an open AAA repair, a formal referral is made to UHNM. Where feasible, the BCUHB vascular consultant involved in the case travels to UHNM, where they are expected to scrub in for the surgery and work alongside the UHNM vascular consultant.

Post-surgical care is provided at UHNM, with patients either being discharged home, or repatriated to YGC for inpatient treatment of non-surgical issues.

As of 17 January 2025, two patients have been transferred to UHNM and undergo a successful elective open repair. One patient is awaiting elective surgery by UHNM and another is currently being worked-up by consultants at BCUHB prior to referral to UHNM.

▪ Emergency AAA Repair

When a patient is identified as presenting with a ruptured AAA, they are treated using an emergency protocol designed by the vascular team in BCUHB and agreed by colleagues in UHNM.

The patient is assessed by the BCUHB Vascular Consultant on-call, with help from the Emergency Department Team in the acute hospital they have presented to. The BCUHB Vascular Consultant on-call discusses the patient with the UHNM vascular consultant on-call to assess the clinical appropriateness of transfer for surgical intervention. This assessment of appropriateness of intervention relies on the severity of initial presentation combined with past medical history of the patient. More poorly patients are likely to have very poor outcomes irrespective of geographical distance to a surgical centre.

When surgical repair is determined to be of benefit to the patient, the patient is transferred to the University Hospital North Midlands (UHNM / Stoke) under blue light conditions. For individuals where surgical repair is not deemed appropriate, admission to their local acute hospital for palliative care occurs.

Post-surgical care is provided at UHNM, with patients either being discharged home, or repatriated to YGC for inpatient treatment of non-surgical issues.

As of 17 January 2025, there have been 4 patients transferred to UHNM for emergency AAA repair.

Funding and Resource Requirements

The current arrangement is being commissioned from UHNM at a cost of Tariff +35% (£), and is being delivered within existing resources.

A review meeting is in place for the middle of February 2025 in order to discuss the types of patients who have been referred over, the level of acuity and the interventions provided. These discussions will help inform ongoing funding requirements.

Monitoring and Review

The arrangement is subject to regular bi-monthly monitoring meetings to ensure the protocol is working effectively, and that any barriers to timely delivery are identified and worked through. A series of informal meetings have also occurred with UHNM in order to review individual cases. These meetings have proved invaluable in helping to ensure challenges to operationalising the pathways are identified and resolved in a timely manner.

In addition, all staff submit incident reports on Datix in order to flag any immediate concerns. This allows the proactive management any challenges relating to the protocol.

A robust monitoring plan is in place to support the successful implementation of the Service Level Agreement and to monitor outcomes for patients.

Outcomes

- Open elective

The two patients transferred to UHNM for elective open repair have been successfully operated on, and are recovering well.

- Open emergency

Of the 4 patients transferred to UHNM to date, three are recovering well, one of whom was successfully repatriated back to BCUHB for ongoing medical care. One patient sadly passed away.

Whilst numbers are low, the morality rate since enacting the new pathway for emergency repairs is lower than both the previous BCUHB and national mortality rates.

Future plans

While BCUHB has a long standing relationship with UHNM, the agreement with UHNM for emergency AAA surgery was implemented at speed and is now being formalised through a Service Level Agreement (SLA), building on the pre-existing relationships established with the joint MDM working arrangements.

The medium term arrangements will need to be considered.

The external review findings of the recent adverse event are required prior to BCUHB making decisions on the longer-term plan for AAA repair for North Wales patients. The vascular consultant team and vascular network have discussed options for the future and feel collaborative arrangements with other units will add power in depth of additional case numbers offered by combining unit resources.

There is a UK move to consolidate the number of centres providing open AAA repair due to the overall lower numbers of this procedure being carried out. This background informs a wider conversation which will require the involvement of both NHS Wales to formulate the longer-term plan for patients in North Wales and neighbouring geographies.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		30/01/2025	
Date of Committee		17/12/2024	Report of: Quality Safety and Experience Committee
Quoracy met:		Yes	
1	Agenda	The Quality, Safety and Experience (QSE) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/quality-safety-and-experience-committee/qse-agenda-bundle-241024-public-v10opt-compressedpdf/	
2a	Alert	<p>The QSE Committee wish to alert members of the Board that:</p> <ol style="list-style-type: none"> 1. There was a very powerful presentation shared at the Committee in relation to Organ Donation. The Committee would like to raise the profile of Organ Donation and bring this to the Board in order to do so. 2. There were concerns around the performance indicators presented on colonoscopy. The Committee have asked that an agenda item and briefing return to Committee at the next meeting. 	
2b	Assurance	<p>The QSE Committee wish to assure members of the Board that:</p> <ol style="list-style-type: none"> 1. The Committee were assured that the process of creating a Clinical Services Plan is ongoing and that all services will be assessed as part of that process in terms of prioritisation. 2. The Committee received a detailed update on Urgent and Emergency Care and were assured on the actions being taken to address the risks to patient safety, experience and outcomes across Urgent and Emergency Care pathways particularly during winter 2024/25. It was noted that in quarter four was a concern. 3. A Clinical Coding update was well received by the Chair and circulated to all Members 	
2c	Advise	<p>The QSE Committee wish to advise members of the Board that:</p> <ol style="list-style-type: none"> 1. The Integrated Quality Report was received and the Clinical Audits were reviewed and discussed noting that further work will take place to understand where to focus. 2. That it takes two years for clinical coders to be fully trained and a report previously circulated would be attached to the AAA report. 	
2d	Review of Risks	The Committee reviewed the six corporate risks that has oversight, an update was given as how risks were being managed and what	

		evaluation were being undertaken. The Committee noted and discuss the risk which sat above the risk appetite of the Health Board.
2e	Sharing of learning	No specific areas of learning were asked to be shared, however, it was highlighted that improvement in the management of complaints were due to a real focus and collaborative working and by the correct member of staff reviewing the issue and identifying issues that were able to be dealt with quickly.
3	Actions to be considered by the	There were no actions to be considered or referred to another Committee

incidentTeitl adroddiad: <i>Report title:</i>	Improving Quality Report – October – November 2024			
Adrodd i: <i>Report to:</i>	Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	30 th January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on quality issues and information on the improvements underway.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<ul style="list-style-type: none"> Angela Wood, Executive Director of Nursing and Midwifery Dr Sreeman Andole, Interim Executive Medical Director Teresa Owen, Executive Director of Therapies and Health Sciences Dr Jane Moore, Executive Director of Public Health 			
Awdur yr Adroddiad: <i>Report Author:</i>	<ul style="list-style-type: none"> Patient Safety: Chris Lynes, Deputy Director of Nursing Patient and Carer Experience Mandy Jones, Deputy Director of Nursing Clinical Effectiveness: Dr James Risley, Deputy Medical Director Safeguarding: Michelle Denwood, Director of Safeguarding & Public Protection IPC: Andrea Ledgerton, Deputy Director of Nursing IPC Quality Assurance: Kath Clarke, Head of Quality Healthcare Law: Matthew Joyes, Deputy Director of Legal Services 			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
There is confidence in the data provided in the report however, the pace of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to Special Measures and the Board Assurance Framework.				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Outcome 4 - Improved access, outcomes and experience for citizens			

	Outcome 5 - Recognition of BCU as a learning and self-improving organisation
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <p>The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards.</p> <p>Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.</p>
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	N/A
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A	
Rhestr o Atodiadau: List of Appendices: 1. Board Improving Quality Report	



Board Improving Quality Report – October – November 2024

INTRODUCTION

For the NHS in Wales, quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

This report provides the Health Board with a summary of key quality related assurances and improvement activities.

Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in specific reports, and high level quality data is provided in the Integrated Performance Report to the Board.

The report is structured, for ease, around the three high level domains of quality: patient safety, patient experience and clinical effectiveness, with specific sections on safeguarding, infection prevention and control (IPC), quality assurance and healthcare law.

PATIENT SAFETY

Nationally Reportable Incidents (NRI)

18 NRIs occurred through October and November 2024 and the main themes are as follows:

- Healthcare acquired infection (3)
- Neonatal related incidents including stillbirth, low Apgar scores and congenital anomaly (3)

All NRIs are subject to a Rapid Review, potentially an Executive integrated concerns oversight panel (led by a clinical executive or deputy) and learning investigation. The learning and actions from each are recorded on the Datix Cymru incident management module. Learning forms are drafted for each investigation and are submitted nationally to the NHS Wales Executive to provide assurance of learning and actions.

As at the end of November 2024, there were 50 NRI's open of which 7 were overdue. This is an improvement from the end of September 2024 where there were 16 overdue.

N.B the Beacon dashboard shows 18 open 90 working days or more but this is due to a delay in NHS Wales Executive processing following our submission or complex NRIs that have been given 120 days for investigation that are over 90 days but are not overdue. A meeting has been held with NHS Executive to progress the cleansing of this data.

A Deputy Executive Director of Nursing continues to lead weekly improvement meetings with the services, and the Patient Safety Team are targeting support to facilitate completion. The Patient Safety Team are in reaching to the IHCs/ Divisions, attending Integrated Concerns Operational Groups (ICOG - replacement for PTR meetings), targeting specific areas of concern and holding closure clinics. Focus has also increased on those not overdue to prevent delays occurring.

In relation to the total volume and proportion of NRIs open 90 days or more, the Health Board currently has the second lowest percentage across Wales of 28.6% (down from 34.8%) with the lowest median of 80 days open (all Wales 132 days open).

Never Events

There have been no never events during October and November 2024 (none since July 2024).

Oxygen cylinder safety

The Board is aware of incidents involving oxygen cylinders and the work being done to improve staff awareness and training.

A task and finish group has been set up to review our current position and future improvement work. Following the first meeting a draft improvement plan has been circulated to the IHCs and Divisions for them to update on their position. The next meeting will be in January 2025.

Inpatient Falls

The Patient Safety team in collaboration with Workforce colleagues are currently collating the evidence to demonstrate the progress and improvements the Health Board has made following the HSE Notice of Contravention.

A desktop review of the evidence bundle was undertaken as part of a series of preparations for legal proceedings scheduled for March 2025.

The strategic falls group continues to review progress against the actions within the overarching improvement plan which includes actions following the HSE notice, an Internal Audit review and KPI's for the National Audit of Inpatient Falls. There is a particular focus on temporary staffing, training, risk assessments and post falls management. Each of the IHCs and Divisions present their compliance with improvement actions.

November 2024 compliance for part 1a and 1b falls training has seen improvement with most wards exceeding the Health Board standard of 85%. Work continues with colleagues within ESR as part of a data cleanse to ensure accuracy.

The 2024 National Audit of Inpatient Falls (NAIF) report on 2023 clinical data has been shared and new recommendations will be incorporated into the BCUHB Falls improvement plan. It has been identified that from January 2025, NAIF will be expanding to include head injuries, spinal injuries and all fractures that are the result of an inpatient fall. Up until now,

eligible cases have been identified through the National Hip Fracture Database. With the expansion, the Health Board will need to identify NAIF eligible cases independently.

Pressure Ulcer Prevention and Management (PUPM)

Following on from an initial HAPU Executive meeting the Pressure Ulcer Strategic Group has been meeting weekly to strengthen the Health Board trajectory of nil avoidable HAPU and 50 % reduction in reportable HAPU.

The last HAPU Executive meeting was held November 4th 2024, with discussions and a progress update from the Pressure Ulcer Prevention Strategic Improvement Group. Included in discussions was the revised and updated NU03 policy which will incorporate the best practice standards and threshold of care for avoidance (included within policy). The All Wales Pressure Ulcer reporting and Guidance draft has also been reviewed at the Deputy Executive Director of Nursing meeting, with feedback given and ensuring the updated NU03 is aligned to this.

All weekly reviews across each IHC have adopted the title Pressure Ulcer Learning Forum and will follow the aSSKING framework, and an agreed Terms of Reference across each IHC is now in place. Data will be extracted from themes and trends to inform improvement focus across the Health Board

The Tissue Viability Nurse leads across the IHCs have developed a three-tier mandatory training for ESR.

- Core All clinical staff (inclusive of medics)
- Level 1 Health Care Professionals with responsibility of undertaking risk assessments and planning care for PUPM.
- Level 2 Registered Healthcare Professionals holding caseload of patients with pressure ulceration.

The core training module is now complete and in the final development stages with IT who are developing the package for use on ESR. This package may be considered for use amongst other health boards across Wales. Focus will then move to Level 1 and 2 training.

Missing Patients

Overall, the number of missing patients being reported to North Wales Police is on a downward trajectory with some small peaks in activity. Given previous concerns about Datix reporting and current low numbers of Datix reporting vs current reports to NWP it continues to be challenging to have full understanding of the missing patient landscape.

Operational / clinical services have been asked to provide further assurance that processes are in place locally to ensure all incidences of missing patients are appropriately reported.

Themes

- People leaving ED when they have been brought in under the influence of intoxicants and subsequently sobered up
- Long waits for psychiatric assessment
- Communication between health staff and NWP

Adverse Discharge/Discharge Review meeting

West IHC have set up a Discharge Review Meeting to trial a new approach. The purpose is to undertake a comprehensive review of the discharge concerns and share lessons learnt / areas of good practice as a result of the findings, and develop new initiatives to support safe discharges from Ysbyty Gwynedd.

Case examples have been shared to date and common themes of poor communication, medication and transfer of care documentation have been identified. The most common lesson identified through the review meeting is the need for more consistency in the sharing of information via the transfer of care and discharge documentation from the wards to the care homes. Without this information there is a risk of a break in the continuity of safe patient care.

Next steps is to build and establish trust between the Health Board and Care Home sector and facilitate safe and effective 5 day discharges by:

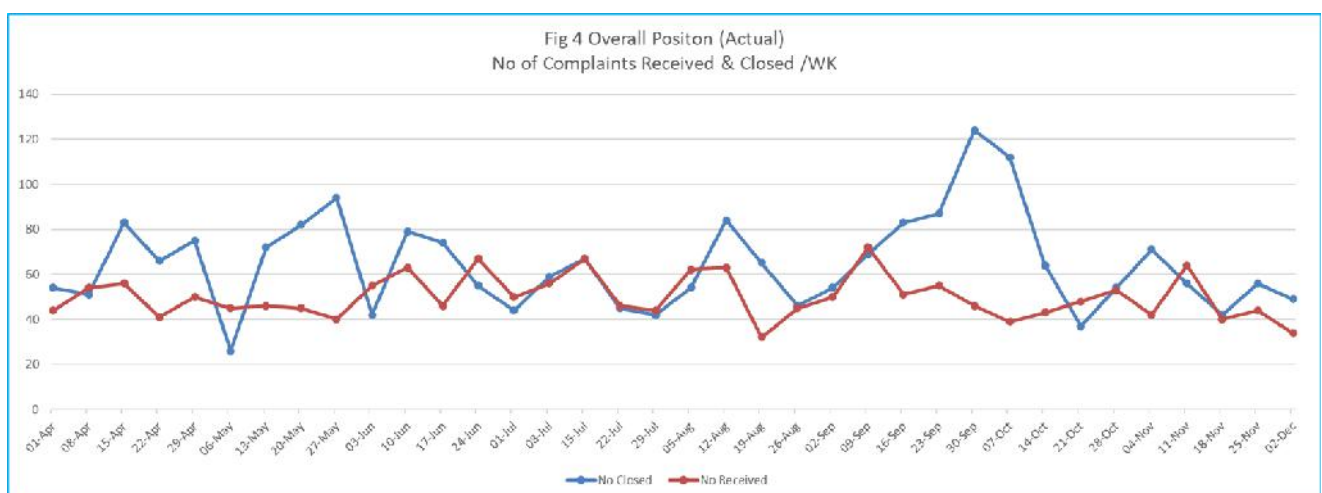
- Ensuring work is aligned to Goal 4 (urgent and emergency care program of work) – PDSA cycle in place
- Establish local meetings from East and Central IHC
- Engage with Local Authority colleagues and Care Home providers
- Create an Adverse Discharge starter pack including TOR to be utilised and adapted for local area meetings

PATIENT EXPERIENCE

Complaints

Between the 1st of October and 30th November, 2024, the BCUHB received 407 complaints and closed 541 complaints, a positive variance of 134.

The chart below provides further detail:



Complaint's position as of 30th November, 2024

Total Number of open complaints – 179 (Reduction from 230 in the previous reporting period)

Number of Complaints Less than 30 working days – 136

Number of Complaints overdue = 43 (a reduction from 77 in the previous reporting period)

Compliance with 75% target of overdue complaints – 75.98% (an increase from 66.55% in the previous reporting period)

The complaints trajectory work commenced on 1st April, 2024, and between 15th April, 2024 and 30th November, 2024;

The total number of BCUHB complaints have fallen 672 to 179 = 73.36% improvement

Of which Overdue complaints have fallen from 428 to 43 = 89.95% improvement



Compliance Breakdown by IHC / Service

IHC/Service	<=30 Days	>30 Days	Total	(%)
Cancer Services	1	2	3	33.33%
Corporate Services	1	3	4	25.00%
Dentistry	2	1	3	66.67%
Diagnostics and Specialist Clinical Support Ser	5	0	5	100.00%
IHC Central	38	26	64	59.38%
IHC East	41	5	46	89.13%
IHC West	23	3	26	88.46%
Mental Health and Learning Disabilities	14	0	14	100.00%
Midwifery and Women's Services	11	3	14	78.57%
Total	136	43	179	75.98%

Average complaint closure time

As of 30th November, 2024, the average number of working days / months a complaint is open is as follows, with the average time 33.29 working days (an improvement from 45.58 working days in the previous reporting period)

Note: the average length of time for complaint responses includes longest wait (over 16 months) which directly impacts the average

Complaint by Grade and Length of time open

The total number of open complaints as of the 30th November, 2024 = 179, the split between IHC/Divisions was as follows:

Calendar Months	IHC Central	IHC East	IHC West	Mental Health and Learning Disabilities	Midwifery and Women's Services	Diagnostics and Specialist Clinical Support Services	Corporate Services	Dentistry	Cancer Services	Grand Total
<= 1 Mnth	31	36	22	7	11	4	1	2	1	115
Over 1 Mnth	13	7	3	7	1	1	3			35
Over 2 Mnths	6	1	1					1		9
Over 3 Mnths	5	1							1	7
Over 4 Mnths	1				1					2
Over 5 Mnths	1									1
Over 6 Mnths	3								1	4
Over 7 Mnths					1					1
Over 8 Mnths	1									1
Over 9 Mnths										
Over 10 Mnths										
Over 11 Mnths										
Over 12 Mnths	3									3
Over 18 Mnths		1								1
Grand Total	64	46	26	14	14	5	4	3	3	179

Complaint themes

122 complaints of the 179 total complaints (68.2%) relate to the top six themes as follows

Sub Subjects	Count of ID
Attitude/Behaviour of Clinical Staff	7
Inappropriate/unsafe discharge	7
Reaction to procedure/ treatment	8
Delay/Lack of diagnosis	15
Incorrect/insufficient treatment or Assessment	18
Delay/Lack of treatment or Assessment	67
Grand Total	122

Complaints relating to delay/ lack of treatment / insufficient treatment / delays to diagnosis or incorrect diagnosis (4 of the 6 themes) equate for 65.86 % of the total of open complaints – 100/ 179

Complaint Trajectory Analysis

The Health Board are closing more complaints per week in 2024/2025-Quarters 2 & 3 than was the case in 2024/2025 - Quarter 1.

The Health Board are closing more complaints per week in 2024/2025 - Quarters 2 & 3 within the target of 30 working days than was the case in 2024/2025 - Quarter 1.

The average time to close complaints in 2024/2025-Quarter 2 & 3 is less than in 2024/2025 - Quarter 1.

The number of complaints remaining open has decreased on almost a weekly basis in 2024/2025- throughout Quarters 1, 2 & 3.

The Complaints Team continue to support Integrated Health Communities (IHC) and Divisions to monitor and track complaints performance with the objective to reduce the number of overdue complaints.

Complaint's assurance – PSOW

As part of the BCUHB's commitment to improving our complaint management processes, the Health Board has considered at length the data outlined in the Public Service Ombudsman letter. This has provided an opportunity for the Board to review the organisation's journey, in relation to quality and learning, along with any areas which remain particularly challenging, and has introduced several changes to process to improve outcomes, the timeliness and quality of our responses since 1st April, 2024.

To provide further context, in 2023-2024, the BCUHB

Received and closed 2,455 complaints, a total of 214 were referred to the PSOW by the complainant on receipt of their response = 8.72 %

Of which, the PSOW intervened (asked for further information) in 78 cases = 3.18% (78 / 2,455)

Of which 44 cases were upheld = 1.79 % (44/2,455)

Despite the significant increase in the number of complaint closures, and improvements in the speed at which we are responding to complaints we have not seen a decline in quality of responses or patient satisfaction, with no increase in cases being referred to the PSOW or upheld by the PSOW in Quarters 1 and 2 of 2024/2025, compared to 2023/2024.

Patient Advice and Liaison Service (PALS)

In October and November 2024, the Patient Advice Liaison Service (PALS) facilitated the resolution of 1141 enquiries, received 127 compliments in writing and 138 suggestions for improvement. The key themes identified from PALS enquiries within this reporting period include:

- Appointments
- Clinical treatment or assessment

- Access to services

PALS continue to work with Integrated Health Communities (IHC) and Specialist Services to identify and support areas where there is an increase in the number of PALS enquiries, with the aim to encourage local resolution to concerns or enquiries.

In October 2024, PALS Officers visited 10 wards across Ysbyty Gwynedd, Ysbyty Glan Clwyd, Wrexham Maelor Hospital and Llandudno General Hospital to undertake 'Care to Share' Discovery Interviews. As part of the 'Care to Share' Discovery Interview process patients were asked a series of qualitative questions to capture their real time experience of being an inpatient. Following the patient interviews, PALS worked with relevant Ward Managers to identify areas of improvement based on patient feedback through 'you said, we did' learning methodology. Feedback from patients highlighted staff treating patients with kindness and compassion and noted a high standard of cleanliness of wards. Areas of improvement identified related to call bells not being responded to timely and the quality of food. PALS are working with relevant services to improve these experiences.

Patient Feedback

From the 1 October 2024 to 30 November 2024, 9180 Wales Real-Time Patient and Carer Feedback Survey responses were received via Civica feedback system. Below are key findings from the All-Wales Real-Time Patient and Carer Feedback Survey:

- 84.32% of survey respondents always felt listened to
- 82.14% of respondents were always involved in decisions about care
- 82.04% of respondents were always given the information they needed
- 81.45% of respondents felt staff always took time to understand what matters to them most

Within the reporting period 81.20% of respondents rated their overall experience of accessing Health Board services as 'very good.'

Work with Integrated Health Communities and Specialist Services has progressed to review the current Civica Hierarchy, to ensure all services are mapped to Civica so they are open to receive patient feedback. Over 700 service points are currently mapped to the Civica hierarchy.

From the 1 October 2024 to 30 November 2024, 2261, All Wales Emergency Department survey responses were received via Civica feedback system. The introduction of SMS feedback surveys in October 2024 has proven to be an enormous success, and this is reflected in the increase in patient feedback returns.

Prior to the launch of SMS in October 2024, the average number of Emergency Department feedback responses received per day was 7.95. Following the launch of SMS, the average number of feedback responses in November 2024 increased significantly to 63.8 responses per day.

Below are key findings from the All-Wales Emergency Department Real-time Feedback Survey:

- 65.51% of survey respondents always felt listened to
- 60.53% of respondents always felt well cared for
- 60.78% of respondents were always involved in decisions about their care
- 65.01% of respondents reported things were always explained to them in a way they could understand
- 33.11% of respondents from the time they needed the service felt they waited 'shorter than expected'

Patients have reported an increase in 'always' feeling involved in their care and 'always' an understanding of what was happening in their care. The Emergency Department overall average satisfaction rating in November 2024 remains high with respondents rating their overall experience as 7.09 out of 10, with 10 being excellent (Beacon Dashboard).

Betsi Cadwaladr UHB Question 9: Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experien...



Patient Communication and Information

The Health Board has a duty to provide quality information, whilst adhering to statutory legislation when producing any form of patient information whether it be verbal or written.

The Patient Information Readers Panel continues to meet monthly to review patient information leaflets. From October to November 2024, the Readers Panel approved 44 Health Board patient information leaflets. A substantial proportion of the leaflets reviewed were from the Radiology Service who have now completed a full review of all their Health Board produced Radiology patient information leaflets.

Below are examples of information leaflets approved:

- Information for patients having a Nuclear Medicine DMSA (kidney) scan
- Information for patients having a Nuclear Medicine Meckels scan
- Information for patients having a Nuclear Medicine Thyroid scan
- Information for parents/guardians of children having a Videofluoroscopy examination
- Information for patients having a Videofluoroscopy
- Information for patients having a Nuclear Medicine Gastric Emptying scan
- Patient Guidance for MRI Examinations with MR Conditional Cochlear Implants

Accessible Health Care

The accessible information and communication standard for people with sensory loss (Welsh Government 2013) states there should be a variety of contact methods available for individuals with sensory loss to access Health Board services.

To promote National Sensory Loss Awareness Month in November 2024, the Patient Advice and Liaison Service led a campaign to promote digital access to interpretation (WITS), and to raise awareness of BSL support available. As part of the campaign PALS delivered training to over 300 front line staff, engaged with wards and service areas and organised events across North Wales.

Chaplain & Spiritual Care Service

From October to November 2024, the Chaplain and Spiritual Care Service responded to 195 requests for support pan North Wales. These requests for support are in addition to daily pastoral work undertaken on wards/units.

Eight multi-faith events were organised across North Wales fostering inclusivity and support for individuals from diverse religious backgrounds. The aim of the events is to create a supportive environment that honours and respects the traditions of faith of all individuals under our care.

The Chaplain Manager continues to broadcast a weekly radio show on Radio Ysbyty Gwynedd that can accessed worldwide inviting guests made up of external partners and staff from the Health Board to raise awareness of services e.g. suicide prevention.

The service delivered a half day training session on meeting the spiritual needs of patients and their families to staff at St David's Hospice, Bangor.

Examples of events organised include:

- Music sessions to dementia patients on Glaslyn Ward, Ysbyty Gwynedd, Dolgellau Dementia Services, Tywyn Community Hospital, Holywell Community Hospital and Bryn Hesketh Unit in partnership with PALS
- Music session with children and young people at North Wales Adolescence Service
- Pastoral care & music sessions with patients from various wards across Wrexham Maelor Hospital
- Baby memorial service in Bangor Cathedral
- Remembrance Services in Ysbyty Glan Clwyd, Wrexham Maelor & Ysbyty Gwynedd

CLINICAL EFFECTIVENESS

National Clinical Audits (Tier 1) are mandated audits that provide:

- Picture of the standard of care provided by NHS Health boards across the country
- Support process of identifying areas for improvement, and aiming to improve the quality of care provided
- Are based on standards of care set by clinical experts and are evidence-based.
- Describe variations and gaps in care and identify good practice.

BCUHB Tier 1 audits are monitored quarterly, and all the information is collated and shared within the Strategic Clinical Effectiveness Group and then within the Chair’s Report in Executive Quality Delivery Group.

During Quarter 2 the report below relates to the care received by patients for the relevant audit topic. The Clinical Audit Team have a process to follow where Service Assessments of Compliance forms (SAoCs) will be requested following publication, which will capture overall information with key achievements detailed, impact shown and lessons learnt. Please note that any entry updated with * includes an update since submitting information to Quality, Safety & Experience Committee QSE meeting.

Title of National Audit	Name of report	Date of publication	Date Service Assessment response due	West	Central	East	Key Achievements Summary
				Service Assessment Completed	Service Assessment Completed	Service Assessment Completed	
National Diabetes Inpatient Safety Audit (NDISA)	2022-23 Report	08-Jul-24	02-Sep-24	No - Overdue	Yes - Draft *	Yes - Draft	Service Assessment of Compliance (SAoC) received from East undergoing Clinical Effectiveness Team review, SAoC not received from Central & West, escalated to IHC management structure in line with Clinical Effective Team Process
National Respiratory Audit Programme (NRAP): COPD	Breathing well: An assessment of respiratory care in England & Wales 22/23	11-Jul-24	09-Sep-24	Yes - Draft *	Yes - Draft	No - Overdue	Service Assessment of Compliance (SAoC) received from Central & West undergoing Clinical Effectiveness Team review, SAoC not received from East, escalated to IHC management structure in line with Clinical Effective Team Process
National Respiratory Audit Programme (NRAP): Adult Asthma	Breathing well: An assessment of respiratory care in England & Wales 22/23	11-Jul-24	09-Sep-24	Yes - Draft *	Yes - Draft	No - Overdue	Service Assessment of Compliance (SAoC) received from Central & West undergoing Clinical Effectiveness Team review. SAoC not received from East, escalated to IHC management structure in line with Clinical Effective Team Process
National Respiratory Audit Programme (NRAP): Children & Young Peoples Asthma	Breathing well: An assessment of respiratory care in England & Wales 22/23	11-Jul-24	09-Sep-24	No - Overdue	Yes	No - Overdue	Service Assessment of Compliance (SAoC) received from Central. SAoC not received from West & East, escalated to IHC management structure in line with Clinical Effective Team Process
National Respiratory Audit Programme (NRAP): Pulmonary Rehabilitation	Breathing well: An assessment of respiratory care in England & Wales 22/23	11-Jul-24	09-Sep-24	Yes - Draft	Yes - Draft	Yes - Draft	Service Assessment of Compliance (SAoC) undergoing Clinical Effectiveness Team review.
National Clinical Audit of Seizures and Epilepsies	Epilepsy 12 2024 combined	11-Jul-24	05-Sep-24	Yes *	Yes *	Yes *	Service Assessment of Compliance (SAoC) received and signed off by Deputy Executive Medical Director.

for Children and Young People	organisational and clinical audits: Report for England and Wales						Data completeness was better than the National average of 87%. BCUHB achieved 95% 11 out of the 12 KPI's were comparable with Wales overall – reflects a good standard of patient care
Mothers and Babies: Reducing risk through Audits and Confidential Enquiries across the UK - MBRRACE-UK	Perinatal Mortality Surveillance. UK Perinatal deaths of babies born in 2022. State of the Nation report	11-Jul-24	05-Sep-24	Yes *	Yes *	Yes *	Service Assessment of Compliance (SAoC) received and signed off by Deputy Executive Medical Director. Women's Service have introduced Saving Babies Lives 3.0 which is reviewed and monitored at Women's Service Board on a quarterly basis and has Multi-Disciplinary Team (MDT) input. We are the only Health Board in Wales which has implemented Saving Babies Lives initiative. The Women's Service have implemented GROW 2.0, software for growth assessment in pregnancy, which is an updated version using an app to support better calculation of a baby's growth antenatal. This has been supported with the implementation information sharing agreements with other health board and Trusts in England to support the sharing of patient information on baby's growth and planned care.
NCEPOD Endometriosis	A Long and Painful Road	12-Jul-24	05-Sep-24	Yes *	Yes *	Yes *	Service Assessment of Compliance due September 2024 not received (BCU wide) before the quarter end. North Wales Clinical lead, Women's Services has finalised the draft response.
Renal Registry	UKKARR 26th Annual Report	18-Jul-24	17-Sep-24	No - Overdue	No - Overdue	No - Overdue	Service assessment response (BCU wide) due September 2024 not yet received. SAoC to be agreed during the Renal Audit Day 30 th October 2024, following discussion of the national report findings and agreement of the organisational recommendations as none are set nationally.
National Pancreatic Cancer Audit (NPaCA)	2024 State of the Nation Report	12-Sep-24	07-Nov-24	Yes - Draft *	Yes - Draft *	Yes - Draft *	Service Assessment of Compliance undergoing Clinical Effectiveness Team review.
National Ovarian Cancer Audit (NOCA)	2024 State of the Nation Report	12-Sep-24	11-Nov-24	Yes - Draft *	Yes - Draft *	Yes - Draft *	Service Assessment of Compliance undergoing Clinical Effectiveness Team review.
National Non-Hodgkin Lymphoma Audit (NNHLA)	2024 State of the Nation Report	12-Sep-24	11-Nov-24	No - Overdue *	No - Overdue *	No - Overdue *	Service assessment response (BCU wide) due November 2024 not yet received. Escalated to service management structure in line with Clinical Effective Team Process
National Audit of Primary Breast Cancer (NAoPn)	State of the Nation Report 2024	12-Sep-24	05-Dec-24	Yes - Draft *	Yes - Draft *	Yes - Draft *	Service Assessment of Compliance undergoing Clinical Effectiveness Team review.
National Audit of Metastatic Breast Cancer (NAoMe)	State of the Nation Report 2024	12-Sep-24	05-Dec-24	Yes - Draft *	Yes - Draft *	Yes - Draft *	Service Assessment of Compliance undergoing Clinical Effectiveness Team review.
National Kidney Cancer Audit	State of the Nation Report 2024	12-Sep-24	05-Dec-24	No - In Progress	No - In Progress	No - In Progress	Not due to return Service Assessment of compliance until Quarter 3
FFFAP: National Hip Fracture database	A broken hip - Three stops to recovery (1 Jan 23 - 31 Dec 23)	12-Sep-24	16-Dec-24	No - In Progress	No - In Progress	No - In Progress	Not due to return Service Assessment of compliance until Quarter 3
National Respiratory Audit Programme (NRAP): Primary Care Wales Audit	Clinical Audit Report 2021-23	12-Sep-24	16-Dec-24	No - In Progress	No - In Progress	No - In Progress	Not due to return Service Assessment of compliance until Quarter 3

https://nhswales365.sharepoint.com/sites/BCU_Intranet_CLEFF

NICE GUIDELINES

Continuous work is being done to support departments regarding NICE guidance, training on the Audit Management and Tracking system (AMaT), and any overdue guidance is escalated via the Strategic Clinical Effectiveness Group (SCEG) when necessary. Recently there has been significant improvement in the engagement from IHCs and divisions.

IHCs updates:

- Central – meetings are being set up with DGMs to help with engagement from leads, especially in Medicine and Surgery, using the AMaT system.

- East – compliance and engagement remains high and regular monthly meetings are held.
- West – improvements have been made with compliance, face-to-face meetings at Ysbyty Gwynedd have been arranged to meet with Leads and provide training for AMaT, which has helped with compliance percentages, this support will be continued.

The overall Health Board compliance status is improving with only 18% outstanding as overdue (non-responses).

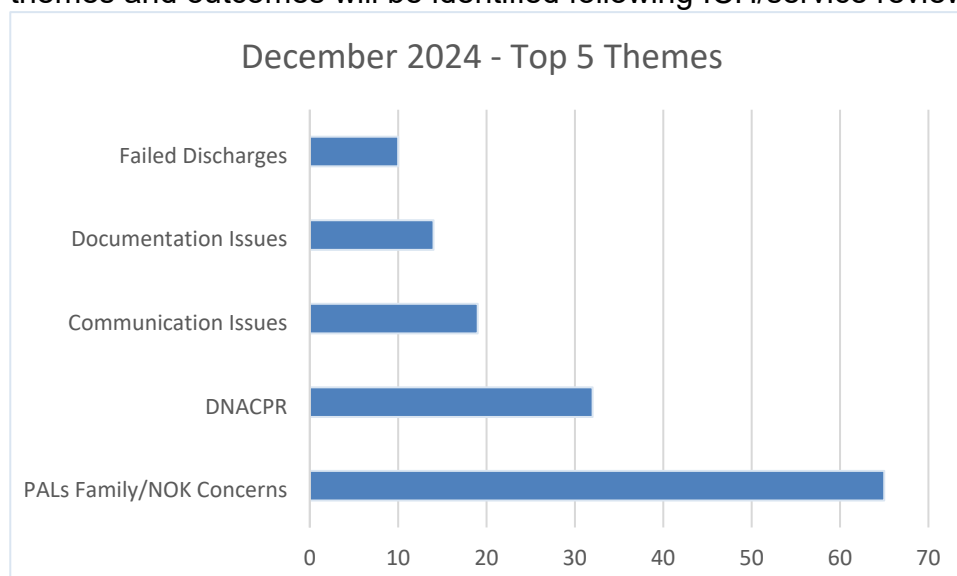
The Clinical Effectiveness Facilitator for NICE has recently presented at the *Welsh NICE Health Network* to give a brief overview on how the NICE compliance is improving within BCUHB. Primary Care was especially of interest as interested in how the NICE agenda had been adopted within the BCU GP Managed Practices.

MORTALITY REVIEW

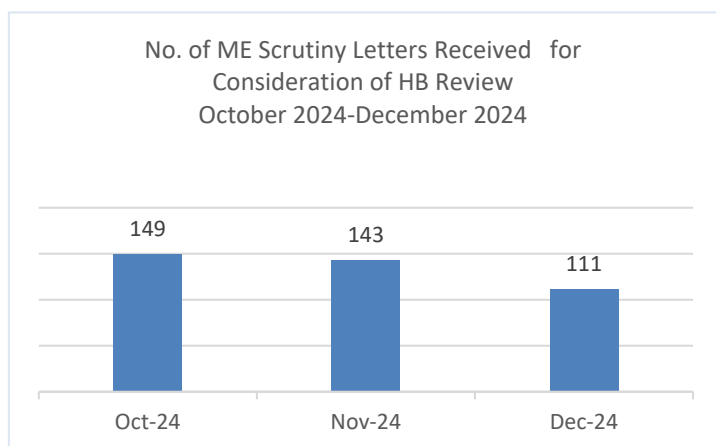
Corporate Mortality Update:

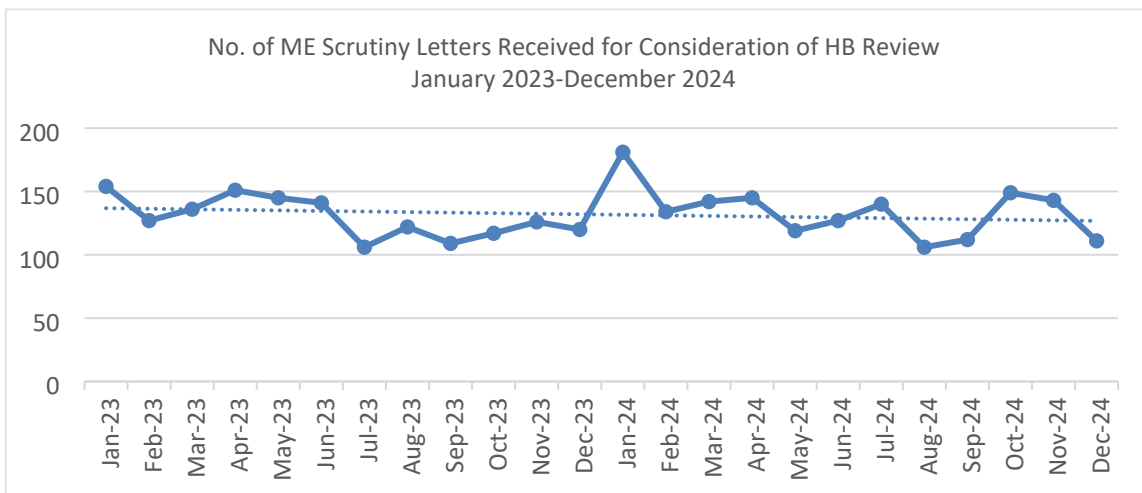
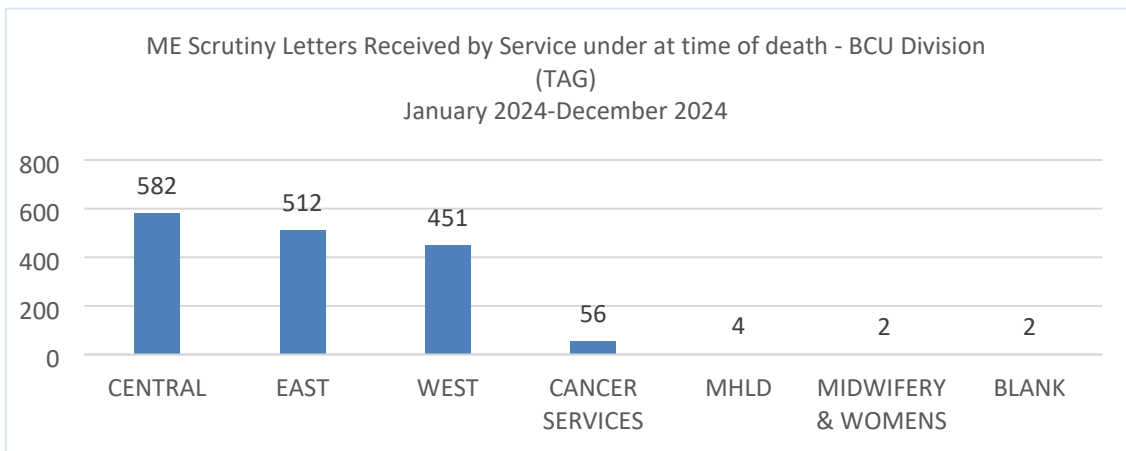
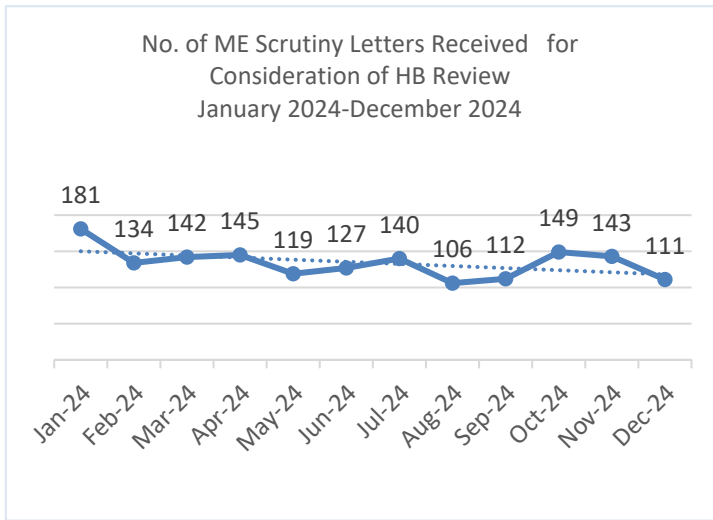
- Monthly Learning from Mortality Panel and Reducing Avoidable Mortality Steering Group meetings will formally re-instate in January 2025 with review of the agenda format, terms of reference and cycle of business. Accountability in terms of reporting back to LFMP will be a key priority as well as wider clinical engagement.
- Following appointment of AMDs for mortality, clinical engagement with the Once for Wales (OfW) group to hone the themes (both in terms of options but also descriptions) is seen as a key opportunity with the aim to glean accurate data extraction from the mortality Datix. This will allow the Health Board to draw upon themes via the Mortality Datix in the future.

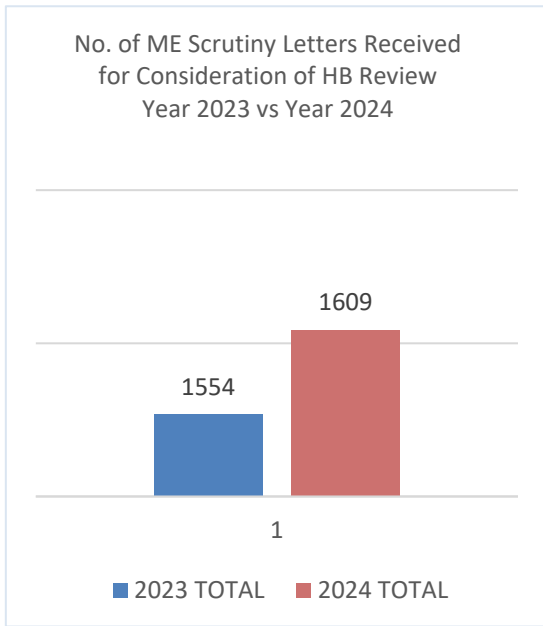
The top 5 themes for Medical Examiner cases that have been clinically reviewed by the Clinical Effectiveness Mortality team in December 2024 are below. It is important to note these are potential themes noted by the Medical Examiner Service as true themes and outcomes will be identified following ICH/service review:



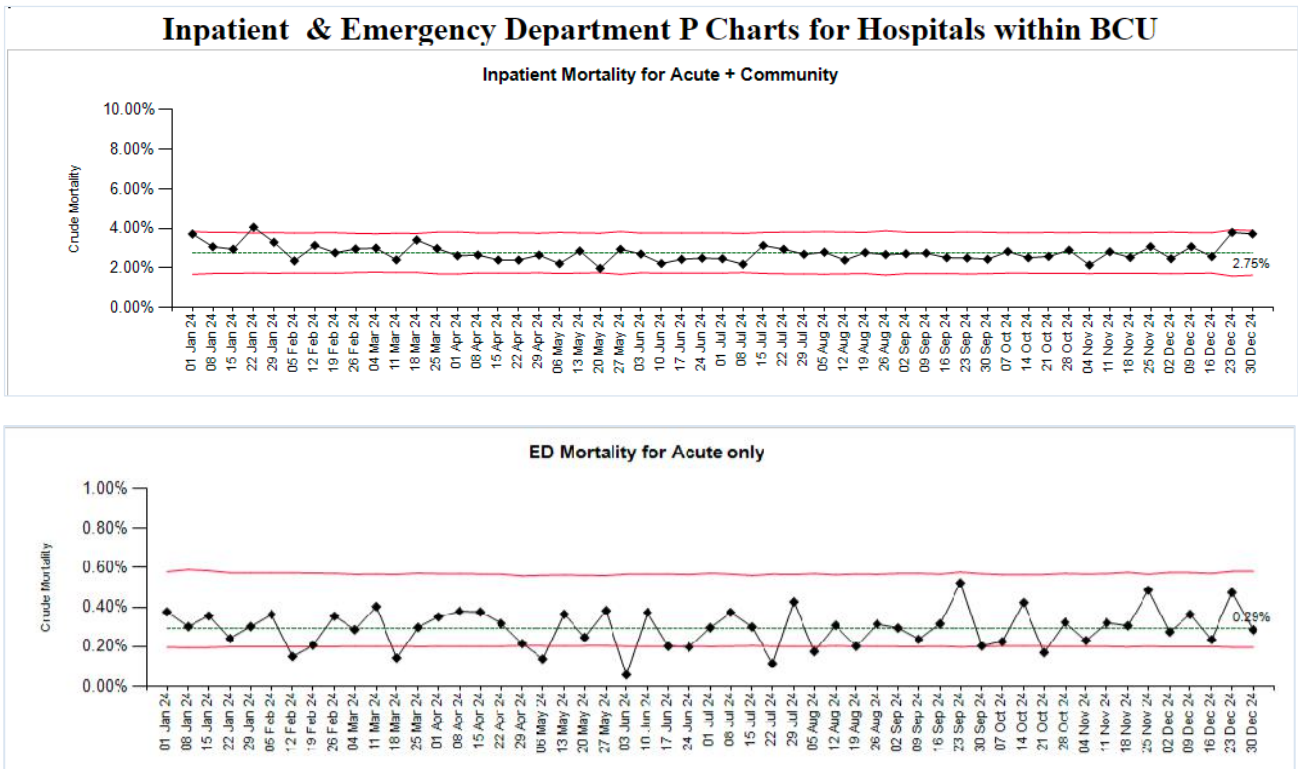
- A daily report of cases that have been reviewed by Corporate Mortality Clinical Reviewers is being provided to the Integrated Concerns Hub, to ensure triangulation of the incidents, concerns and mortality process is taking place in a timely manner. The ICH are no longer reporting cases from 'New' due to the reduction of mortality process backlogs, which means that all mortality cases discussed will have gone through Clinical Effectiveness Mortality Admin and Clinical Sieve and Sort processes. The mortality process continues to run alongside this in line with The All-Wales Mortality Framework, where the focus will be learning from cases. Currently working on reviewing a Clinical Effectiveness Mortality process map, with reflection of the new Integrated Concerns Hub process.
- There remains a high number of cases outstanding IHC/service reviews. Both East and Central IHC's are in the process of re-booting their mortality panels. The Mortality AMD's and Facilitator have met with Central colleagues to discuss the backlog of cases within Central IHC and the revised process going forward. Dr Thomas has met with East's Secondary Care Mortality Lead, to discuss the backlog of cases within East and the proposal to move cases further through the process with the inclusion of Primary and Community Medical Examiner deaths.
- A consolidated improvement plan for the Health Board has been compiled following on from the results of the 2023-24 cycle of the BCUHB audit of compliance of completed DNACPR forms with the All-Wales DNACPR policy and publication of the Health Inspectorate Wales (HIW) Review of DNACPR decision-making in Wales.
- Members of the Clinical Effectiveness Mortality Team have attended the first reformed, All-Wales Learning from Mortality network meeting and will continue to attend on a quarterly basis. Datix mortality module development requests were discussed, along with Themes, a new Themes list is being worked on and when complete there is talk about it being duplicated across other modules in Datix.
- The charts below illustrate the number of ME Scrutiny Letters received into the Health Board for consideration of mortality review for the latest quarter, year, services at the time of death in 2024 and the number of referrals received comparing years 2023-2024:







- BCU 2024 crude mortality trends for acute and community inpatients and the acute emergency department are shown below:



The crude mortality rate P charts demonstrate a relatively consistent trend in rate with some seasonal variation. All data points in the latest 52 weeks of data have been within the upper/lower control limits and therefore not statistically significant to warrant further investigation or particular concern.

OTHER CLINICAL EFFECTIVENESS CONCERNS AND IMPROVEMENTS

Below is an update on areas of data collection issues reported for review raised through Quarter 2. Any concerns are escalated initially to local Clinical Effectiveness meetings, if no improvement is made the IHC/Divisions would note to Strategic Clinical Effectiveness group in form of SBAR or through Chair's report as a risk and put on risk register. Strategic Clinical Effectiveness Group will raise with Quality Development Group.

	West	Central	East
Title of National Audit/ Clinical Outcome Review	Participation/Data collection issues reported	Participation/Data collection issues reported	Participation/Data collection issues reported
National Heart Failure Audit	Data entry not progressing in West as the audit administrator post is vacant. New post holder recruited and expected to take up role in Quarter 3		
Myocardial Ischaemia National Audit Project (MINAP)	Data entry not progressing in West as the audit administrator post is vacant. New post holder recruited and expected to take up role in Quarter 3		
National Clinical Audit of Seizures and Epilepsies for Children and Young People	Audit lead reports that unable to find time to submit data in West and East due to workload		Audit lead reports that unable to find time to submit data in West and East due to workload
National Diabetes Inpatient Safety Audit (NDISA)	This was included a previous report however an update has been noted. HARMS element - data submission to this element of the audit not established in all three IHCs since the re-launch in November 2022. However, Central IHC now registered to take part and will commence data collection from November 2024		

SAFEGUARDING

Safeguarding Reviews.

The following two reviews have been completed and agreed by the North Wales Safeguarding Children Board and the Gwynedd and Anglesey Community Safety Partnership.

Although it is recognised that there is a clear and somewhat significant delay in the publication of both reports, BCUHB has been ensuring any immediate findings, recognition of best practice or areas of improvement have been identified and actioned, in line with best practice.

1. Gwynedd and Anglesey Community Safety Partnership – Domestic Homicide Review - Overview Report into the death of Alwyn; March 2021

Independent Chair and Author of Report: Danielle Sharp
Associate Standing Together Against Domestic Abuse; September 2024.

Position

Domestic Homicide Reviews (DHRs) were established under Section 9(3), Domestic Violence, Crime and Victims Act 2004 and should be conducted in accordance with the December 2016 Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews. This Domestic Homicide Review examines agency responses and support given to Alwyn, a resident of Gwynedd prior to the point of his homicide at his home in a small local village in March 2021.

This review was commissioned by the Gwynedd and Anglesey Community Safety Partnership (CSP). Having received notification from the Police on the 30th of March, a

decision was made to conduct a review, the next day the decision was made, and Home Office was notified of the decision in writing on the 31st of March 2021.

2. North Wales Safeguarding Children Board – Extended Child Practice Review, Conwy.

Position

An extended review was commissioned by the North Wales Safeguarding Children Board on the recommendation of the Child Practice Review – Sub – Group.

The criteria for this review are met under Safeguarding Boards (Functions and Procedures) (Wales) Regulations 2015 which are that within the area of the Board, abuse or neglect of a child is known or suspected and that has;

- Died
- Or sustained potentially life-threatening injuries; or
- Sustained serious and permanent impairment of health or development
- And the child was on the Child Protection Register or looked after on any date during the 12 months preceding the date of the event referred above

The timeline for this review was from January 2020 and September 2021.

Additional assurance

The findings from both reviews will be cross referenced against the findings from previous reviews and recommendations to identify any trends and themes. In addition, the findings from the publication and media interest relating to the murder of 10-year-old Sara Sharif, by her father, stepmother and uncle will be cross referenced again to identify any themes or opportunities to strengthen safeguards within BCUHB.

The Safeguarding and Public Protection Team have a clear process to ensure learning and the dissemination of the findings of such reviews are implemented within a governance and assurance process. Detail and management of the action plans will be reported by the Safeguarding Governance and Reporting Forum and the Executive Quality Delivery Group. Staff involved remain supported and can access Safeguarding Trauma Risk Management (TRIM).

INFECTION PREVENTION AND CONTROL

For the improvement goals set against the 2023/24 outturn for all hospital and community onset cases, at the end of November BCUHB are below trajectory for E. Coli, Klebsiella and Pseudomonas, and above for C.diff, MRSA and E. coli.

At the end of November 2024, BCUHB were in 1st place for MSSA and Klebsiella and 2nd for Pseudomonas when compared to other Health Boards, however, were 4th for C.diff and E. coli and 5th for MRSA.

When considering the improvement goals to reduce hospital onset (HO) cases by 10% for Pseudomonas, E. coli, and C. diff and 20% for Klebsiella against 2023/24 outturn as outlined in the Welsh Health Circular (WHC) 2024/5 HCAI (Healthcare Acquired Infection) and AMR (Antimicrobial Resistance) Improvement Goals, BCUHB have reported:

- 7 fewer HO Pseudomonas cases
- 13 fewer HO E. coli cases
- 11 more C. diff cases
- 1 less Klebsiella case

Actions to address the WHC 2024/25 HCAI Improvement Goals

- Learning Reviews have been conducted across the IHCs, resulting in the development of a definitive improvement plan with measurable outcomes for each IHC. These are being reported and monitored through the Local IP Groups and escalated to the Strategic Group. High level actions within these plans include:
 - Environmental cleaning and disinfection (to include with decant facility)
 - Increasing isolation and cohorting capacity
 - Improving the estate
 - Improving invasive device management and ANTT
 - Improved antimicrobial prescribing/stewardship
- The Local Infection Prevention Groups have been requested to review the recommendations within the National C. diff Framework (2025 – 2027) for Wales to ensure that these have been considered within their IHC improvement plans.
- HARP/PHW conducted a supportive external visit during the week of 9th December 2024, meeting with key stakeholders to discuss the IP agenda/strategy for BCUHB, whilst also visiting several wards/departments across the three IHCs. Whilst a formal report has not yet been provided, the preliminary verbal feedback was reassuring, however did stress the importance for improved medical engagement within the IPC agenda. Subsequent discussions have taken place amongst the Clinical Executives in relation to this.
- The staff HABITS campaign has continued with a repeated focus on Hand Hygiene due in January and an additional element to the campaign is to be launched which is to be more patient and public focused this time around.
- Microteaching sessions relating to the six key performance indicators are being formally scheduled with attendance recorded across each IHC.
- Through a weekly Integrated Concerns meeting with Executive Oversight, all significant and catastrophic infection related incidents will be presented. A selected Post infection Review is now being presented at each Local Infection Prevention Group and learning is also being presented at the Strategic Infection Prevention Group and there is a plan to present also at the Organisational Learning Forum.
- An SBAR is to be presented at a forthcoming Organisational Leadership Team (OLT) meeting to progress the recommendations that BCUHB should follow in preparation for publication of the revised National Cleaning Standards to include convening a Task and Finish Group to undertake a gap analysis against these standards, to ensure that these are being met.
- High Level Disinfection (HLD) in the form of Hydrogen Peroxide Vaporisation or Hypochlorous Acid has now been re-established within all IHCs, however an SBAR is to be presented at OLT with recommendations to support standardisation and consistency of HLD technology across the Health Board.

QUALITY ASSURANCE

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales who inspect NHS services and regulate independent healthcare providers against a range of standards, policies, guidance, and regulations to highlight areas requiring improvement. HIW also monitor the use of the Mental Health Act and review the

mental health services to ensure that vulnerable people receive good quality of care in mental health services. Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales who inspect NHS services and regulate independent healthcare providers against a range of standards, policies, guidance, and regulations to highlight areas requiring improvement. HIW also monitor the use of the Mental Health Act and review the mental health services to ensure that vulnerable people receive good quality of care in mental health services.

Unannounced inspection of Heddffan Unit, Mental Health and Learning Disabilities

HIW undertook an inspection at Hydref and Gwanwyn Wards on the Heddffan Unit from the 21st of October to the 23rd of October 2024. Whilst the overall inspection was very positive, HIW issued an immediate assurance as the inspection team identified areas posing immediate risk to patient safety.

The Health Board submitted an Immediate Improvement Plan to HIW on 01 November 2024 confirming the action it will take to make the required improvements and mitigate any further risks. HIW have since provided the Health Board with the main improvement plan for completion by 13 December 2024. Following this, HIW will confirm if the plans submitted have provided them with sufficient assurance.

The Health Board has also written to HIW to provide additional assurances in relation to the immediate issues pertaining to Restraint & Physical Intervention (RPI) as similar issues were identified during a previous inspection back in November 2022, which may instigate further action from HIW.

Notification of announced inspection – service using ionising radiation

On 18 November 2024, HIW wrote to the Health Board confirming that they will be undertaking an announced inspection of the Radiotherapy Department at the North Wales Cancer Treatment Centre on 28 and 29 January 2025. This is to ensure that the Health Board are compliant with the Ionising Radiation (Medical Exposure) Regulations 2017 (as amended) ('IR(ME)R').

Ahead of the inspection, the Health Board have been asked to submit a self-assessment form and copies of the procedures and documents requested, by 07 January 2025. The Responsible Director for the service is progressing with the request.

Care Inspectorate Wales (CIW) regulate adult services such as care homes for adults, domiciliary support services, adult placement services and residential family centre services. As the Health Board is one legal entity, it is a registered provider for multiple services which includes Enhanced Community Residential Service (MHL) and Tuag Adref (across all three Integrated Health Communities).

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The most recent inspection undertaken by CIW was of the Enhanced Community Residential Services within the Mental Health and Learning Disabilities Service back in June

2023, with no areas for improvement identified. The inspection outcome was positive with the conclusion that people's needs are being met, along with effective leadership and management helping to ensure safe practice.

The Health Board continues to conduct Quality of Care Reviews in line with internal process and in accordance with the Regulation and Inspection of Social Care (Wales) Act 2016. This helps to ensure those services providing domiciliary care, deliver high quality care and support, and that the Health Board meet's its statutory responsibilities. Quarterly compliance reports are also submitted to the Regulatory Assurance Group (RAG).

The Health Board are awaiting clarification from CIW in relation to future registration arrangements as IHC Centre and IHC West are no longer providing domiciliary care as they are now providing 'support' and 'care' as part of meeting a patient's 'nursing needs'. Under the Social Care (Wales) Act 2016, this should qualify as an exemption from registration.

*The **Public Services Ombudsman for Wales (PSOW)** has legal powers to look into complaints about public services and independent care providers in Wales. PSOW investigates complaints from members of the public about alleged maladministration and service failure.*

Public Interest Reports

The Health Board currently has one Public Interest Report which remains ongoing:

1. Public Interest Report ID753, IHC East (Gastroenterology): The Health Board received the draft report on 04 June 2024 and commented on the proposed conclusions and recommendations. The report was published on 15 August 2024, and a copy of the final report can be found [here](#). There was a delay in the Ombudsman issuing the final report, due to unforeseen circumstances. The Health Board has now completed actions to meet the recommendations made by the Ombudsman and reported to the Regulatory Assurance Group (RAG).

The investigation considered the care and treatment provided by the Health Board between January 2021 and the patient's death on 31 January 2022 from biliary sepsis, and following discharge in January 2021 (after admission with abdominal pain), whether monthly blood tests were an appropriate way to monitor the patient's condition. The Ombudsman upheld these complaints. The Ombudsman did not uphold the complaint that there was a lack of follow-up care following a biliary stent being fitted in November 2021.

The Health Board has written to the family and has issued a fulsome apology in line with the recommendations made by the Ombudsman, along with a financial redress payment of £4,000, reflecting the serious failings and the resulting and lasting significant impact upon the patient and their family. The recommendations are now complete, and the Health Board's final action plan has been submitted to the Ombudsman ahead of their deadline of 13 December 2024.

The Health Board is now awaiting confirmation from the Ombudsman that the case is now closed, and compliance has been met.

The service has been asked to submit their learning which will be reported via the Health Boards governance arrangements.

Average Variance to Target (AVT)

The Ombudsman measures responsiveness using a measure called Average Variance to Target (AVT). This is regularly shared with all Health Boards. Anything over a '0' is seen as days over target date on average for the Health Board to provide compliance evidence. Anything with a minus indicates the number of days under, on average, a Health Board takes to provide evidence against a target date to provide evidence and comply with a recommendation.

The Health Board's AVT is currently -1. Therefore, the Health Boards average for November 2024 means that it is responding to the Ombudsman 1 day sooner than the target date. Therefore, on average compliance evidence is reaching the Ombudsman's office on time against the target dates.

Public Services Ombudsman for Wales (PSOW) Annual Letter 2023-24

The Health Board responded to the annual letter on 20 December 2024, following a review and discussion by the executive team and Board members at the Quality Safety and Experience Committee in October and Board in November.

HEALTHCARE LAW

*Coroners investigate all deaths where the cause is unknown, where there is reason to think the death may not be due to natural causes, or which need an inquiry for some other reason. An **inquest** is an inquiry held by the Coroner into the circumstances surrounding a death. The inquest does not set out who is responsible for a death. It is not the Coroner's role to determine any civil or criminal liability or to apportion blame.*

No Prevention of Future Death (PFD) Notices were issued during the reporting period.

An inquest was concluded in November where failures in care were identified. In this case, the patient attended YGC ED in May 2022 with palpitations and shortness of breath. She proceeded to go into cardiac arrest and sadly passed away. The Coroner returned a conclusion of death by Natural Causes contributed to by Neglect. This was because evidence was heard that the ECG was misread, which the Coroner found should be a fundamental skill for a medical consultant. A Prevention of Future Death Notice (PFD) was not issued as the learning and actions presented was found to be sufficient.

A second inquest also concluded in November with care failings identified. The Coroner found a conclusion of Suicide contributed to by Neglect. The patient had been brought to YG ED in June 2023 following a suicide attempt. He left the ED before being seen by psychiatric liaison and was later found deceased having taken his own life. A Prevention of Future Death Notice (PFD) was not issued as the learning and actions presented was found to be sufficient.

The Legal Services Department continue to work with the local Senior Coroners to offer training for staff. A session was held in November, led by the Senior Coroner for North Wales (East and Central) covering the inquest process and giving evidence. Over 300 staff attended from across the Health Board. A number of "Meet the Coroner" sessions are planned for the forthcoming year, as is a "Mock Inquest."

***Claims** must usually be brought within 3 years of the alleged negligence taking place or from the point of knowledge (a minor will generally have until their 21st birthday to submit*

*a claim). In order to bring a claim a claimant would need to show there was a 'breach of duty of care' and that 'causation' had taken place. All claims are brought against the Health Board and not against any individual clinicians. The **Welsh Risk Pool** is part of the NHS Shared Service Partnership Legal and Risk service. It provides the means by which all Trusts and Health Authorities in Wales are able to indemnify against risk. The role of the Welsh Risk Pool is to have an integrated approach towards risk assessment, claims management, reimbursement and learning to improve.*

The Health Board was successful in a clinical negligence trial during December. The trial was listed for 5 days; however, the claimant withdrew their claim on day 2 after the Health Board presented its evidence. The outcome results in savings of around £450,000.

25 penalties were applied by the Welsh Risk Pool in November for delayed submission of Learning from Events Report (LFER) Forms, totalling £62,500. As reported previously, the Health Board has several overdue forms with these largely related to the Central IHC, East IHC, Women's Services and Cancer Services. A report was presented to the Executive Team in December, and a new LFER process is being rolled out from January 2025 alongside further training. Services will be asked to develop recovery plans to address the overdue forms over the next 6 months. A more detailed paper will be presented to the next Audit Committee.

CONCLUSION

This report provides the Health Board with a summary of key quality related assurances and improvement activities.

The key points of note are:

- The number of overdue NRIs has reduced from 16 (in September) to 7.
- Overdue complaints have fallen from 428 to 43 = 89.95% improvement. Work continues to reduce the backlog further and to maintain the achievement of the 75% standard.
- The introduction of SMS feedback surveys in October 2024 has proven to be an enormous success, and this is reflected in the increase in patient feedback returns.
- The Health Board are below trajectory for E. Coli, Klebsiella and Pseudomonas, and above for C.diff, MRSA and E. coli. Improvement plans are in place and external reviews have been positive.
- HIW undertook an inspection at Hydref and Gwanwyn Wards on the Heddfan Unit. The immediate assurance plan pertaining to RPI training and incident recording was accepted and overall plan is in development.

The Health Board will continue to submit more detailed information to the QSE Committee.

The Health Board is asked to note the report.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		30/01/2025	
Date of Committee		10/12/2024	Report of: Planning, Population Health & Partnerships Committee
Quoracy met:		Yes	
1	Agenda	The Planning, Population Health & Partnerships Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: PPHP Committee - BCUHB	
2a	Alert	The PPHP Committee wish to assure members of the Board that: <ul style="list-style-type: none"> 1. The Draft BCU Annual Plan was discussed in detail in private session and all comments and queries raised were captured and shared for consideration by the Team. 	
2b	Assurance	The PPHP Committee wish to assure members of the Board that: <ul style="list-style-type: none"> 1. Progress has been made with the Primary Care Board and the Committee discussed how Primary Care aligns in the longer term and opportunities for the Board to feed into the Clinical Services Plan. 2. There was discussion around opportunities to be active within the BCU Workplace and the Committee supported the use of Active Soles to encourage staff to move more by wearing active footwear during the working day and also supported the active workplace toolkit, policy and the use of the North Wales Healthy Travel Charter. 	
2c	Advise	The PPHP Committee wish to advise members of the Board that: <ul style="list-style-type: none"> 1. A discussion took place with Gethin Morgan, Head of Regional Collaboration, North Wales Regional Partnership Board (RPB) and Nicola Stubbins, Director of Social Services, Denbighshire County Council in relation to partnership working. The RPB have recently been through a refresh period and have developed a strategic capital plan. There was consideration of the challenges around partnership funding being made available for the benefit of services users within North Wales. 2. The Outline Prevention Plan for 2025-28 was discussed and there is a focus on establishing an approach to embed prevention and aligning the prevention plan priorities to the Three-Year Plan. 3. A North Wales Gypsy, Roma, Traveller Health Needs Assessment has been completed and a Strategic Partnership Group has been formed with partners from across the local 	

		authority to co-develop an action plan to implement the recommendations.
2d	Review of Risks	The Committee reviewed the four (one private) corporate risks to which the Committee has oversight. It was noted that the score for the Operational Planning for Transmittable Diseases and Outbreaks has been reduced from 20 to 16.
2e	Sharing of learning	No specific areas of learning were highlighted.
3	Actions to be considered by the	There were no items to be referred.

Teitl adroddiad: <i>Report title:</i>	Annual Delivery Plan Quarter 3 Update			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	30 th January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an overview of progress against the Quarter 3 deliverables within the 2024/25 Annual Delivery Plan. This includes Special Measures deliverables due during this period.			
Argymhellion: <i>Recommendations:</i>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • RECEIVE ASSURANCE on the progress made during Q3 along with the challenges highlighted • APPROVE the change control outlined within the paper 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Portfolio Office			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		To support the Annual Plan and Special Measures		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		Not applicable		

Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf / <i>Next Steps:</i> Implementation of recommendations	
Rhestr o Atodiadau / List of Appendices: Appendix 1: Quarter 3 2024/25 Monitoring Report Appendix 2: Change Control – Amendments to 2024/25 Annual Delivery Plan	

HEALTH BOARD 30 January 2025

Annual Delivery Plan Q3 Update

▪ Introduction

This report presents a summary of progress made during Quarter 3 (Q3) of this year's Annual Delivery Plan. It provides an overall summary of progress made during the quarter and highlights areas where challenges remain. This is supplemented by detailed assurance statements in Appendix 1.

▪ Quarter 3 Progress

The 2024/25 Annual Delivery Plan contains 121 deliverables that were due to be completed during Quarter 3, all set within the context of the 5 previously agreed Strategic Objectives.

Key delivery highlights from Quarter 3:

- **Prevention:** Progress has been made against a series of prevention objectives including smoking cessation, healthy weight, physical activity and alcohol. This reflects the focus within this area and how the Health Board is seeking to embed this work right across the organisation.
- **Primary Care:** A number of important pieces of work have been delivered in Primary Care during this period including the Same Day Primary Care offer which covers: 1) On the day urgent primary care, 2) GP Out of Hours and SICAT service integration, 3) Supplementary service supporting all practices with their highest risk patients.
- **Womens Services:** Achievement of a number of objectives within Womens services, an area that will now feature more prominently within the Minister's priorities. These include implementing a Women's Planned Care and Cancer recovery plan in line with GIRFT recommendations, supporting the Healthy Start initiative and support for effects of the menopause on women's physical, emotional, mental and social well-being.
- **Workforce Planning:** The commencement of a workforce planning lead in October has seen the gathering of pace around strategic workforce planning, including addressing some overdue milestones, and laying foundations for addressing some of the longer-term challenges for which this area of work will be critical.
- **Electronic Healthcare Records (EHR):** The critically important work around an Electronic Health Record (EHR) is progressing towards Outline Business Case (OBC) phase, an area that will be vital enabler to many of the longer-term objectives.

The following summary table provides an overview of progress.


Strategic Objective	Completed Deliverables
1: Building an effective Organisation	15 out of 17
2: Developing Strategy and long-lasting change	9 out of 14
3: Creating compassionate culture, leadership and engagement	4 out of 4
4: Improving Quality, Outcomes and Experience	39 out of 77
5: Establishing an effective environment for learning	7 out of 9
Overall	74 out of 121 (61%)

Table 1 – 2024/25 Annual Delivery Plan Q3 completion overview (includes 3 deliverables rolled forward from Q1 and 28 from Q2)

The Quarter 3 completion rate shown in the table marks a slight reduction on previous quarters, predominantly due to delivery in objective 4. This objective has the highest number of deliverables and contains a large proportion of the most challenging areas for the organisation. Most of the areas that have not completed by the end of Quarter 3 have made progress, with common issues being related to workforce, investment or delays outside of the Health Board’s control. Improving delivery against areas outlined in objective 4 continues to be a high priority as this is where patients’ and citizens’ experience is most acutely affected.

Further details against each deliverable are included at Appendix 1.

Special Measures

As previously reported, Special Measures priorities have been incorporated into the Annual Delivery Plan during 2024/25, to provide a single integrated approach to Health Board Planning. These items remain identifiable within the plan and where appropriate these are drawn out to support specific meetings with Welsh Government. These are denoted within Appendix 1 with the  icon.

Constructive discussions continue with Welsh Government colleagues regarding the de-escalation framework and the Health Board’s delivery against the de-escalation criteria.

Recommendation

The Health Board is asked to:


- **RECEIVE ASSURANCE** on the progress made during Q3 along with the challenges highlighted
- **APPROVE** the change control outlined within the paper


Appendix 2: Quarter 3 2024/25 Monitoring Report

Key:	Completed	Not completed within Q3
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Delivery Objective Ref	SRO	Delivery Objective Action	Assurance Rating	Assurance Statement
1A Board Effectiveness SM	Carol Shillabeer	(Q2) 1A.1 Complete substantive recruitment of Executive members of the Board		The objective to complete substantive recruitment of Executive members of the Board is yet to fully complete. However, significant progress has been made, with substantive appointments in key positions and a notable reduction in interim roles, reflecting a positive shift toward stability in the Executive Team. While some new vacancies have arisen, it is important to note that the posts identified at the time of setting this objective have predominantly been filled substantively. Recruitment activities are underway for the remaining posts (Executive Director of Finance and Executive Director of People)
1B Risk Management SM	Pam Wenger	1B.1 Alignment of the Board Assurance Framework with risks appetite, this Three Year Plan, and the emerging strategic objectives of the Health Board		The report was submitted to the Executive Team demonstrating clear alignment of the Board Assurance Framework (BAF) approach with the Board's risk appetite and the three-year plan.
1C Foundations for the Future SM	Sreeman Andole	(Q2) 1C.4 Review and revise where necessary the clinical leadership model in the organisation, drawing in the learning from the Rapid Review of (Clinical) Engagement, to build a stronger clinical leadership and engagement approach		Reviews have taken place and measures implemented in the short term where possible. These include the appointment of new clinical leads across BCU for challenged services and for Planned Care. The most recent Health Board leadership conference was focused on Clinical Leadership with over 100 clinical leaders invited with guest speakers advising on how to lead in difficult times. 26 delegates attended a Clinical Leadership programme, due to complete by end of financial year, to support building stronger clinical leadership. Longer term plans for the clinical leadership model are being taken forward as part of the Foundations For The Future programme.
1F Legislative Improvements	Pam Wenger	1F.8 Consider any emerging findings from the UK Covid-19 inquiry evidence hearings that might improve our Civil Contingencies preparation by addressing in advance of formal recommendations		The Executive Team reviewed a report in August 2024 recommending the establishment of a steering group to share statutory inquiry findings across the organisation, including Emergency Preparedness Resilience and Response (EPRR)/Civil Contingency groups. Emergent findings on COVID-19 readiness were considered and the action to review these findings is now complete.
1G Workforce Planning	Jason Brannan	(Q2) 1G.1 Undertake a review of current workforce establishment numbers, and supported by principles against which workforce planning will occur going forwards.		A Workforce Intelligence dashboard has been successfully created which provides a comprehensive overview of establishment numbers. This is underpinned by methodology from HEIW and training has been provided to workforce business partners. The Workforce Planning Lead is now utilising this tool to support future Workforce Planning on an ongoing basis.

		This will provide the basis upon which all other priorities outlined below will build		*See IPR for workforce performance
		(Q2) 1G.2 Design an organisational 'Approach to Workforce Planning', building on the already established 6-step approach of HEIW. The Health Board will systematically assess services against the workforce planning approach, starting with 'challenged' services. Each 'challenged' service will have an agreed workforce plan		The Approach to Workforce Planning has now been developed and finalised and work has commenced with "challenged" services such as Orthopaedics, Dermatology and Ophthalmology. An update on the approach will be delivered to the Executive Team in February with a view to wider roll out across the organisation in March 2025. *See IPR for workforce performance
		(Q2) 1G.3 Strengthen partnership work with Health Education and Improvement Wales (HEIW) and focus on key 'challenged' services to identify and build strategic approaches		The Workforce Planning Lead has established contact with HEIW and adopted their 6-step model for workforce planning. Elements of HEIW's resources, along with internally developed tools are being utilised to design and roll out a training programme. This approach has strengthened partnerships with the HEIW and laid foundations for further collaboration in the future. *See IPR for workforce performance
		1G.4 Continue to identify opportunities for innovative skill-mix redesign in addressing hard to recruit vacancies		Work has commenced with professional leads to explore where alternative roles and skills can be utilised, aligning with an educational training plan submission. This shows opportunities have been identified, with further use of Physician Associates being one example, and these opportunities will be embedded within services as part of the Service Level Workforce Plan development. *See IPR for workforce performance
		1G.5 Continue to develop local training opportunities through the Primary Care Academy and Dental Academy approaches adopted in North Wales		The Academy has progressed well with the implementation of the Business Case and enhancing training opportunities such as Trainee ACP posts, GPs with special interest scheme, HCSW foundation programme. Regular stocktakes take place which are demonstrating incremental delivery in line with expectations. *See IPR for workforce performance
Sreeman Andole		1G.6 Support Bangor University to ensure that the experiences of students in the North Wales Medical School are high, thus encouraging graduates to remain in North Wales once qualified		The governance framework and memorandum of understanding between Bangor University and BCUHB ensures that student experience remains a priority throughout the 5-year medical degree. These collaborative arrangements provide a solid foundation for ongoing support, ensuring students receive the necessary resources and guidance for a high-quality educational experience. *See IPR for workforce performance

	Jason Brannan	1G.7 Support all academic partners to ensure that the experiences of students across all professional groups are high, encouraging graduates from across healthcare sectors to remain in North Wales once qualified		<p>Nursing: The Practice Education Quality Assurance Group ensures compliance with Nursing and Midwifery Council standards, supported by seven dedicated Practice Education Facilitators.</p> <p>Pharmacy: A well-established multisector training program provides rotations through hospitals, GP practices, and community pharmacy, enabling participants to achieve required competencies and learning outcomes.</p> <p>Allied Health Professions/Healthcare science: Collaborative efforts with local and national universities, supported by HEIW, prioritise student experiences and align with professional and educational standards.</p> <p>Doctors: Training partnerships with Bangor University and the North Wales Medical School reinforce the delivery of high-quality medical education.</p> <p>*See IPR for workforce performance</p>
1H Quality Management System 	Angela Wood	1H.2 During 2024-25 the Health Board will complete the redesign of an appropriate Quality Management System (QMS) for deployment across the organisation		The design of the Quality Management Framework has taken place and been approved by Board. The Programme Initiation Document (PID) has subsequently been approved during November and the implementation plan is progressing with Urology and Vascular agreed as early implementers. There is a working QMS maturity matrix model which is being tested in Urology, Vascular, Women's and Transformation & Improvement, before being rolled out to the 'fast followers'. As part of developing the Quality Planning aspect, work is underway with Urology to place the QMS model at the centre of the clinical services plan. The QMS hub which will host all relevant material was launched in December, and work has also taken place to digitise the maturity assessment, thus providing greater integration. All of this foundation work will support the longer-term roadmap for the QMS.
		1H.3 During this time, the Health Board will apply the emerging QMS to arising quality improvement initiatives, so that they follow a whole system QMS ethos, and to also learn so that the overall QMS deployment is successful		The programme is currently focused upon applying the methodology to known areas of concern and the current focus has been upon the maturity matrix for those early implementers. Evaluation is underway with those services and a number of 'fast followers' identified, all of which will lead to maturing the overall approach. A full evaluation of the workplan is underway during Q4 and work to extend the approach to arising quality improvement initiatives will follow this evaluation.
1I Welsh Language	Teresa Owen	1I.2 Establishing a consistent approach to the delivery of the Welsh Language Standards, by adopting Standard Operating Procedures for specific compliance areas		The completion of work in IHC East and the ongoing application of the approach in IHC Central and IHC West, illustrates that the objective to establish a consistent approach through SOPs has been achieved, ensuring standardised compliance across the Health Board. The monitoring and delivery method is now embedded as a live process, with continued oversight planned through regular reporting, including a comparative paper to be presented to the People and Culture Committee in February 2025.
		1I.3 Aligning short and medium-term targets established within 'More than just words' with the Welsh Language Standards work programme, to enable the Health Board to focus delivery for specific areas and groups		The Welsh Language Standards Compliance Reporting tool demonstrates that actions related to 'More than just words' have been incorporated into the Welsh Language Standards, supporting ongoing service delivery and operational support. This integration has enabled continued progress by simplifying strategic objectives into tangible actions, allowing targeted resource allocation based on the monitoring tool's data.
1J Decarbonisation	Carol Shillabeer	1J.1 (Q2) Appoint to the post of Director of Environment		The Director of Environment has been appointed and commences in role from February 2025.


	Russell Caldicott	1J.7 Continue the programme of replacing all existing lighting with LED lighting		A high-level appraisal has been submitted to the Health Board by Vital Energi, accompanied by a detailed report for the Board. This submission demonstrates progress and ensures the Health Board has the necessary insights to oversee and support its delivery.
2A 10 year strategy 	Chris Stockport	2A.1 Collaboratively refresh Health Board well-being objectives in line with the requirements of the Wellbeing of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023		The primary focus of the review has been on 'fair work' and socially responsible procurement and contracting, with consideration also being given to the broader well-being objectives to ensure that they maximise the Health Board's contribution to all seven of the sustainable development well-being goals described within the WBFG Act (2015). 'Fair work' ensures that workers are provided with secure incomes, basic living needs and benefits such as sick pay and pensions, while offering opportunities for representation, skills development and career progression. It also guarantees a safe, inclusive and flexible working environment, tackling discrimination and upholding rights and obligations. In order to ensure a structured and proportionate approach to refreshing the objectives, engagement has taken place with Welsh Government, the Office of the Future Generations Commissioner, Public Service Boards, Trade Unions and other Local Health Boards. The refreshed well-being objectives will be presented for approval by PPHP and the Board in Q4.
		2A.2 Establish a systematic approach, commencing with identified health needs, collation of evidence, design principles, and clinical and citizen reference groups		Groundwork on the 10-Year Strategy is underway however resource constraints have impinged on the ability to undertake this work as originally intended. Further discussions are taking place around the most appropriate approach to resolving the resource issues.
		2A.6 (Q2) Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders		This action is taking longer to complete than first envisaged in order to maximise the opportunity of greater partnership involvement in the ten-year strategy. This is in response to recommendations, and enthusiasm to support, from discussions with SRG and other fora. Reprioritising the remaining work into early 2025-26 to allow greater partner input into the design of the next phase will lead to a better strategy.
2B Clinical Services Plan 	Sreeman Andole	2B.1 During 2024/25 the Health Board will develop a draft Clinical Service Plan (CSP) that adequately incorporates the known clinical requirements of the next 3 years		Progress has been made in the refresh of the Clinical Services Plan, albeit impacted by gaps in senior medical leadership. A Clinical Services Plan Framework has been created and socialised at a key workshop in December. Work underway with Urology incorporating QMS as an input, however further work still required, and plans will need to accelerate in Q4 and into 25/26.
2C Commissioning 	Stephen Powell	2C.2 Design and commence implementation of a new organisational framework approach to commissioning and contract management, built upon learning from best practice across the UK		A draft framework has been designed and is under review by the Director of Performance and Commissioning with an expectation of being operable during Q4.
		2C.3 Review current block purchase NHS contracts, applying our commissioning framework		The review of current contract mechanisms with the finance and contracting team has commenced and is operating in alignment with the process of finalising the remaining 2024/25 commissioning contracts.
		2C.4 Monitor NHS contracts against the agreed Health Board commissioning framework		Routine monitoring against existing arrangements remain in place and progressing as expected. A new draft commissioning assurance framework is also under review with implementation anticipated during Q4. Reporting to Committees and the Board is being


				revised to include NHS commissioned contract performance, with a new monitoring report is under development for PFIG and the Integrated Performance Delivery Group.
2D Capital Priorities – supporting change to happen	Russell Caldicott	2D.7 Develop a capital estates plan for the Shooting Star Unit (SSU), which will provide additional capacity for treatments and outpatient clinics		The expansion of the Shooting Star Unit remains a high priority for the Wrexham Maelor acute site, however challenges which include budget constraints have inhibited progress to date. Work is underway in order to develop a viable proposal within the constraints.
2E Digital, Data and Technology	Dylan Roberts	2E.1b As well as standardising the delivery of care and associated operational arrangements across the Health Board the EHR will replace a number of currently unsupported applications, developing and agreeing a wider digital plan for North Wales with the EHR at its core.		The EHR will standardise the delivery of care and replace a number of currently unsupported applications. The business case outlines the associated business and clinical transformation required to modernise the delivery of care. A Strategic Outline Case (SOC) has been submitted to Welsh Government and a Programme Board is in place to drive forward the long-term roadmap. Work is now underway on the Outline Business Case (OBC).
2I Finance Governance Environment 	Russell Caldicott	2I.2 In accordance with Audit Wales and Internal Audit support the enhancement of the control environment through active participation in the setting of the Internal Audit Plan, in conjunction with the Audit Committee of the Health Board		The Internal Audit plans for 2024/25 have been presented, endorsed, and approved by the Audit Committee. Work on the 2025/26 plan has commenced, with initial meetings held to identify potential areas for review in collaboration with the Executive Director of Finance.
		2I.3 To ensure recommendations from review of the financial governance control environment by internal audit are implemented, supporting the end of year Head of Internal Audit Opinion offering assurance over the Health Board having a sound, strong system of internal control		All outstanding Internal Audit Actions, including Budgetary Control, have been completed. The Executive Director of Finance presented the findings to the Audit Committee in November 2024.
		2I.4 To develop further the training and support offered to managers in application of the Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation, with specific focus on training in relation to procurement in securing value for money and engagement with the wider market in placement of orders for goods and services		The procurement and governance training programme has been successfully delivered to over 700 staff. The sessions were led by NWSSP procurement leads and BCU staff and participants include Budget Managers, Directors, and requisition-raising staff. Monthly training sessions will continue into 2025.
		2I.6 First draft of recurrent Finance staffing requirements		Structural changes are on hold until recruitment of a substantive Executive Director of Finance is complete, and this has been communicated to Welsh Government as part of ongoing monitoring of the Finance Special Measures action plan. An appointment is expected during Q4 at which point further clarity on the expected timeline will emerge.
2J Early identification and support of Challenged Services	Sreeman Andole	2J.4 (Q2) Engage with the national work looking at 'fragile' or 'challenged' services that forms part of the work programme of the clinical variation and service configuration		The internal BCUHB Value and Sustainability (V&S) programme is configured to mirror the national approach and underlying themes. Individual project groups have reviewed national evidence to ensure local plans consolidate all key opportunities identified by the national V&S Board.


		workstream within the Value and Sustainability Board work		Ongoing engagement with national clinical leads include: regular meeting with dermatology clinical lead, Deputy National Eye Clinical lead is the BCU clinical lead for ophthalmology, recent engagement with national vascular lead / vascular society / NHS England Networks regarding open AAA repair.
3A Compassionate Leadership and Organisational Development 	Jason Brannan	3A.3 Introduce approaches to enable a Board and Committee focus on staff experience, including staff experience stories		An approach has been developed and approved by both the Local Partnership Forum and the People and Culture Committee, and the first staff stories are currently being scheduled for upcoming meetings. *See IPR for workforce performance
3B Citizen Engagement	Helen Stevens-Jones	3B.3 An Engagement Working Group will act as a catalyst for stronger cooperative working across the organisation and with independent colleagues and citizens (eg Llais, Forum Chairs). It will build genuine co-production in engagement and patient experience and bring together expertise and knowledge. The Group will develop the Betsi Way: Engagement and embed this across the organisation.		The intended scope during this period has now completed. The Engagement Working Group is fully functional and has achieved its intention to catalyse stronger co-operation. The group has overseen a range of engagement activity with partners which has generated useful insights and feedback and genuine co-production has emerged. This was a supplemented by a survey which identified a number of themes to take forward and the Betsi Way approach is now taking shape across the organisation. Additionally, a staff workshop was held to ensure a balance of internal and external feedback and the actions from that session are being taken forward. As the work has evolved during the year additional plans were made to develop an engagement framework to supplement the initial ambitions of this objective, and this is expected to conclude during Q4. Plans are being developed for 25/26 to further embed the progress made to date, in what will continue to be an evolutionary process.
		3B.4 The Health Board will learn from engagement with families as well as patients themselves, listening to family stories during reviews, understand what families continue to need and how they can be routinely involved and build an approach which becomes embedded		A range of work has taken place such as the work with Vascular families. More recently an Expert Advisory Group (EAG) has been established following the Royal College of Psychiatry review, marking a significant milestone. This follows careful liaison with families as the report was being published. A draft assessment framework has been reviewed and monthly meetings scheduled.
3C Being a Good Partner	Helen Stevens-Jones	3C.6 The Health Board will establish regular stakeholder briefings and listen to partners through an annual survey. This will be in addition to the routine update mechanisms already in place. The feedback will shape and improve how the Health Board works with its partners		Routine stakeholder briefings, including an online bi-annual briefing and online sessions for each political party, were successfully held in October 2024. A stakeholder survey also commenced in early November 2024.
4A Patient Experience 	Angela Wood	4A.2 Test the use of feedback mechanisms in more "real time" ways for acute hospital inpatients, using a few wards to test different approaches		A range of mechanisms have been tested including the use of text messaging, maximising the use of the Patient Advice and Liaison Service (PALS) onsite whilst patients remain in our care and engaging with the workforce to ensure feedback is routinely sourced as part of care provision and immediately acted upon. The Health Board remains committed to using a blend of these approaches. A PALS dashboard supplemented by a weekly report and data

				<p>from the national Beacon system are all providing real time on insights on patient experience being used to improve care.</p> <p>*See IPR for Quality Performance</p>
		4A.3 Embed a system of feedback analysis that allows the recognition of good practice (to be disseminated) and early warning opportunities where additional intervention and support may be required, and demonstrate it is being used		<p>A Dashboard is now functional and is now transitioning into a new phase to support services to independently access and analyse their feedback data. This is all part of a wider approach to move to 'service led analysis' by April 2025 supported by training on the use of the dashboard. Patient experience updates and patient stories are presented at the organisational learning forum monthly to support learning from feedback and disseminate good practice examples.</p> <p>*See IPR for Quality Performance</p>
		4A.4 Embed feedback reporting for public, Board and partner assurance		<p>Feedback is now regularly provided to Board and partners. The public can access the Board report where the patient stories are available and further opportunities to provide greater access to patient experience data for the public currently being explored.</p> <p>*See IPR for Quality Performance</p>
4B Prevention	Jane Moore	4B.4 Smoking remains the biggest cause of preventable ill health and whilst progress has been made in North Wales, continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking Cessation Services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030. The Health Board will continue to deliver to the Smoke Free Regulations (2020) and the Board's No Smoking Policy		<p>The Help Me Quit service has made progress which includes the development of a smoking dashboard and ensuring each acute site is supported by a Smoke Free Environment Officer who reinforces the Smoke Free Site status for both visitors and staff, aligning efforts with the goal to reduce smoking rates in North Wales. This has led to the service exceeding national performance targets.</p>
		4B.5 Healthy Weight. The Health Board will continue to implement a Whole System Approach to the Healthy Weight Delivery plan with key priorities of influencing the spatial planning system through local delivery plans and planning applications, influencing the food environment in workplaces and educational establishments and through maintaining the delivery within the All Wales Weight Management Pathway		<p>The Health Board has progressed in implementing a Whole System Approach to the Healthy Weight Delivery Plan, as demonstrated by ongoing initiatives in spatial planning, workplace and educational food environments, and the All-Wales Weight Management Pathway. Current activities include influencing local planning applications, supporting breastfeeding initiatives and embedding physical activity in daily routines.</p>
		4B.6 Physical activity. The Health Board will continue to work with partners to support and		<p>The implementation of a place-based approach to physical activity is underway in four Local Authority areas, alongside the introduction of an Active Workplace Toolkit and Policy</p>

		encourage communities, including the Health Board's workforce, to think about physical activity as being a normal part of their daily lives		to embed movement in the working day. The Public Health Team is leading the place-based approach to physical activity for Active North Wales and has implemented Active Soles within the Health Board. A presentation was delivered to the Executive Team regarding the Active Soles initiative, aimed at promoting physical activity among staff. The Health Board will maintain collaboration with partners to further embed physical activity as a regular aspect of life for its workforce and communities.
		4B.7 Alcohol – The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-24 and contribute to the refresh		The Health Board has made progress in delivering the North Wales Alcohol Strategy 2020-24, including animation development on maternal drinking risks, ongoing campaign evaluation, and secured funding for the Drugs/Alcohol Number 24/7 helpline. These actions support public health objectives by addressing alcohol-related harms and providing resources to aid those at risk, as well as contributing to successful licencing regulation in vulnerable areas.
		4B.8 Respond to the Gypsy, Roma and Travellers Needs Assessment and identify the opportunities to improve health for those in vulnerable communities including Asylum Seekers and Refugees; those in contact with the Criminal Justice System; and those with Learning disabilities		A number of activities have been completed in respect to responding to the Gypsy, Roma, and Traveller Needs Assessment, as well as support for other vulnerable groups. The ongoing work, including homelessness guidance, strategic partnership terms of reference and training materials, collectively address identified health improvement opportunities for vulnerable populations.
4C Primary Care and Early Intervention	Chris Stockport	(Q1) 4C.2 Develop the Primary Care 'same day' offer, to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units		A number of strands of work have now progressed. These include: <ul style="list-style-type: none"> On the Day Urgent Primary Care – all IHC's have developed plans to increase protected capacity in general practice to support high risk cohort patients, and this has delivered 5,000 additional appointments per month in the East alone. GP Out of Hours and the SICAT service have integrated into a single delivery approach which increases capacity to deal with calls from both Health Care Professionals and 111/999. This has secured a consistent 7 day service from 9am to 9pm. A Welsh Government Supplementary Service has been developed which offers additional support to all practices for the highest risk patients.
		4C.4 Continue to take a 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability		The Academy has made substantial progress in implementing agreed objectives. This has all been delivered within budget and has successfully implemented multiple schemes, including training hubs, various healthcare programmes, clinical placements and a comprehensive catalogue of training opportunities. The Academy continues to support skill development in primary care and is actively exploring new roles and curricular to enhance workforce stability and adaptability.
		4C.11 Continue to work with Primary Care providers in North Wales to prepare suitable training environments for Medical Students from the North Wales Medical School		Development of a business case continues, underpinned by the North Wales Medical School Capital and Revenue Investment plan, all of which is aimed at assisting primary care providers in North Wales to establish appropriate training environments for medical students. Due to the Health Board's business planning cycle and committee schedules, the business case is not expected to be presented to the Board until the end of Q4.


		4C.12 Implement actions to improve access to GP and community services including: Review and develop a forward plan for the further development of palliative care and bereavement services.		A forward plan for the service has been developed. This includes adoption of the SWAN (Signs, Words, Actions, Needs) model for end of life and bereavement care. The Executive Director of Nursing is currently progressing discussions with operational colleagues with a view to advertising additional posts to implement the agreed plan. Additionally, the service has made further strides through the development of a Quality Management Strategy. Further work will continue to further enhance the service.
	Stephen Powell	4C.9 Improve Board visibility of primary care performance data		A recommendations paper is scheduled for presentation to Integrated Performance Delivery Group in January 2025. From 1st April 2025, Primary and Community Care measures and intelligence will be integrated into the Integrated Quality & Performance Reports, ensuring enhanced reporting and alignment with organisational priorities. This is scheduled for completion in February 25.
4D Community Care and Clusters	Chris Stockport	4D.5 Continue and expand the use of cluster-based Care Home support services that can provide timely assessment in order to minimise otherwise avoidable hospital conveyances		The IHCs are expanding cluster-based care home support services to provide timely assessments and minimise avoidable hospital conveyances. Specific initiatives have been launched across all IHCs that will then be evaluated for Pan BCU adoption. The programmes are progressing as planned, with the East IHC implementing a community capacity-building programme, Central IHC trialling remote monitoring for cardiology patients and West IHC developing enhanced care pathways and weekend staffing. These efforts directly support patients in staying at home and reduce avoidable hospital admissions.
4E Planned Care 	Imran Devji	4E.2 Make improvements in the way that appointments and procedures are booked, to make this more efficient and more convenient and accessible for patients		The transfer of the Patient Appointment and Booking Centre (PABC) into a single management model intended to bring the required benefits in this area, however this is currently behind plan. The benefits of this change will be closely tracked and incorporated into the plans going forward. *See IPR for Planned Care performance
		4E.5 Conclude the new build areas and refurbishment of Llandudno Hospital to create an elective orthopaedic centre, with the first patients scheduled to receive treatment during 2024-25. Alongside the Health Board is progress work to design a phase 2 expansion of the Llandudno elective surgical hub development		The hub is now scheduled to open in June 2025. Progress on the building work continues and recent work mitigations have been agreed with the contractor with close monitoring ongoing to ensure that they deliver to the revised timescale. The Organisational Change Process (OCP) remains on track, with consultation undertaken. Staff updates are being held across all acute sites and Clinical Lead interviews were held in November. The OCP process will confirm staff transfers and recruitment for additional posts, ensuring readiness for the operational opening of the hub in June 2025.
		(Q2) 4E.10 The Health Board has made progress in modelling 'Demand' against 'Capacity' (D&C modelling) in planned care, and in factoring in productivity opportunities arising from GIRFT best practice and other benchmarking but recognises that it would be beneficial to further mature our approach to this. During 2024-25 the Health Board will take the opportunity of support from colleagues in		The Health Board has made progress in modelling Demand against Capacity (D&C) in planned care and integrating productivity opportunities from GIRFT best practices and benchmarking – feeding the current planning cycle. While further refinement is needed, the Health Board is committed to advancing this work in 2024-25 with support from NHS Wales and the National Value and Sustainability Board. The continued development of D&C plans through a refreshed framework, along with improvement initiatives led by D&C workshops, will ensure a consistent and robust approach to planning and capacity management moving forward.

		NHS Wales to further develop these skills and capacity. This will include local use of the benchmarking data that will be provided to us as part of the work being undertaken by the national Value and Sustainability Board		*See IPR for Planned Care performance
		4E.13 The Health Board has made significant improvements in waiting times in some areas, for example in prostate cancer referrals, by using approaches that offer patients direct access to secondary care diagnostic tests before being seen by specialist clinicians. Whilst considering this is a key component of Health Board pathway re-design, during 2024-25 the Health Board will explore further opportunities to implement 'straight to test' in areas where wider pathway redesign is not currently scheduled		Additional 'straight to test' opportunities have been implemented during 2024 with the commencement of the Teledermoscopy service in Q2 2024 being one example. Urgent Suspected Cancer (USC) referrals in Dermatology are sent to Medical Illustration for clinical photography of lesions, following consultant review. A discharge rate of over 50% from initial clinics is demonstrating the value of this 'straight to test' initiative with further work planned to benchmark this rate. Further work in this area will be progressed in Q4 via the diagnostics workstream of the Planned Care Programme, with completion by end Q4, and implementation planning for 2025-26. *See IPR for Planned Care performance
		4E.14 Undertake a baseline assessment/review of oral health services across BCUHB to include Secondary Care, Community Dental Service, and General Dental Service to inform the future service model required to meet demand		The baseline assessment of oral health services across BCUHB, including Secondary Care, Community Dental Service and General Dental Service will provide valuable insights to inform the development of a future service model that meets demand. The results of the GIRFT review of Max Fax and oral surgery, alongside the ongoing Community Dental and General Dental Services Report, will further support this process and ensure a comprehensive approach to service planning and improvement.
		4E.15 Development commenced of a 5-year oral health plan for North Wales, outlining the future service model.		This plan will follow on from the developments described above in 4E.14 and will be progressed further during 25/26.
4F Cancer Care 	Sreeman Andole	4F.4 In Urology, build on the success of the Health Board mpMRI biopsy pathway redesign where diagnostic times have been significantly shortened, using this impetus to revise our overall future model of urology cancer care and additional pathways		The future model of Urology cancer care has not yet been agreed, although a paper outlining options has been submitted to the Executive for consideration. Progress has been impacted by the absence of key leads, however efforts to move forward are continuing, ensuring that decisions are made to shape a sustainable and effective model for urology cancer care. This all forms part of the Clinical Services Plan and QMS work in Urology. *See IPR for Cancer Care performance
	Imran Devji	4F.5 In colorectal cancer, sustain improvement in endoscopy waiting times made during 2023-24, and review Health Board colorectal pathways including undertaking work to more closely align workforce requirements to support future demand. This will include building on the successes of nurse led triage models of care within the Health Board requirements to support		While endoscopy waiting times have not been fully recovered by the end of December, insourcing has recommenced, and progress is being made. The large backlog requires additional time to reduce, with West patients being transferred to Central to help address wait times, aiming for recovery by the end of March.

		4F.6 Progress with implementing Postmenopausal Bleeding (PMB) clinics in gynaecology on each acute hospital site		The model has been agreed across all three sites, though implementation is still pending. Plans are being developed with Women's services, but full implementation may require additional investment in Ultrasound to ensure success.
		(Q2) 4F.7b Our Haematology service will maintain Referral to Treatment (RTT) time at 26 weeks throughout the year and aims to undertake substantive recruitment of consultants and reduce the number of NHS locums working within the speciality by the end of 2024/25		The reduction in Haematology consultant resource has resulted in the need to prioritise urgent suspected cancer referral over routine patient and this has directly impacted on the ability to maintain the RTT time to 26 weeks. Current service performance is above 26 weeks target, with further risk of decreased performance present whilst staffing issues are being resolved. *See IPR for Cancer Care performance
		4F.8 Review of Oncology completed at Exec Team with respect to readiness for transitioning towards standardisation		A structured plan is in place to address any remaining issues, with a 12-month timeline for implementation. Plan is with the Interim Chief Operating Officer for final review ahead of it being scheduled for Executive Team review in Q4. Risk summit has been called to address risks present at each site.
4G Urgent and Emergency Care 	Imran Devji	(Q2) 4G.2 Improvements in Same Day Emergency Care Services (SDEC), including improved consistency across the whole Health Board, increased activity in SDEC, and an increase in ambulance attendances directed straight to SDEC		The ringfencing of SDEC has been clearly outlined in the winter resilience plan and supported through system resilience calls. Efforts are ongoing to refine the 3 x IHC models, Standard Operating Procedures (SOPs), and criteria to establish a unified pan-BCU model with defined outcomes. Collaboration with WAST and Primary Care colleagues is ensuring the optimisation of direct access pathways and reviewing all available options to improve conveyance and avoid unnecessary admissions, however expected benefits are yet to be fully realised. *See IPR for UEC performance
		4G.3 Improvements in ambulance and non-ambulance use of Minor Injury Units (MIU's)		The Urgent and Emergency Care Major Change Programmes is progressing with the development of a unified model for Minor Injury units and Urgent Primary Care Centres including the finalisation of a direct access pathways. The newly appointed System Lead is driving daily escalation efforts to ensure a consistent approach to system resilience calls and addressing ambulance handover delays. The refocused 6 goals programme structure is prioritising rapid improvement through detailed actions and milestones. *See IPR for UEC performance
	Sreeman Andole	4G.5 Expansion of community pharmacy services as an alternative to the use of urgent care GP and hospital services		Progress has been made in expanding community pharmacy services as an alternative to urgent care or hospital services, with key targets on track or already achieved. The ongoing efforts to roll out, support, and optimise services such as STTT, PIPS, REMEDY, CAS, and UTI are not only improving patient access to care but are also contributing to the decongestion of other healthcare services. Q4 will focus on sustaining momentum, further expanding service availability and refining systems to enhance efficiency. With continued collaboration, training and promotion, these initiatives will make a positive impact on healthcare delivery in North Wales
	Imran Devji	(Q2) 4G.6 Conclude a review of the feasibility of consolidating patients that are medically fit for		The review of consolidating medically fit patients into wards optimised for reablement rather than medically focused care is progressing. Green wards are now in place in Central and West, with East still working to identify a suitable location due to environmental

		discharge in support wards optimised for reablement rather than medically-focused care		<p>constraints. The UEC programme is focused on strengthening board round and discharge processes, and the successful recruitment of two trainers, funded by national 6 goals slippage monies, will further support these efforts, with training set to begin in mid-January.</p> <p>*See IPR for UEC performance</p>
		(Q2) 4G.8 Improvements in ambulance handover times, operating within agreed system tolerances and in alignment with Full Hospital Protocols in North Wales		<p>Some improvements have been noted in ambulance handover times operating as part of Hospital Full Protocols, however this has not been consistently achieved within agreed system tolerances or submitted trajectories. The System Resilience Hub, which commenced in December 2024, has provided a consistent format for daily resilience calls, ensuring strong leadership and an action-driven approach. A new resilience model is being developed for implementation in Q4, and additionally, the reissued All Wales Ambulance handover guidance will be reinforced through daily calls to minimise ambulance delays. All this work will however require wider system improvements related to crowding in order to make sustainable inroads.</p> <p>*See IPR for UEC performance</p>
	Chris Stockport	4G.8b Support the longer term development of Care home establishment in Gwynedd		<p>The Outline Business Case (OBC) is in draft, focusing on facility design and staffing models. Key meetings will continue throughout Q4. Insights from a Carmarthenshire initiative are informing the OBC.</p> <p>Main areas of focus include nursing unit design and bed requirements, considering current and future demand as assessed through population needs evaluations Market Stability assessments, and Pathways of Care Delivery. Collaboration with the Local Authority (LA) and Welsh Health Legal & Risk is underway to finalise the statement of purpose. The Welsh Government has allocated £599,000 from the Integration and Rebalancing Capital Fund to support Cyngor Gwynedd and BCUHB in creating the OBC and a detailed plan for the new nursing and residential care home. The current priorities are centred on planning the design and workforce models, both of which are progressing according to the established timeline.</p>
4H Diagnostics	Imran Devji	4H.4 For 2024-25 the Health Board will procure additional insourced endoscopy provision to bridge the gap between internal Health Board capacity and endoscopy demand		<p>Insourcing of additional endoscopy continuing on all three sites in accordance with phased plan to increase activity on each site. Cancer cases remain the priority on a pan-NW basis.</p> <p>*See IPR for Diagnostic performance</p>
		4H.5 The Health Board will, within quarter one of 2024-25, finalise a detailed plan to address internal Health Board endoscopy provision in order to reduce reliance upon additional insourced endoscopy provision. That plan will include a robust workforce plan that maximises non-medical skill-mix, trajectories for internal increases in capacity to inform the need for ongoing additional insourced contracted		<p>Insourcing of additional endoscopy continuing on all three sites in accordance with phased plan to increase activity on each site. Cancer cases remain the priority on a pan North Wales basis. Backlog increase has slowed over the last 3 months and a business case has been submitted to address the underlying issues. The three-year diagnostics plan is progressing as scheduled.</p> <p>*See IPR for Diagnostic performance</p>

		activity, and attainment of JAG (Joint Advisory Group on GI Endoscopy) accreditation		
	Teresa Owen	4H.6 The Health Board will maintain progress on delivering business cases for Nuclear Medicine enhancements and PET scanning in North Wales		The Outline Business Case (OBC) has been progressed and is scheduled for review by the Health Board in Q4.
4I Adult Mental Health, Learning Disability, CAMHS and Neurodevelopment 	Teresa Owen	4I.5 AMH: Development of the Early Intervention in Psychosis Service		The Early Intervention in Psychosis (EIP) Regional Service has been established in the East area, providing specialist care with positive patient feedback. A review of data will be undertaken to assess the current service model and explore options to move capacity to achieve a more equitable service across North Wales.
		4I.7a MH&LD/RCPsych Action Plan developed and scheduled for sign off via appropriate governance routes.		The Royal College of Psychiatry Response Plan was developed and presented at Health Board meeting held in July 2024. The plan was approved with next steps agreed to establish appropriate Health Board and Divisional Governance Framework for progressing Response Plan and providing update reports. This is now well underway.
	Imran Devji	4I.9 CAMHS: Continue to reshape our delivery model to provide more in-reach into primary care settings and school settings, seeing children closer to home		The CAMHS proposed model for Early Help is currently under discussion with partner agencies, with approval in principle from Children's Services. The school offer has been restructured and integrated into IHC core delivery and work with the National Team is ongoing to evaluate the schools in-reach and GP in-reach models.
		4I.10 CAMHS: Expand the CAMHS specialist community intensive support service to support young people and their families in their homes as an alternative to hospital admissions		There is a gradual implementation of extended hours for crisis teams across IHC's, with plans for a 12-hour service across all regions by Quarter 4. An 'Alternative to Admission Crisis Hub' is also helping to expand support for young people and families in their homes. There are further plans to extend even further which are dependent upon recruitment.
		4I.11 CAMHS: Develop transition pathways for long-term conditions within childhood		Work continues to develop transition pathways for long-term conditions within childhood across services. Some pathways are more well-developed than others, however progress being made in a number of areas, and additional support is being arranged from adult services for some of these pathways.
		4I.12 CAMHS: Continue to develop, with partners, the 'Right Door Approach'		Efforts are being driven by the Children's Regional Partnership Board to enhance collaboration among various agencies. A report has been received from the Healthcare Inspectorate Wales (HIW)/ Care Inspectorate Wales (CIW)/ Estyn review of Mental Health Services and an improvement plan will be formulated in response to the recommendations, with the initial draft due by the end of January 2025. The Children's Multi-Agency Transformation Board will be responsible for overseeing the execution of the proposed actions. Additionally, the self-assessment of the Nyth/Nest implementation has been successfully completed
		4I.13 CAMHS: Reinforce and embed work undertaken with Adult Mental Health services to improve transition between services		A CAMHS and MHL D Transition Steering Group has been established and a transition policy is under review. Clinical transition leads have been identified in all teams and data trackers are in place to monitor transition stages. Challenges with care coordinator availability in MHL D are being managed by the Steering Group with Senior Leads and quarterly updates on under-18s remaining in CAMHS will support improvement planning

		4I.15 ND: Reduce long waits within the service by implementing the agreed ND model		Work continues to utilise additional funds aimed at reducing long waits. This includes recruiting agency staff for assessments, offering additional hours to staff for validation, and conducting clinical reviews of patient records. These actions contribute to addressing the longest waiting children, with weekly monitoring in place, however further work required before the expected improvements are delivered.
		4I.16 ND: Explore less medicalised approaches to triage assessment and for addressing lower acuity presentations in order to help balance demand and capacity, leading to shorter waits		Neurodevelopment has been prioritised by the North Wales Children's Regional Partnership Board, with ongoing efforts to embed ideas from the All-Wales workshop, though formal feedback is still pending. A locally developed profiling tool is being implemented to strengthen early support, while validation and stratification of the waiting list are underway, drawing on learning from other services. Progress in exploring less medicalised approaches is ongoing; however, the delay in receiving formal feedback has contributed to this objective not completing within the due date.
4J Currently Challenged Services 	Imran Devji	4J.1a Pan BCU Dermatology Clinical Lead appointed		The appointment of two Dermatology Clinical Leads on a job share basis has been successfully completed.
		(Q2) 4J.3 Dermatology: Establish the viability of an expanded GPWSI (GP with special interest) model for referrals to secondary care that could be managed differently, for triage of referrals, and for the provision of minor operations		Delivering upon this objective had been dependent upon appointment to BCU wide clinical lead. Now that leads are in place the development of a sustainable model can be taken forward and integrated into the Dermatology Network once fully established, ensuring expansion of GPWSI service and approval of the Minor Outpatient Procedure business case.
		4J.4 (Q1) Oncology: Continue to expand SACT (Systemic Anti-Cancer Therapy) training within oncology division nursing staff, and extend the operating hours of the day unit, providing further capacity. This will include staff group ideas to further improve efficiencies and standardisation		Clear commitment to the ongoing expansion of SACT training within oncology nursing staff, with evidence already demonstrating the successful implementation of a training programme for all new staff, which addresses the first part of the objective. In terms of extending the operating hours of the day unit, all day units are now open for longer hours, and all nurses have either completed or are in the process of completing their SACT passport. New staff receive full support to complete their SACT training upon joining the team. Extending capacity further is being explored but would be contingent on additional funding.
		(Q2) 4J.7 Oncology: During the first half of 2024-25, complete the review of all current cancer regimes to ensure all of those that are suitable for home delivery are being offered in that way		The review has been successfully completed however homecare services are currently operating at maximum capacity. However, homecare services are currently operating at maximum capacity. To support further transfers, additional funding will be required for both pharmacy resources and Advanced Nurse Practitioners (ANPs) to manage the increased patient load under Homecare services. A proposal for additional funding has been submitted for Executive review.
		4J.8 Oncology: Progress plan to deliver more anti-cancer therapies from Ysbyty Gwynedd for residents living in the West of North Wales		Progress has been made in delivering more anti-cancer therapies from Ysbyty Gwynedd for residents in the West of North Wales. All cancer regimes that are clinically safe to be provided locally have now been successfully implemented, ensuring patients can receive care closer to home when it is both appropriate and safe. This initiative supports improved access to treatment for our patients, enhancing their overall experience and reducing the need for travel. Continual monitoring in place to assess the provision of care to ensure ongoing safety and quality.

		(Q2) 4J.12 Ophthalmology: Collaboratively agree a service model for ophthalmology in North Wales that delivers a sustainable service footprint		This work has been delayed due to gaps in senior medical workforce and will now be taken forward with the new Interim Executive Medical Director in post and a new timeline for delivery established.
		(Q2) 4J.13 Ophthalmology: Continue to monitor service performance against GIRFT standards in Ophthalmology, challenging areas of variance before then proceeding to identify and then implement improvements in response		Whilst performance monitoring continues through operational teams and the Network Manager and reported within Eye Care Wales measures, the absence of an Ophthalmology Clinical Lead presents challenges in addressing areas of variance. To mitigate these challenges support from NHS Executive and National Clinical Implementation Network is in place and monitoring will remain ongoing through all Planned Care meetings to ensure continued oversight and improvement.
		4J.15 Ophthalmology: Expand the utilization of patient feedback questionnaires to support the redesigned clinical pathways in Cataract care, Glaucoma care, and Macular Degeneration care. This relates to both Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS)		Patient feedback is being received and documented with plans to progress to a process to feed into improvements. PROM's and PREMS system is in the process of implementation in the wider organisation.
		4J.15a Ophthalmology Pan BCU Clinical Lead appointed		As described in 4J.13, there is currently no Clinical Lead in place, however the Ophthalmology National Clinical Implementation Network are supporting the Health Board with implementation.
		4J.17 Orthodontics: Consider alternative treatment pathways and packages to maximise the combination of both local and regional provision		The Health Board is actively exploring alternative treatment pathways and packages to optimise both local and regional service provision. A report is awaited from the GIRFT review of Max Fax and Oral surgery, along with the ongoing Community Dental and General Dental Services Report. The recommendations from GIRFT will guide the next steps in improving service delivery.
	Sreeman Andole	4J.19 (Q1) Plastic Surgery: Agree and sign the updated Service Level Agreement (SLA) between the Health Board and partner organisations, with ongoing monitoring in accordance with the SLA		While the operational aspects of the agreement between Mersey West Lancs (MWL) and BCUHB have been agreed, the financial element remains unresolved. The issue has been escalated to the MWL Director of Finance, with a resolution meeting scheduled for January 2025. Clarification is awaited around activity levels and income figures from MWL and Joint Commissioning Committee (JCC) to assess any discrepancies. Once this reconciliation is complete, resolution of the outstanding financial concerns is expected to follow.
	Imran Devji	(Q2) 4J.21 Plastic Surgery: Implement additional dressings clinics to address current variation in provision across North Wales		While some progress has been reported on completing this objective, additional Minor Outpatient Procedure capacity is necessary for full implementation. A Business Case to address this has been submitted and is going through the necessary governance for approval.
		4J.22 Plastic Surgery: Once assured that above priorities are fully implemented and resilient, commence work to agree the future longer-term model for plastics provision for residents in North Wales		The Health Board are actively working within the de-escalation criteria for special measures and are integrating longer-term service planning into the dermatology network. Further progress on commissioning arrangements with JCC (formerly WHSSC) will be pursued in the 2025-26 financial year to ensure continued service improvement and sustainability.

	4J.22a Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUHB - Plastics		The required contract has been drafted and is currently with the Mersey West Lancs Finance Team for review and approval. This remains outstanding due to the issues referred to in 4J.19 above.
	4J.23 Urology: Progress implementing GIRFT recommendations, monitoring impact		The GIRFT and Royal College of Surgeons recommendations have been successfully merged into a unified Urology Improvement Plan, which has been agreed by the BCU Executives. The plan is being actively monitored through the Urology Improvement Group and shared with the corporate QSE on a two-month cycle. This objective is being continuously reviewed to ensure ongoing progress and improvement.
	(Q2) 4J.24 Urology: Increase the delivery of diagnostic and day case urology on all three sites, aligned to providing care closer to home principles		This objective is dependent on agreements around the unscheduled care element of the Urology service and will progress once these are finalised.
	(Q2) 4J.25 Urology: Monitor revised administration processes to ensure they deliver their intended outcomes of better supporting referral, pathology and radiology result management		Clear Standard Operating Procedures are now in place to address administrative inconsistencies raised through national reporting. Monitoring will occur twice yearly at the Urology Progress Review Group.
	4J.26 Urology: Implement delivery of a complex stone surgery, female urology and andrology service in Wrexham		The Female Urology, Stones, and Andrology Services are currently being provided in Wrexham, with a clinician from the East attending the Female and Functional Urology National Clinical Working Group to ensure alignment with national strategies and latest best practice.
	4J.27 Urology: Stabilise the delivery of the pelvic oncology service in Bangor		The stabilisation of the pelvic oncology service in Bangor is being actively pursued, with urology cancer procedures commissioned to external providers or other health boards to ensure continued service delivery. A long-term plan is in place to repatriate these services to North Wales, though significant challenges remain, including workforce, skills, recruitment, equipment, and technology, as well as alignment with the All Wales Plan.
	(Q2) 4J.31 Vascular: Develop a Memorandum of Understanding (MOU) to support increased regional working		The development of a Memorandum of Understanding (MOU) to support increased regional working is progressing. A workshop has been held, and its results have been reviewed. A meeting with the new IHC Medical Director in the Centre is scheduled to confirm the approach, with work set to commence at the end of January 2025 to assess the need for potential changes to the medical model of delivery. These developments may impact the delivery timescales, but the process is on track to move forward to finalisation and implementation.
	(Q2) 4J.33 Vascular: Increase the collection of patient reported experience data in vascular services, and publish this		Efforts to increase the collection of patient-reported experience data in vascular services are progressing well. Work continues to enhance the collection of patient outcome data on Ward 3 at Ysbyty Glan Clwyd, while LLAIS is actively engaged in a range of patient engagement activities. Data is being systematically collected and collated through the Vascular scorecards, which are regularly presented and monitored through the Vascular Network, ensuring ongoing improvement and transparency in service delivery.

		4J.34 Vascular: Develop a refreshed vascular plan covering the next three years to enable structured clinical services planning		The refreshed Vascular Plan for the next three years has been successfully submitted as part of the 25-28 BCU Annual Plan.
		4J.35 Vascular: Build integrated performance, activity and outcomes dashboard for vascular, to better inform service planning		Vascular dashboards have been created and launched, with ongoing interrogation to inform service development. Further revisions are planned based on feedback to refine and enhance the dashboards.
		4J.35a 17 vascular related pathways approved by Strategic Clinical Effectiveness Group for implementation including audit and evaluation cycles		Of the 17 pathways, 10 have been developed and signed off by the West Delivery Group, with reviews and sign-off pending for the East and Centre before they are submitted to the Clinical Effectiveness Group (CEG) for formal approval. Resource constraints have hampered the remaining 7, however work continues around these.
		4J.35b Emergency Diabetic Foot Pathway implemented and clinical audit cycle in place to monitor improvements in access, outcomes and experience		The Emergency Diabetic Foot Pathway has been successfully developed, with associated key Performance Indicators in development to monitor improvements in access, outcomes, and patient experience. The pathway has been agreed upon across the West, East, and Centre regions and has been submitted for formal signoff and implementation at the IHC delivery meeting.
	Teresa Owen	4J.37 Stroke: In line with the national stroke programme, implement digital solutions to aid the evaluation of imaging and decisions for reperfusion therapies including thrombolysis and thrombectomy for patients with symptoms of stroke		Brainomix 360, the imaging AI support tool, went live in November 2023, aiding image interpretation for stroke patients. Evaluative statistical analysis from the launch has been conducted and reported.
		4J.38 Stroke: Continued recruitment and retention of key clinical posts for medical and nursing		Recruitment and retention remains an issue. The difficulties to recruit a Psychologist to each Stroke Team has consequently led to the withdrawal of the service and has had an impact on the referral service. Progress against this objective is reliant on the outcome of a review of future funding arrangements.
	Imran Devji	(Q2) 4J.39 implement plans to enhance independent prescribing to enable additional capacity for advanced glaucoma management and management of medical retina.		The urgent care pathway has been implemented across the Pan BCU and will be disseminated to all practitioners, including information on availability for Independent Prescribers (IP). Additional follow-up capacity is being explored through the utilisation of Teach and Treat, which aims to enhance the number of patients seen in clinics for training purposes. The Holywell Train & Treat initiative is crucial for expanding the available workforce, with plans for a second phase and student cohort currently underway. Additionally, a new Train and Treat facility commenced operations at Deeside Hospital, providing higher certificate placements in Glaucoma for Primary Care Optometrists. Upon qualification, these optometrists will be equipped to offer referral refinement, thereby alleviating pressure on secondary care services.
4K Women's Services	Imran Devji	4K.5 Implementing the North Wales Women's Planned Care and Cancer Recovery Plan in line with GIRFT recommendations		The North Wales Women's Planned Care and Cancer Recovery Plan has commenced implementation, in line with GIRFT recommendations through actions such as validation exercises, recruitment efforts, and capacity reviews. Performance monitoring mechanisms

				are in place locally, corporately, and nationally, ensuring regular oversight of progress against planned care and cancer recovery targets.
		4K.7 Supporting Healthy Start by raising awareness and reducing inequality		This objective has been delivered by widespread promotion and engagement across BCUHB staff, partners, and communities, including a comprehensive briefing, enhanced access to resources and targeted communication strategies. Plans for further work in 2025/26 and engagement with the national review will support further improvement.
		4K.8 Raising awareness of, and supporting the effects of, menopause on women's physical, emotional, mental and social well-being		Waiting List Initiative funding has been utilised to support Menopause OPD appointments. 102 slots were created in December and January with further availability for the remainder of the year being confirmed. The National Menopause Training model has been launched and this has been shared widely with Clinical body and will support the care closer to home model. Virtual Sessions are also being progressed with Primary Care to reduce the number of referrals.
4L Children	Imran Devji	4L.4 Focus further work on the integration of services for Children with Complex Needs, improving access and timeliness of provision		Work continues with Regional Partnership colleagues to enhance partnership working and integrate MDT approaches, particularly for children with complex needs. Progress in these areas supports improvements in access and timeliness for children with neurodevelopmental (ND) and complex presentations.
4M Pharmaceutical Services	Sreeman Andole	4M.1 (Q2) Consider the RPS review of the provision of hospital clinical pharmacy services within the context of the Health Board to identify those opportunities identified that would make the biggest differences to patient experience and outcomes		A Programme Manager started in post in October 2024 reporting to the BCUHB's Chief Pharmacist and also aligned to the national delivery of the independent review prioritised actions (funded by Welsh Government). The Programme Manager led on formalising the Health Board's actions against the prioritised recommendations. BCU have led on the Preventing Deconditioning actions linked into the regional group. A presentation has been delivered to each IHC Senior Leadership Team to set the scene with the workforce, manage expectation on delivery of the actions and how they will link in with national SROs to deliver the actions consistently across BCUHB. Efforts are now being directed at implementing the required actions and progress delivery to improve patient experience and outcomes.
	Imran Devji	4M.2 Establish a strategic 'Medicines Value Group' to provide over-sight and direction to implementation and system cascade for full system medicines value programmes. This will include consideration of the evidence base that can be drawn into current and projected financial opportunities and patient outcome impact assessments		The evaluation of the Medicines Value programme has highlighted significant financial gains, aligning with NHS Wales Value & Sustainability Board recommendations. Moving forward, the Medicines Value work stream will be integrated into a broader strategic Value Benefits programme, ensuring a cohesive approach to all value-driven initiatives. The Chief Pharmacist will lead this effort within the Value & Sustainability portfolio to promote multidisciplinary collaboration and avoid siloed implementation.
5A University Partnership	Chris Stockport	5A.5 Undertake further work to ensure that the Primary and Dental Academies in North Wales are supported to thrive and develop as Centres of Excellence		The Academy continues to support the primary care workforce to excel by offering a broad range of education and training opportunities, including formal qualifications and on-demand courses. Members of the Academy Team are completing BTEC, MSc and PhD programmes to ensure that as a Health Board we have the skills and knowledge to support workforce planning and primary care sustainability. In addition to formal qualifications, we also have team members completing the HEIW Clinical Leadership Programme and Medical Education Supervision Matters.

				The experience and expertise of the Academy Team is used to support colleagues to explore the relevant programmes of education / training to achieve personal and professional development.
	Sreeman Andole	5A.6 Work with Bangor University to progress joint ambitions on the establishment of a North Wales School of Pharmacy		The programme has achieved internal validation for Bangor University, subject to conditions, and successfully completed a Step 3 accreditation visit from the General Pharmaceutical Council in December 2024. Recruitment efforts for key academic roles and clinical practitioners are underway, and discussions within BCUHB to explore enhanced training capacity for student placements and pre-registration training. These developments position the programme to deliver a September 2025 cohort of 35 students.
5B Research, Development and Innovation	Sreeman Andole	5B.2 (Q2) Sustain and increase clinical research facility activity in early phase trials		Progress continues to be made implementing the objective deliverables including trials relating to Norovirus, Flu, Covid and Rheumatology. This work is being integrated into a Research Framework that will incorporate research activities into business-as-usual. While this is a positive step forward, there remains a risk that research opportunities may be influenced by external factors beyond BCU's control, particularly with regard to fluctuating demand. Efforts will continue to mitigate this risk while advancing the framework.
		(Q2) 5B.3 Develop and deploy an Innovation Pathway aligned to our strategy and strengthening of planning priorities already outlined earlier in the Plan		The All-Wales Innovation Pathway is being applied to projects in BCU, with a joint bid submitted to the Welsh Government alongside MSPARC and OPTIC Centre for funding to develop an infrastructure supporting potential innovators.
		5B.4 Increase honorary research appointments and clinical academic posts (see priority 5C)		The joint appointment process has experienced a delay due to the need for Royal College approval. However, six nominations for honorary appointments were successfully submitted for approval at the Bangor University Senate in December 2024. Efforts are ongoing to resolve the approval process and move forward with the appointments.
5C Academic Careers	Sreeman Andole	(Q2) 5C.2 The Health Board will then explore how to resource the created proposal in order to proceed to implementation		Conversations with academic partners exploring academic career pathways to support students and further workforce took place in June 2024. The plan to establish a working group to identify opportunities for students to join the Health Board was discussed and has led to significant foundational work being underway as part of the 2025/28 plan. This includes the baselining of information and aligning our work with national initiatives led by Health Care Research Wales. Although the objective will not be fully achieved in 2024/25, actions to progress academic careers are being taken forward in Q4, which will lay the groundwork for future implementation. The commitment to advance this work remains and will continue into the next planning period.
5D Intelligence Led	Dylan Roberts	(Q2) 5D.2 Introduce a data kite mark system		The development of data quality kite mark (DQM) standards and a supporting data model for RTT pathways within the Data Warehouse is complete, and the work to date has future applicability across other datasets.
		5D.3 Further develop BCU's data warehouse, broadening the range of datasets available		The migration of datasets is now complete. The transition from the legacy warehouse, with diagnostic imaging and follow-up waiting list datasets is now available for analyst use. Testing on cancer pathway data is nearing completion, and final adjustments are being made to a waiting list removals dataset to enhance analytical capabilities.
		5D.4 Undertake a skills / training needs analysis to inform a data literacy workplan		Role-specific training needs assessments for the Analysis Team have been completed, with ongoing efforts to extend these assessments to the Development and WPAS Teams.

				Additionally, training needs for the Planned Care operational team are being evaluated via an NHS Executive survey, supported by input from the BCU Data, Intelligence, and Insight team.
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▪ **Appendix 2: Change Control – Amendments to 24/25 Annual Delivery Plan**

Reference no: 2425-032	
Change Type	Retiring of milestone
Rationale for Change	The private assessment tender exercise has not progressed following a value for money review and will not subsequently be awarded.
Original Milestone(s)	4I.15a - ND tender for private provision of assessments awarded.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	30/01/2025		
Date of Committee	23/12/2024	Report of:	Performance, Finance & Information Governance Committee (PFIG)
Quoracy met:	Yes		
1	Agenda	The PFIG Committee continues to meet bi-monthly. The Committee considered an agenda which is attached. [include agenda on sending]	
2a	Alert	<p>The PFIG Committee wishes to alert members of the Board that:</p> <ol style="list-style-type: none"> 1. There is only limited assurance about the likelihood of achieving the financial control total for 2024/5. The Board will wish to consider at its January meeting whether there is a need for additional interventions to reach this goal. 2. In considering the IMTP, the Board should agree which of those measures currently funded by non-recurrent funding are high priorities and authorise these to be taken forward on the basis that recurrent funding will be made available for them in 2025/6 and going forward. 3. Continued sustained effort is needed to address the 'productivity challenge' if the Board is to succeed in putting forward a credible IMTP based on a balanced budget. 4. It should seek further reassurance that our capital budget is likely to be fully utilised. 	
2b	Assurance	<p>The PFIG Committee wishes to assure members of the Board that:</p> <ol style="list-style-type: none"> 1. Savings performance is generally good but efforts are still needed to identify additional recurrent savings. 2. The Committee continues to examine progress in terms of the value and sustainability workstreams and has requested a more detailed paper on this at the next meeting. 3. The Committee held a useful session with Women's Services and believes that the division has a clear set of priorities and is addressing the financial and operational challenges it faces in a consistent manner while recognising that other committees will wish to examine issues related to service quality and planning, particularly 	



		in the light of the Welsh Government's new 10 year strategy for Women's health.
2c	Advise	<p>The PFIG Committee wishes to advise members of the Board that:</p> <ol style="list-style-type: none">1. The Committee remains concerned at the limited evidence of impact of the efforts being made to address planned care long waits and delays in Urgent and Emergency Care.2. Work is needed to ensure that, in line with GIRFT and the principle of care closer to home, the right surgical procedures are carried out in the right place.
2d	Review of Risks	<p>Risk of failing to deliver financial outturn in line with control total</p> <p>Risk of failing to deliver planned care trajectories.</p>
2e	Sharing of learning	N/A
3	Actions to be considered by the Board	PPHP to consider implementation of Welsh Government's Women's Health 10-year Strategy in North Wales



Teitl adroddiad:	2024-25 Month 9 (December) Finance Report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 30 January 2025
Date of Meeting:	
Crynodeb Gweithredol:	<p>This report provides a briefing on the financial performance of the Health Board for the year to date position as at the end of Month 9 (December 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.</p>
Executive Summary:	<p><u>Finance Report</u></p> <p>In November 2024, Welsh Government recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m. Attaining the control total £8.6m deficit outturn is key to securing the £82m received non-recurrently 2024/25 into 2025/26 and beyond.</p> <p>It is of note that the 2024/25 planned deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position.</p> <p>The Health Board recorded the £74.6m allocation received in 2023/24 (part of the wider distribution of conditionally recurrent funds across Health Boards of £336.1 million) as recurrent, having complied with the condition of moving towards attainment of the control total for 2023/24. However, the allocation tables for 2025/26 indicate that for BCUHB this funding remains conditionally recurrent, and this change is being discussed with WG.</p> <p>As at close of December 2024 (Month 9) the Health Board is reporting a deficit of £14.8m, an improvement of £1.5m from previous month but still representing an £8.3m adverse variance compared to 9/12ths of the revised £8.6m full year planned deficit. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.</p> <p>December (Month 9) is reporting an in-month surplus of £1.5m, (£2.2m surplus compared to the in-month planned deficit of £0.7m) and £0.9m Accountancy Gains were identified by the Health Board in December. Total year to date Accountancy Gains are £8.9m.</p> <p>Total cost of the 2024/25 pay award impact is £72.5m. £33.5m Pay Award allocation has been received in Month 9, with the remaining balance of £38.2m reported as anticipated income pending confirmation of final funding allocation from WG. The forecast assumes that pay award is funded in full from WG.</p>

It is of significant concern that the year to date financial position exceeds the level of planned deficit for close of the financial year. Further focus and interventions are required to identify and deliver mitigating actions to recover the overspend against year to date plan and control emerging pressures. This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) chaired by the Chief Executive. IPEDG (27th November) instructed all Divisions to review expenditure forecasts and identify areas where expenditure could be reduced to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan.

Following the Health Board meeting of 28th November 2024, a request for strategic cash-only support has been made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. Whilst the sum initially requested was £18.0m this figure is anticipated to be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS in Wales on 2nd December 2024.

Capital Programme

The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £45.8m, which includes £0.7m IFRS16 and £45.1m Capital. Year to date expenditure is £14.0m against a year to date plan of £15.2m, resulting in a year to date underspend of £1.2m when compared to plan as at Month 9.

The programme is being reviewed continuously with discussions taking place with Welsh Government to manage and mitigate any potential risks.

Savings

The Health Board's financial plan has set a recurrent savings target of £48.0m to be delivered in 2024/25. The £48.0m target plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme has been developed through a Value & Sustainability thematic model which is to be delivered within five core domains (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

Full year forecast value of Green Schemes totals £43.8m, fortuitous Accountancy Gains of £8.9m, giving a combined total of £52.6m, an increase of £0.9m from November (Month 8). Of these, £29.1m have been identified as recurring, with a full year effect of £41.4m, and £23.6m identified as non-recurring savings. The recurrent shortfall to be identified is therefore £6.6m

Savings delivered in Month 9 totalled £5.2m, of which £3.2m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute to the in-month delivery. Red and pipeline opportunities totalling £0.9m have now been converted to Green Schemes, with 1 remaining Red & Pipeline scheme totalling £0.037m.

	<p>Whilst the Health Board has identified savings above the planned savings requirements through a combination of Savings Schemes and Accountancy Gains, the focus has now moved on containing cost overruns and recovering the year-to-date deficit above plan. This is being managed through the Integrated Performance and Executive Delivery Group (IPEDG), which is chaired by the Chief Executive.</p> <p>It is of note, the Health Board will also be required to attain savings as part of the 2025/26 financial plans (minimum requirement of 2% in the planning guidance) with focus moving towards identification of these savings in advance of commencement of the new financial year on 1st April 2025.</p> <p><u>Risks & Mitigations</u></p> <p>The Integrated Performance and Executive Delivery Group (IPEDG) issued all Divisions in November 2024 expenditure reduction targets. The forecasts to be adjusted to reflect where expenditure could be reduced to mitigate any potential risks to delivery of the financial plan.</p> <p>These additional interventions aimed at containment and reversal of cost overruns is now key, with the risk of attainment of the 2024/25 financial plan being assessed as circa £20m.</p>			
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive, and scrutinise this report 			
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>			
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p>Lefel sicrwydd:</p> <p>Assurance level:</p>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>BAF – Financial Stability</p> <p>Current risks and mitigations are shown in Appendix A, Slide 13.</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p>	<p>Not applicable</p>

<p>Workforce implications as a result of implementing the recommendations</p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Appendix A BAF risks BAF SP14 – Estates & Capital (There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>A - 2024/25 Finance Report (Revenue, Capital and Savings) – December (Month 9)</p>	

Finance Report

December - Month 9 2024/25

Russell Caldicott
Interim Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective	<ul style="list-style-type: none"> 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. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> Health Board received an additional recurrent allocation of £11.15m in Month 8, with the planned outturn improving from a £19.8m deficit to £8.6m. A condition of accepting the additional income being the improvement in outturn, the £8.6m deficit being the new control total In-month surplus of £1.5m, reducing the year to date deficit reported in month 8 for the Health Board Year to date total deficit of £14.8m, which is £8.3m over the £6.5m year to date planned deficit (9/12ths of the £8.6m full year planned deficit). Full year forecast outturn position remains at £8.6m deficit. This does not attain breakeven and the key first duty to break-even.
	Cash	<ul style="list-style-type: none"> Closing cash balance as at 31st December 2024 was £7.1m, including £5.8m revenue cash and £1.3m for capital projects. The Health Board approved on 28th November 2024, a request for strategic cash-only support be made to Welsh Government to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. The request was £18.0m, this figure will potentially be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS Wales on 2nd December 2024
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. Month 9 forecast is to deliver £52.6m (including £8.9m Accountancy Gains). An increase of £0.9m from Month 8 that exceeds plan requirements. Of the £52.6m forecast delivery, £29.1m is recurring schemes with a full year effect of £41.4m. The gap of recurrent savings to the target is £6.6m. Savings delivered in Month 9 totalled £5.2m, of which £3.2m is recurring. Accountancy Gains of £0.8m were also identified in month which contribute to the in-month delivery.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2024/25 is £45.8m. Year to date expenditure is £14.0m against a year to date plan of £15.2m, with expenditure forecast to increase to plan for the remaining months of the financial year.
Key Messages	<ul style="list-style-type: none"> In November 24, Welsh Government recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m. Year to date financial position exceeds the level of planned deficit for close of the financial year by £8.3m. This will need to be recovered over the remainder of the financial year by minimising expenditure and keeping control of emerging pressures to recover the overspend against plan. Focus continues to be on containing cost overruns and recovering the year-to-date deficit above plan. This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) chaired by the Chief Executive. IPEDG (27th November) instructed all divisions and IHC's to identify a range of cost reductions to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan. Attaining the control total of £8.6m deficit outturn is key to securing the £82m received non-recurrently 2024/25 into 2025/26 and beyond. The Health Board has performed well in regards to savings attainment in year, the current forecast a £52.6m delivery against the £48m ask. 	

Key Performance Indicators



Month 9 Position

In Month: £186.7m against plan of £188.9m
£2.2m favourable

YTD: £1674.8m against plan of £1666.5m
£8.3m adverse above £6.5m YTD planned deficit (Total YTD deficit is £14.8m)



Forecast

Full year Planned deficit has reduced from £19.8m to £8.6m in Month 8 following in year WG allocation of £11.15m. The year to date adverse variance indicates a risk to delivery of c£20m, with expenditure reduction targets issued to areas and directorates with further cost controls.

£8.6m deficit

Month 9 Divisional Performance

West IHC	£10.6m adverse
Central IHC	£16.8m adverse
East IHC	£20.1m adverse
Womens	£11.6m adverse
MH & LD	£14.8m adverse
Commissioning Contracts	£0.3m adverse
ICD Primary Care	£3.6m favourable
ICD Regional Network	£1.6m adverse
Support Functions	£2.2m favourable
Other Budgets	£52.7m favourable



Savings

In-month: £5.2m against target of £4.0m
£1.2m favourable

YTD: £41.5m (includes £8.9m accountancy gain) against a target of £36.0m
£5.5m favourable



Savings Forecast

£52.6m against target of £48.0m

£4.6m favourable



COVID-19 Impact

£8.1m YTD cost

£11.3m forecast cost against £12.2m COVID funding allocation from Welsh Government



Year to Date Income

£121.4m against budget of £117.8m

£3.6m favourable



Year to Date Pay

£835.8m against budget of £808.4m

£27.4m adverse



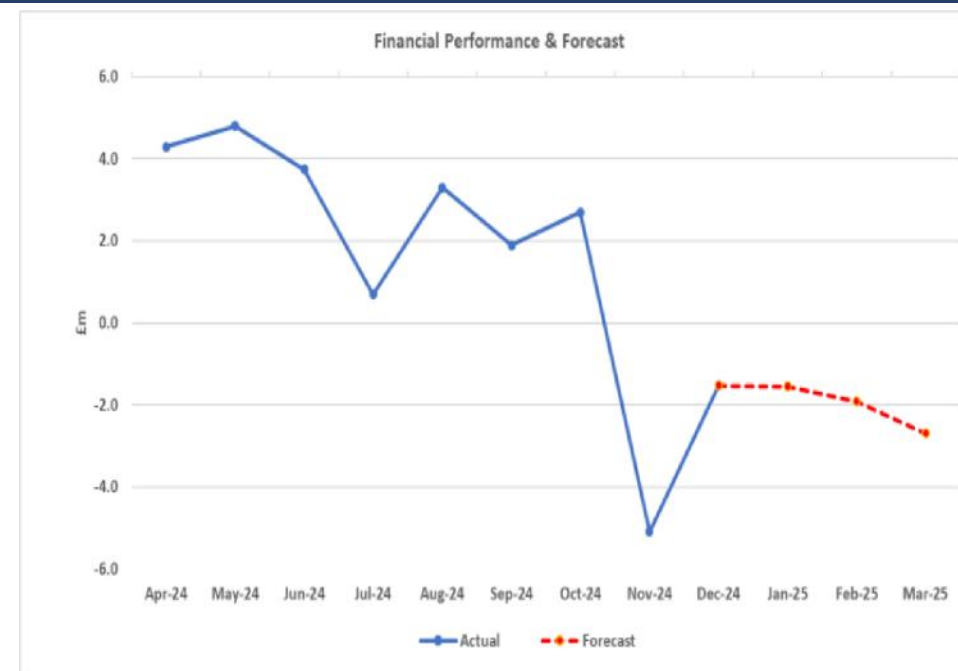
Year to Date Non-Pay

£960.5m against budget of £969.5m

£9.0m favourable (above planned deficit of £5.7m)

Revenue Position

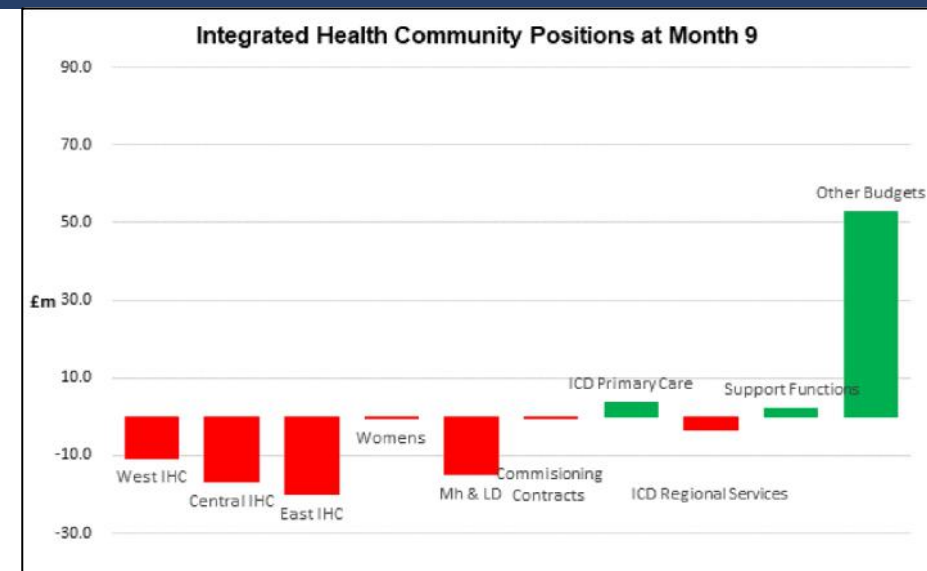
	Actual									2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(227.6)	(188.2)	(1,660.1)	(1,660.1)	0.0	0.00%	(2,225.1)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(13.8)	(13.4)	(117.8)	(121.4)	-3.6	3.06%	(162.2)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	808.4	835.8	27.4	3.39%	1,121.4
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	113.8	107.8	969.5	960.5	-9.0	-0.93%	1,274.6
Total Deficit / (Surplus)	4.3	4.8	3.7	0.7	3.3	1.9	2.7	(5.1)	(1.5)	0.0	14.8	14.8		8.6
Planned Deficit	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(5.8)	0.7	6.5	0.0	6.5	100.00%	
Total Deficit / (Surplus) above Plan	2.6	3.2	2.1	(0.9)	1.6	0.3	1.0	(0.7)	(2.2)	6.5	14.8	8.3		



- Within the 204/25 financial plan Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) was allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 was agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m.
- In November 24, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.
- As stated above, the Health Board recorded the £74.6m allocation received in 2023/24 (part of the wider distribution of conditionally recurrent funds across Health Boards of £336.1 million) as recurrent, having complied with the condition of moving towards attainment of the control total for 2023/24. However, the allocation tables for 2025/26 indicate that for BCUHB this funding remains conditionally recurrent, and this change is being discussed with WG.
- Month 9 position is reporting an in-month surplus of £1.5m, a deterioration of £3.6m from previous month. Year to date is reporting a deficit of £14.8m. This represents an £8.3m adverse variance compared to 9/12ths of the revised £8.6m full year planned deficit. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs. Risks to delivery of the plan totals £21.5m (See Slide 14).

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
WG RESOURCE ALLOCATION	(188.2)	(188.2)	0.0	0%	(1,660.1)	(1,660.1)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	(0.0)		1.0	0.9	0.1		0.1
West Area	17.7	17.6	0.1		152.6	155.4	(2.8)		(3.9)
Ysbyty Gwynedd	11.2	11.8	(0.6)		100.0	107.1	(7.2)		(9.4)
Facilities	1.3	1.2	0.1		9.9	10.7	(0.8)		(1.0)
Total West	30.3	30.7	(0.4)	-1%	263.4	274.1	(10.6)	-4%	(14.2)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.9	0.9	0.0		0.0
Central Area	23.5	23.6	(0.0)		200.6	203.3	(2.7)		(5.8)
Ysbyty Glan Clwyd	14.6	15.1	(0.5)		125.2	138.5	(13.3)		(18.4)
Facilities	1.6	1.4	0.2		11.7	12.5	(0.8)		(1.1)
Total Central	39.8	40.1	(0.3)	-1%	338.4	355.2	(16.8)	-5%	(25.3)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.9	0.9	(0.0)		(0.1)
East Area	25.8	26.7	(0.9)		222.0	232.8	(10.8)		(13.2)
Ysbyty Wrexham Maelor	12.2	12.6	(0.5)		108.6	116.8	(8.2)		(10.3)
Facilities	1.6	1.3	0.3		10.8	11.8	(1.1)		(1.4)
Total East	39.6	40.8	(1.1)	-3%	342.2	362.3	(20.1)	-6%	(24.9)
Total Midwifery and Women's Services	4.2	4.0	0.2	5%	37.1	37.7	(0.6)	-2%	(0.8)
Total Mental Health and LDS	14.8	16.5	(1.7)	-12%	132.3	147.2	(14.8)	-11%	(16.6)
Total Commissioning Contracts	23.7	24.5	(0.8)	-3%	219.2	219.5	(0.3)	0%	1.3
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	0.4	0.6	(0.2)		5.5	5.3	0.2		0.2
Dental North Wales	2.9	2.5	0.3		25.6	22.0	3.6		4.3
Community Dental Services	0.6	0.6	0.0		5.0	5.3	(0.2)		(0.4)
Other Primary Care	(0.6)	(0.6)	0.0		1.1	1.0	0.1		0.0
Total Integrated Clinical Delivery Primary care	3.3	3.1	0.2	7%	37.2	33.6	3.6	10%	4.1
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.0)	0.2		(16.8)	(18.3)	1.5		1.7
Diagnostic and Specialist Clinical Support	7.3	7.4	(0.1)		62.3	66.2	(4.0)		(4.3)
Cancer Services	6.0	5.9	0.0		50.8	51.8	(1.0)		(1.3)
Total Integrated Clinical Delivery	11.4	11.3	0.1	1%	96.3	99.8	(3.6)	-4%	(3.9)
Total Service Support Functions	16.6	14.3	2.3	14%	122.9	120.6	2.2	2%	(0.3)
Total Other Budgets	5.2	1.5	3.7	71%	77.6	25.0	52.7	68%	80.6
Total Deficit above Plan	0.7	1.5	2.2	313%	6.5	(14.8)	(8.3)	-129%	(0.0)
Planned Deficit	(0.7)	0.0	(0.7)		(6.5)	0.0	(6.5)		(8.6)
Total Deficit	0.0	1.5	1.5		0.0	(14.8)	(14.8)		(8.6)



- In-month surplus of £2.2m which is £3.0m below the monthly profiled financial plan deficit of £0.7m, an improvement of £2.9m from Month 8.
- Pay expenditure decreased by £30.3m (24.7%), being predominantly due to the £34.3m backdated year to date impact of the 24/25 Pay award paid in Month 8. The Pay award funding, with estimated costs of £72.5m (See breakdown in Slide 12) still needs confirming by WG which is noted as a risk on slide 14.
- Total Non-Pay expenditure decreased by £6.0m, of which £3.6m is a reduction in Healthcare Services provided by other NHS Bodies, £1.5m reduction in Primary Care Contractor and £0.5m reduction in Primary Care Drugs.
- Further detail on Non-Pay spend is reported in Slide 11.

Expenditure – Pay & Non-Pay

Pay Costs as per Monitoring Return Table	Actual										Cumulative			Full Year Forecast
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Budget	YTD Actual	YTD Variance		
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m		
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	12.1	16.9	13.0	120.4	113.8	6.6	162.0	
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	20.8	29.4	21.5	184.5	200.4	(15.9)	250.0	
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	27.4	38.3	28.4	246.0	255.2	(9.2)	346.5	
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	13.3	17.5	13.7	116.4	125.9	(9.5)	171.5	
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	3.6	5.2	3.8	36.8	33.7	3.1	43.8	
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	5.8	5.9	8.3	6.2	52.8	54.7	(1.9)	74.4	
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	1.6	2.0	1.6	13.6	14.1	(0.5)	18.6	
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	4.0	5.1	4.1	37.2	37.7	(0.4)	53.5	
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.8	0.4	0.3	1.0	
Health Board Total	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	808.4	835.8	(27.4)	1,121.4	
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	3.7	3.5	3.0	23.4	26.9	(3.5)	35.8	
Total Pay	89.3	89.8	89.6	90.5	90.5	99.4	92.4	126.0	95.2	831.8	862.7	(30.9)	1,157.2	

Non-Pay Costs as per Monitoring Return Table	Actual										Cumulative			Full Year Forecast
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Budget	YTD Actual	YTD Variance		
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m		
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	19.6	18.6	20.0	19.6	19.6	19.6	20.3	21.7	20.1	179.6	179.1	0.5	239.3	
Primary Care - Drugs & Appliances	10.9	10.5	10.2	10.8	11.6	10.8	12.4	11.3	10.8	92.6	99.3	(6.7)	132.3	
Provider Services - Non Pay (excluding drugs & depreciation)	19.0	16.1	16.6	20.2	19.0	19.0	19.4	20.7	19.1	206.6	169.0	37.6	221.6	
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	9.3	8.0	8.9	68.7	75.4	(6.7)	101.3	
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	32.1	34.0	30.4	269.7	271.1	(1.5)	362.4	
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	12.5	11.6	11.7	100.0	104.2	(4.2)	137.7	
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	2.7	2.3	2.2	14.1	23.5	(9.4)	30.3	
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	0.3	0.2	0.4	2.3	2.3	(0.1)	3.4	
Losses, Special Payments and Irrecoverable Debts	0.2	0.3	0.3	0.3	0.5	0.2	0.3	0.4	0.4	2.2	2.8	(0.6)	3.8	
Non-pay costs	99.9	98.8	99.1	100.6	104.1	101.0	109.4	110.0	104.0	935.8	926.8	9.0	1,232.1	
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	3.9	3.9	3.9	33.7	33.7	0.0	42.5	
Total non-pay	103.1	102.0	103.0	104.5	108.1	104.9	113.2	113.8	107.8	969.5	852.6	9.0	1,274.6	

Health Board Pay:

- Month 9 Provider Services Pay decreased by £30.3m (24.7%) from Month 8, with £34.3m being the backdated year to date impact of the 24/25 Pay Award paid in Month 8. When compared to previous months monthly average, December Pay is reporting a reduction of £0.7m. Agency spend decreased by £0.5m, NHS Medical Locum costs decreased by £0.3m and WLI spend also reduced by £0.2m.

- Provider Services Pay - £27.4m year to date adverse variance.

- Full year total cost of the 24/25 Pay Award is £72.5m (including M&D, A4C, RLW and additional costs outside of payroll). See further breakdown in Slide 12.

Non-Pay Expenditure(excluding Depreciation):

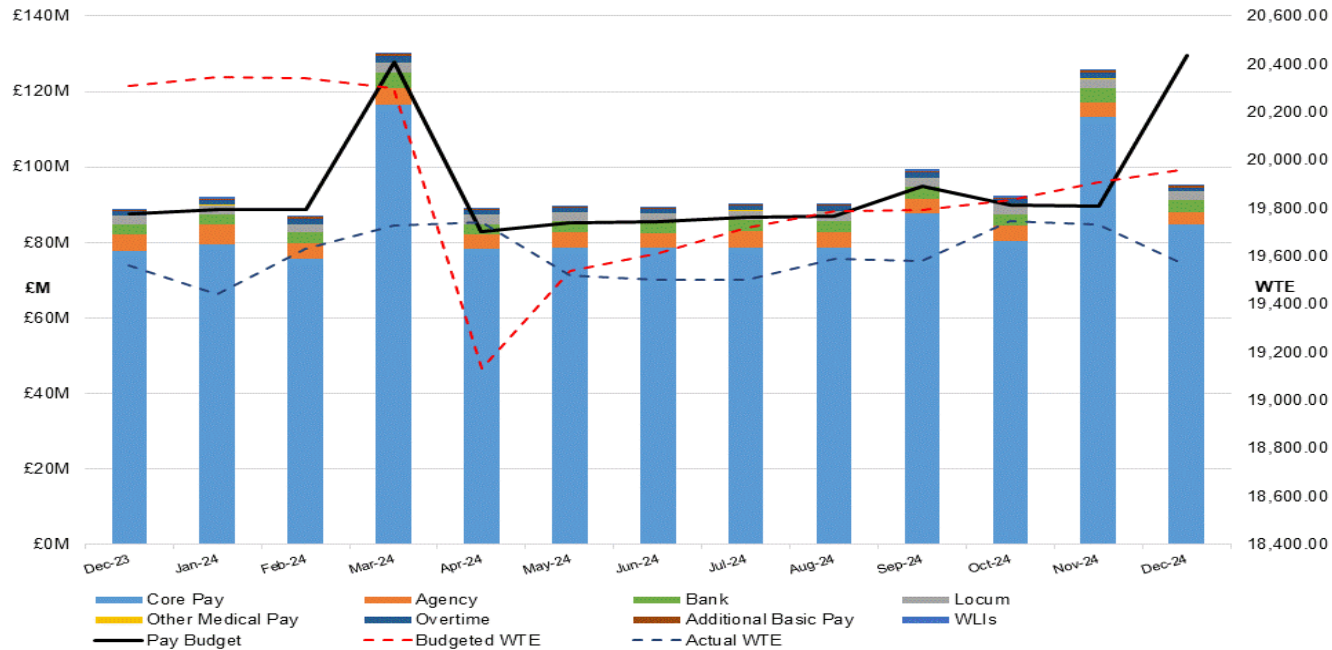
- Total non pay reduced by £6.0m from previous month, of which £3.6m is a reduction in Healthcare Services provided by other NHS Bodies due to the additional Vertex spend funded by WG included within the previous month position.

- Primary Care Contractor decreased by £1.5m and Primary Care Drugs also decreased by £0.5m from previous month with the reductions being primarily one-off fortuitous gains in-month.

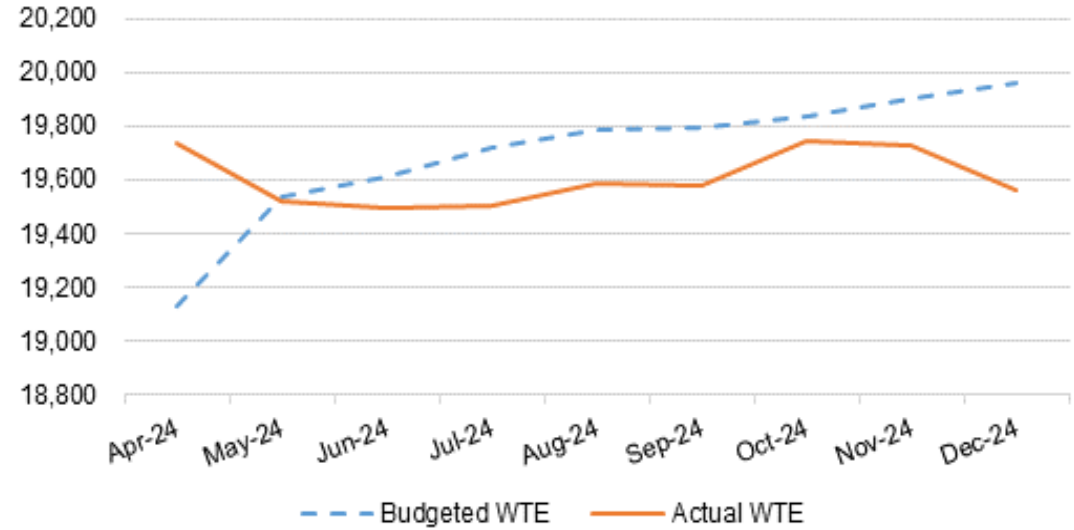
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay

Pay Costs



Pay-WTE



2024-25 Variable Pay	Actual									YTD £m
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	35.6
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	1.2	1.7	1.0	11.5
Locum	2.6	2.3	2.3	2.5	2.6	2.4	2.8	2.6	2.3	22.4
WLI's	0.3	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.3	2.9
Bank	2.6	2.9	2.8	3.0	3.1	3.2	3.0	3.7	3.1	27.3
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.1	0.1	0.6
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	0.4	0.5	0.4	3.4
Total	11.1	11.1	10.8	11.8	11.9	11.6	12.1	12.8	10.5	103.7

- Variable Pay totals £10.5m for December, a reduction of £2.3m from previous month driven by a £0.6m reduction in Bank, £0.6m in Overtime, £0.5m in Agency, £0.3m in Locum and £0.2m in WLI's.



Pay - WTE

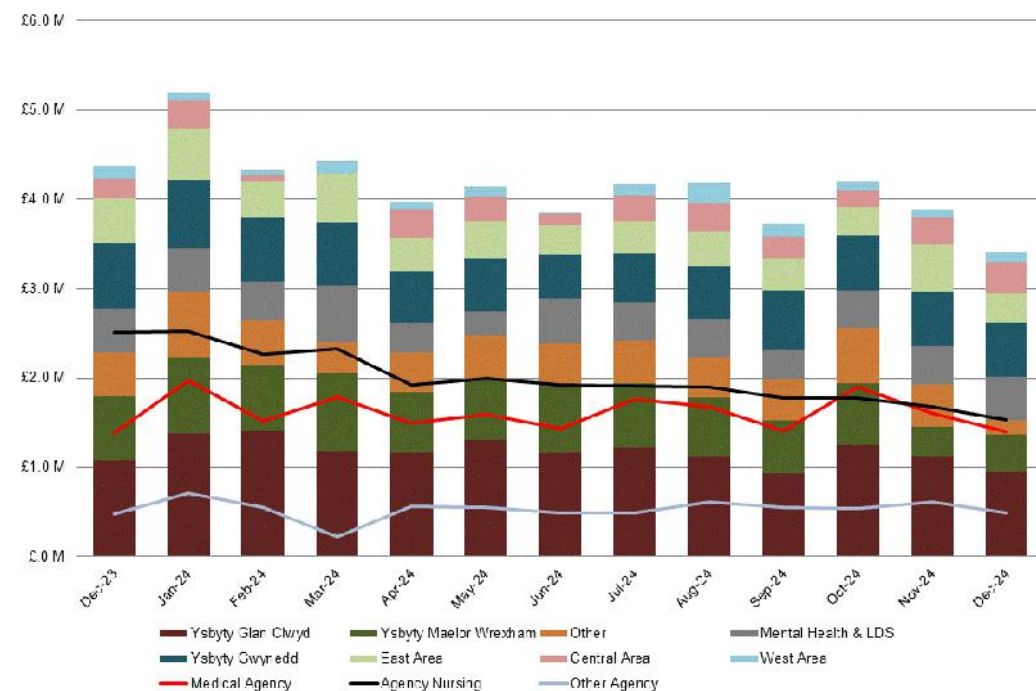
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Movement M9 v M8
Budgeted WTE	19,130	19,537	19,611	19,721	19,789	19,792	19,833	19,906	19,962	56
Actual WTE	19,740	19,518	19,500	19,503	19,590	19,580	19,746	19,731	19,562	-169

- Actual worked in December is 19,562, a decrease of 169 WTE from November.
- Budgeted WTE increased by 56 WTE between December and November.
- Below table provides a breakdown of Budgeted WTE movement by Division from Months 1 to 9:

BUDGETED WTE	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Oct WTE	Nov WTE	Dec WTE	Movement M9 v M8	Explanation of M9 v M8 Key movements
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	3,712	3,722	3,724	2	
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	4,828	4,862	4,878	16	Additional funding allocated from local cost pressure reserve to fund existing staff in post.
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	4,586	4,589	4,608	19	YWM Budget Amendments for Medicine Medical Doctors
COVID Response	33	168	134	134	134	134	134	134	137	3	
Dental GDS	14	14	16	16	16	14	14	14	14	0	
Dental CDS	173	173	173	173	173	172	172	172	172	0	
Womens	685	691	694	694	697	697	698	698	698	0	
Diagnostics	935	964	964	974	977	979	979	980	982	2	
Cancer Services	370	392	392	399	400	401	405	411	419	8	Additional funding from Sustainability to fund 6 Triage nurses & clerical support for 3 Oncology Consultants
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2,273	2,278	2,277	-1	
Other Primary Care	14	15	15	15	15	15	15	15	15	0	
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	2,017	2,031	2,041	10	4.5wte Chief Digital Information Officer, 3.00wte Estates
TOTAL	19,130	19,538	19,611	19,721	19,789	19,792	19,833	19,906	19,965	59	

Pay Costs – Agency

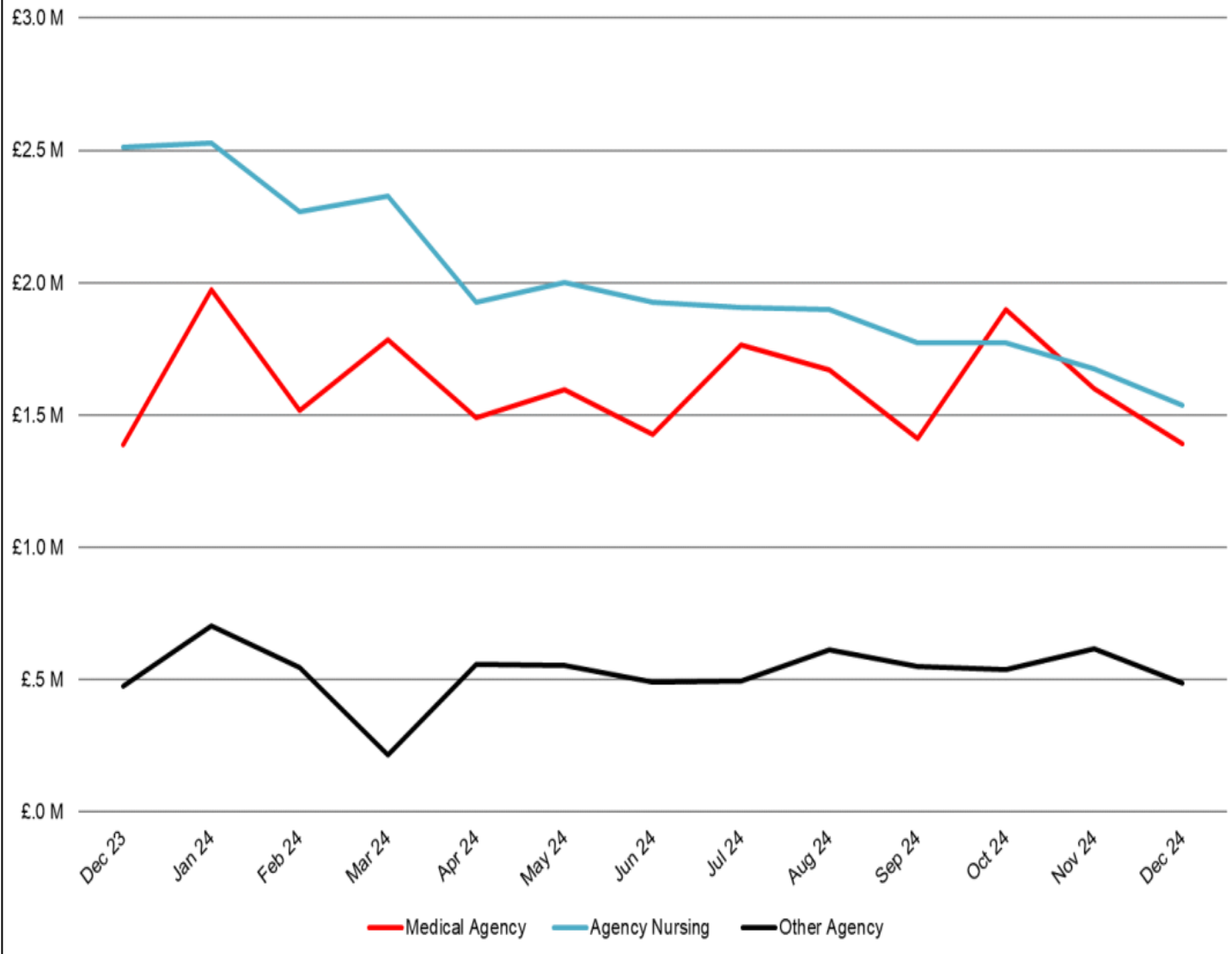
	2024-25 Agency Spend £'m												Total Year to Date £'m	Total Forecast £'m
	Actual									Forecast				
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12		
West Area	0.1	0.1	0.0	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.9	1.2
Central Area	0.3	0.3	0.1	0.3	0.3	0.2	0.2	0.3	0.4	0.4	0.4	0.4	2.0	3.2
East Area	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.5	0.3	0.4	0.4	0.4	3.1	4.2
Ysbyty Gwynedd	0.6	0.6	0.5	0.6	0.6	0.7	0.6	0.6	0.6	0.6	0.6	0.6	4.7	6.5
Ysbyty Glan Clwyd	1.2	1.3	1.2	1.2	1.1	0.9	1.3	1.1	0.9	1.3	1.3	1.3	9.3	13.1
Ysbyty Maelor Wrexham	0.7	0.7	0.8	0.7	0.7	0.6	0.7	0.3	0.4	0.4	0.4	0.4	5.1	6.4
Mental Health & LDS	0.3	0.3	0.5	0.4	0.4	0.3	0.4	0.4	0.5	0.5	0.5	0.5	3.1	4.5
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.2	0.2	1.5	2.2
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.1	0.4	0.4	0.4	2.3	3.5
Total Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	4.2	4.3	4.2	32.1	44.9



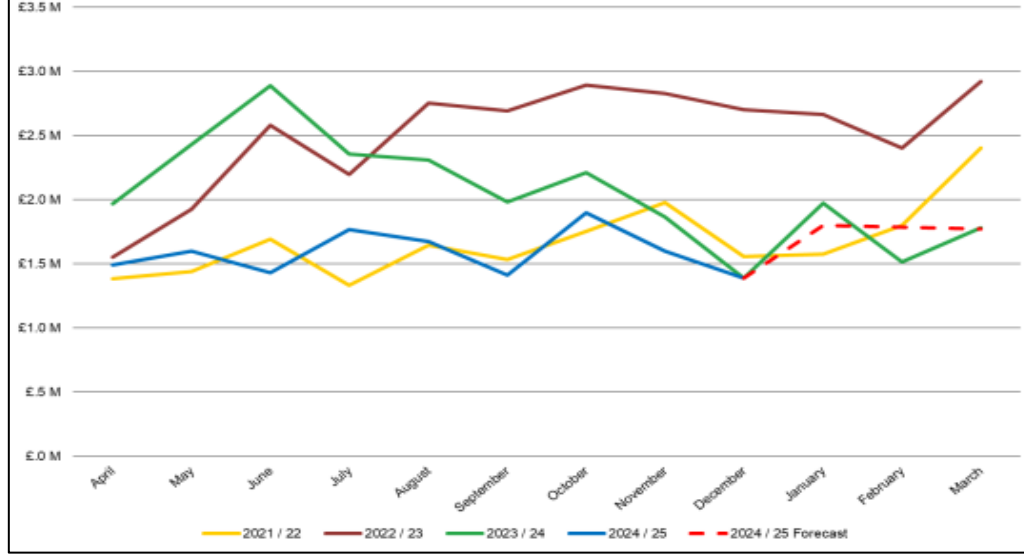
- Agency expenditure for Month 9 is £3.4m representing 3.6% of total pay, and a reduction of £0.5m from previous month spend. The in-month reduction is mainly due to a review of all hours accrued for Agency workers in relation to previous months plus reduced shifts worked in December. Future months Agency forecast profile is reporting an increase from January to March due to Agency commencing from January covering additional Consultant vacancies. Agency Nursing forecast profile is also expected to increase from January to March due to additional escalation demand. 2024/25 monthly average Agency spend is £4.0m compared to a monthly average of £5.6m in 2023/24. Whilst the future months' forecast profile has increased for both Medical and Nursing from January to March, the 2024/25 total Agency year end forecast outturn has decreased by £0.3m, from £48.6m reported at Month 8 down to £48.3m reported at Month 9 due to the in-month reduced expenditure.
- Month 9 Medical Agency expenditure is £1.4m, a decrease of £0.2m from previous month and in line with 24/25 previous months monthly average. The monthly average medical agency expenditure for 2023/24 was £2.1m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.4m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.3m) and Central Area (£0.1m) covering Medical vacancies and sickness.
- Nurse agency costs totalled £1.5m for the month, a decrease of £0.2m from previous month spend. Month 9 Nurse Agency spend is £1.3m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Maelor Wrexham (£0.3m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.2m) and East Area (£0.2m) to staff escalated beds and cover ward vacancies to ensure the Nurse Staffing Act ward staffing levels are maintained.
- Other agency costs totalled £0.5m in Month 9 and is in line with previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).

Pay Costs – Agency

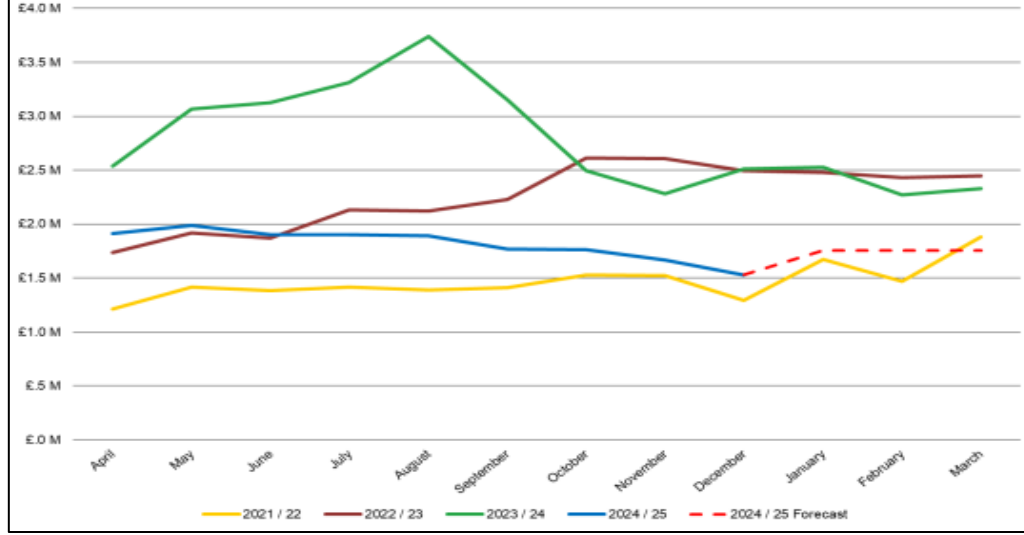
Agency Costs



Medical Agency Costs

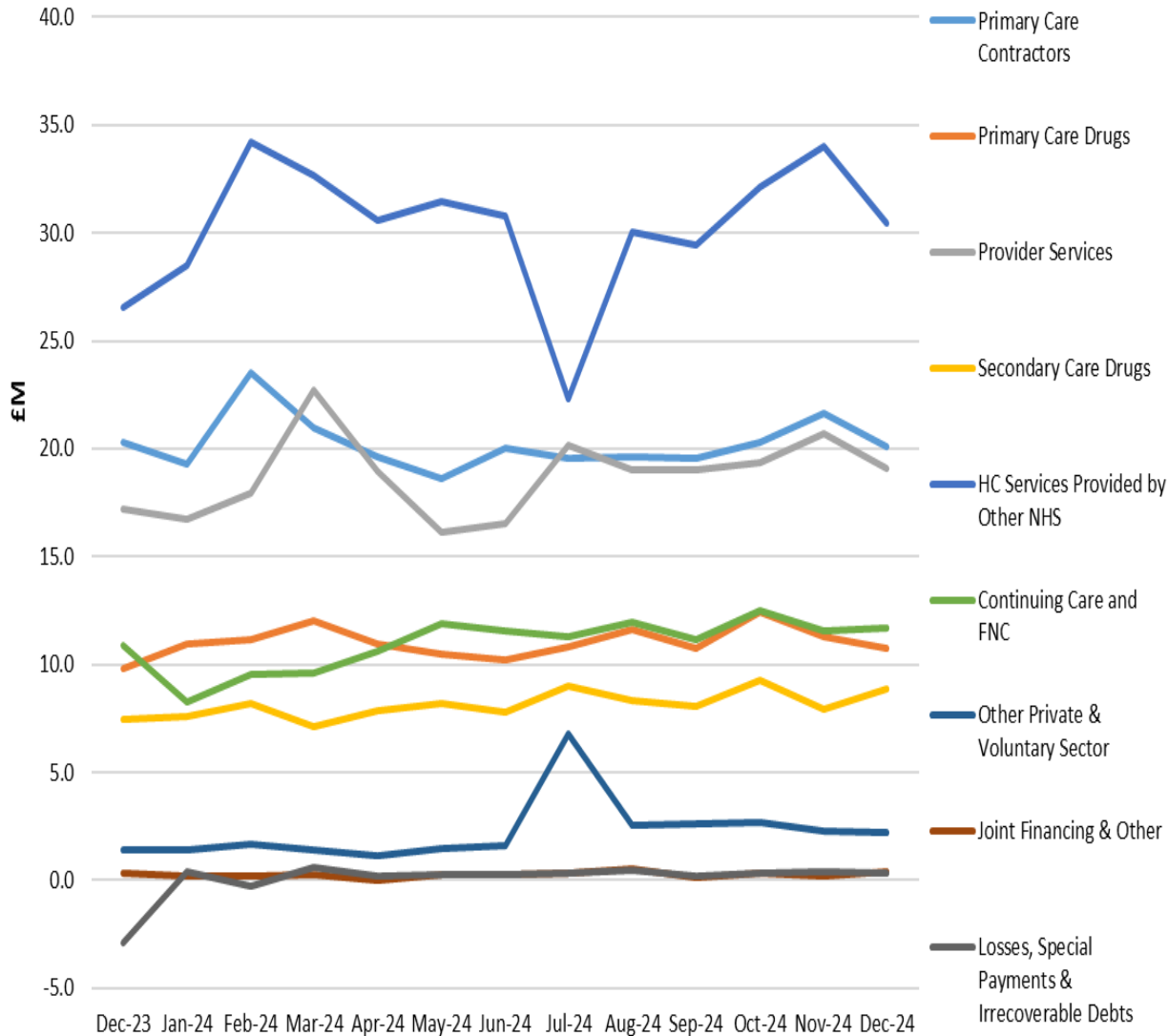


Nursing Agency Costs



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** December expenditure is £1.5m (7.1%) less than previous month due to the additional cost of the newly funded pharmacy contractual framework distorting the previous month's position. When compared to previous month's monthly average, December spend has increased by £0.2m due to additional Managed Practices pressures.
- Primary Care Drugs:** Expenditure decreased by £0.5m (4.4%) due to the release of an over accrual in relation to previous months adjusted for within the Month 9 prescribing position, However, annual forecast increased by £1.2m (0.9%) due to the underlying upward trend in the rolling average of both volume and cost. Average Cost per Item increased from £7.78 per item in September to £7.85 in October (+1.0%). The overall number of Items Prescribed per Prescribing Day increased by 3.1%; October had 73,215 items prescribed compared to 71,009 in September.
- Provider Services Non Pay:** Expenditure decreased by £1.6m (7.7%) from previous month, of which £0.8m is the recovery of VAT on the Renal Contract, £0.3m reduction in Vaccination costs and the remaining reduction being within Premises and Fixed Plan Non-Pay expenditure.
- Secondary Care Drugs:** Expenditure increased by £0.9m (11.8%), of which £0.4m is Cancer Services and £0.4m increase across Secondary Care Sites (YG, YGC & YWM) in Gastroenterology Drugs spend high cost drugs for renal patients.
- Healthcare Services provided by Other NHS Bodies:** A reduction of £3.6m (10.5%) from previous month due to the impact of the additional Vertex and ATMP spend included in Month 8 for which WG funding allocation was received plus backdated UCLH activity adjustments. When compared against previous months' monthly average, Month 9 spend is reporting an increase of £0.3m (1.14%)
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure increased by £0.1m (1.1%). Annual forecast also decreased by £0.4m (0.3%) due to the reduced number of care packages reported in the month.

Allocations

Description	£m
Allocations Received	2,161.1
Total Allocations Received	2,161.1

Description	£m
Allocations anticipated	
AME/DEL Capital Adjustments	6.1
Removal of Donated Assets / Government Grant Receipts	-1.0
Removal of IFRS-16 Leases (Revenue)	-4.7
Real Living Wage (Care Homes)	4.0
IM&T Refresh Programme	1.9
Pay Award 2024-25	38.3
Medical Training - TGS	1.5
ATMP	1.5
50 Day Challenge Funding	4.4
Improved Waiting Times	8.7
Six Goals	1.4
EPMA DPIF Funding	0.8
Other	1.2
Total Allocations Anticipated	64.1

	£m
Total Allocations Received	2,161.1
Total Allocations Anticipated	64.1
Total Welsh Government Income	2,225.2

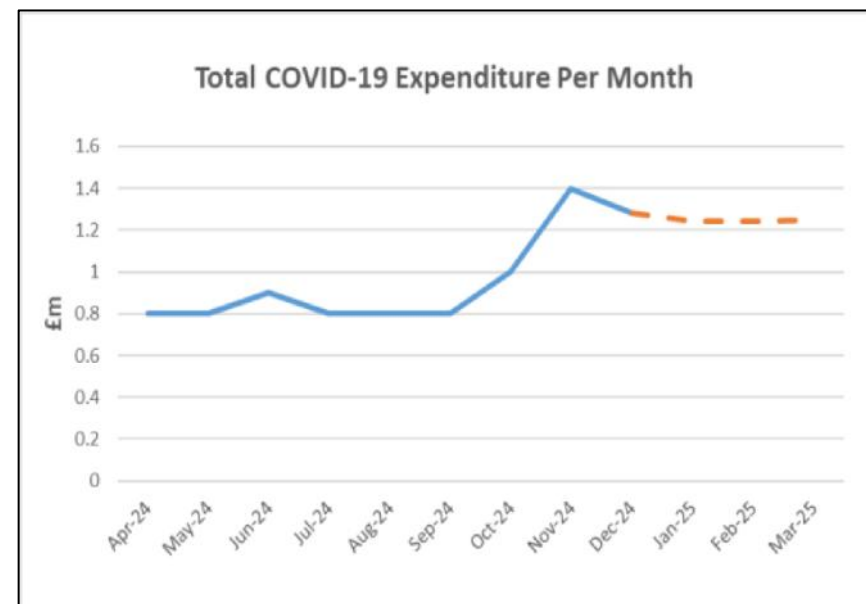
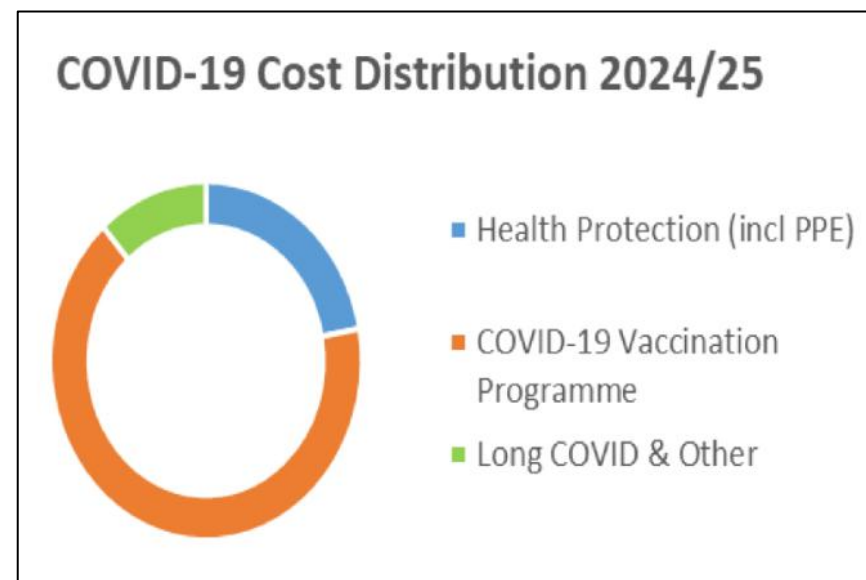
- Total Revenue Resource Limit (RRL) for the year is £2,225.1m. £1,660.1m of the RRL has been profiled into the cumulative position, £8.7m less than 9/12ths of the RRL (£1,668.8).
- Confirmed allocations to date is £2,161.1m, with further anticipated allocations in year of £64.1m. Total COVID-19 funding allocation is £12.2m, with £8.4m profiled into the cumulative position. It is forecast that a surplus of £0.9m can be retained as confirmed by WG.
- Total cost of Pay Award impact is c.£72.5m as detailed in below table. An interim allocation of £33.5m has been received to date, with the remaining balance of £38.3m reported as anticipated income.

2024/25 Pay Award impact	Total £'m
November Pay Award Costs	£50.6m
Real Living Wage (RLW)	£3.8m
RLW Bank & Bank paid in November pay award	£1.6m
September M&D Pay Award	£14.3m
Additional costs outside of direct payroll (English rotational Doctors) and Apprenticeship Levy	£0.5m
Band 8 additional incremental points	£1.7m
Total	£72.5m

- Additional pay costs excluded from the above pay calculations are:
 - Medical & Dental outstanding fees and allowances to be uplifted in January.
 - Potential additional costs English St. Helen's & Knowsley rotational Doctors uplift.
 - JSCC seeking additional funding relating to pay award elements of English contracts.

Impact of COVID-19

	Actual									Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	1.9	2.5
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	0.7	0.9	0.6	5.3	7.5
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.9	1.3
Total COVID-19 Expenditure	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.0	8.1	11.3
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.3	8.4	12.2
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.3)	(0.3)	(0.9)



- Total COVID expenditure for WG funded programmes in Month 9 is £1.0m, with a year-to-date cost of £8.1m. Total full year forecast spend is £11.3m against a COVID funding allocation of £12.2m for 2024/25. It is forecast that there will be a projected surplus of £0.9m against the COVID funding allocation.
- Month 9 Health Protection expenditure is £0.3m with an annual forecast spend of £2.5m.
- COVID-19 Vaccination Programme expenditure for Month 9 is £0.6m and annual forecast spend is £7.5m.
- Month 9 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.3m.
- All COVID programmes expenditure plans continue to be assessed and refined. However, the COVID-19 forecast at Month 9 is projecting slippage of c.£0.9m (Health Protection including PPE £0.2m, Vaccination Programme £0.1m and Long Covid £0.6m). WG have confirmed that the Health Board can retain slippage against the 2024/25 COVID funding allocation to support the delivery of sustainable services.

Risks and Opportunities (not included in position)

- The below are risks and opportunities to the Health Board's Financial position for 2024/25 as of Month 9. Where we are clear of specific costs for both risks and opportunities, these are incorporated within the forecast position.

	Risks	£m	Level
1	Continuing Healthcare – continued patient number growth	£1.0m	Medium
2	Prescribing – growth above original plan expectation	£3.0m	Medium
3	Other Contract Performance (English Provider performance)	£1.0m	Medium
4	Dental Ringfenced Allocation retention of underspend	£4.3m	Medium
5	Risk on recovery of mitigating actions – 80% (Excluding Red & Pipeline)	£4.5m	Medium
6	Modelling assumes pay award funded centrally in full as per the planning guidance	TBC	Medium
7	Risk of NWJSCC charging additional English Pay award costs to BCU	£4.6m	Medium
8	Risk on Recovery of Cost Reductions and Balance Sheet – 30%	£3.1m	Medium
	Total Quantifiable Risks	£21.5m	

- The additional risk of re-banding Health Care support workers has not been incorporated into either the risk tables or the Health Board's financial position.

The below opportunities have now been included within the Month 9 position:

- £0.9m Retention of Covid slippage
- £0.5m Increase in RLW for Care homes, reflecting the same methodology as Powys to ensure consistency with other Health Boards.



Balance Sheet

The additional information in support of the balance sheet centre upon;

- The closing cash balance as at 31st December 2024 was £7.099m, which included £5.775m cash held for revenue expenditure and £1.324m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£1.823m) made up of (£4.276m) revenue cash and £2.453m capital cash.
- Following the Health Board meeting of 28th November 2024, a request for strategic cash-only support was made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. Whilst the sum initially requested was £18.0m this figure will be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS in Wales on 2nd December 2024.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Dec-24 £m	Forecast Closing Balance End of Mar-25 £m
Non-Current Asset			
Property, plant and equipment	724.0	704.6	728.6
Intangible assets	1.2	0.9	1.2
Trade and other receivables	84.6	84.6	84.6
Non-Current Assets sub total	809.7	790.1	814.3
Current Assets			
Inventories	20.9	21.3	20.9
Trade and other receivables	107.7	116.3	124.4
Cash and cash equivalents	5.0	7.1	-1.8
Non-current assets classified as held for sale	0.4	0.4	0.0
Current Assets sub total	134.0	145.0	143.5
TOTAL ASSETS	943.7	935.0	957.9
Current Liabilities			
Trade and Other Payables	209.6	208.8	191.7
Provisions	47.1	60.5	60.6
Current Liabilities Sub Total	256.7	269.2	252.3
NET ASSETS LESS CURRENT LIABILITIES	687.1	662.3	697.3
Non-Current Liabilities			
Trade and Other Payables	27.5	27.5	28.2
Provisions	85.9	85.9	85.9
Non-Current Liabilities Sub Total	113.4	113.4	114.1
TOTAL ASSETS EMPLOYED	573.7	549.0	583.3
FINANCED BY:			
Taxpayers' Equity			
General Fund	353.6	343.5	366.7
Revaluation Reserve	220.1	220.1	220.1
Total Taxpayers' Equity	573.7	563.5	586.7

Capital

- The approved Capital Resource Limit (CRL) for 2024/25 is £45.8m, which includes £0.7m IFRS16 and £45.1m Capital.
- Year to date expenditure is £14.0m against a year-to-date plan of £15.2m, with a year to date underspend of £1.2m. The programme is being reviewed continuously with discussions taking place with Welsh Government to manage and mitigate any potential risks.

BUDGET 2024/25

		<u>Brief Overview / Update</u>			
1) Capital Resource Limit 2024/25	£m	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	12.4				
All Wales Scheme	32.6				
Total CRL	45.1				

CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.9	1.1	4.8	0.1	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.4	0.8	1.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.9	2.0	2.0	-0.1	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.4	2.1	3.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All Wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
WG Discretionary Capital	12.4	5.935	11.6	0.8	Under Commitment

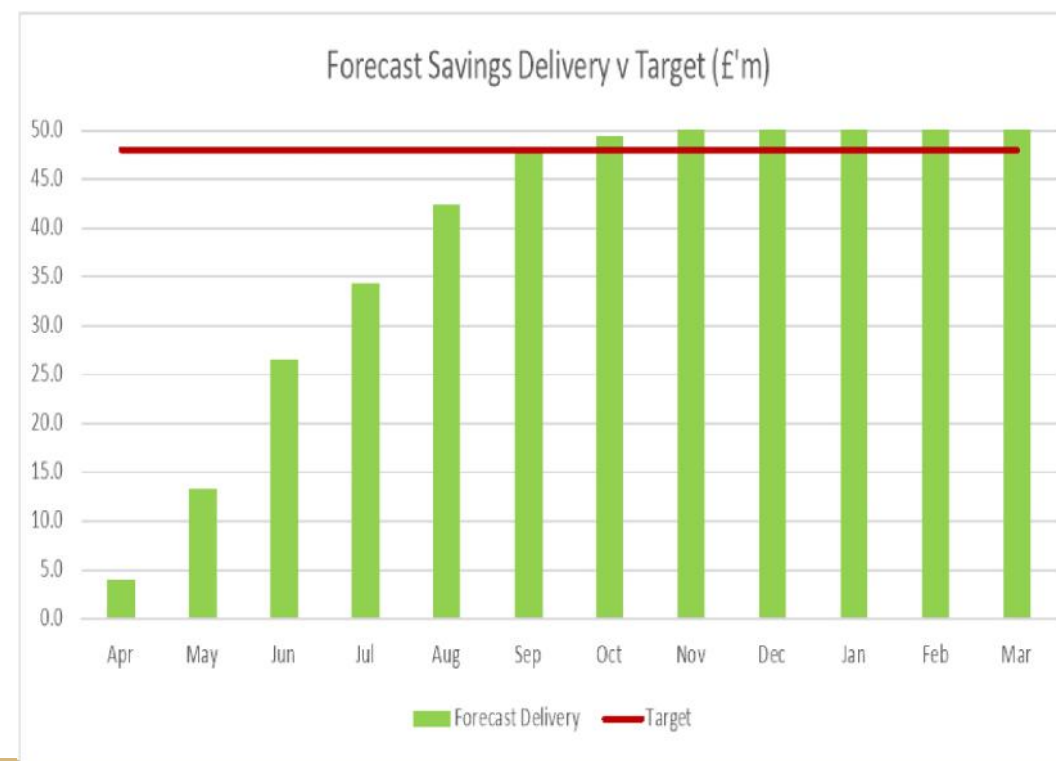
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.2	0.0	0.3	-0.1	Following on from a meeting with IRCF in Newtown, it was agreed that BCUHB will submit a costed risk register, a detailed programme and a detailed Memorandum of Information to inform the IRCF panel of our readiness to progress to the procurement of a Supply Chain Partner to enable the completion of the OBC. This update has now be submitted.
Estates Facility Advisory Board - Fire	2.8	1.0	2.6	0.2	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Infrastructure	0.7	0.7	1.3	-0.6	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Decarbonisation	0.4	0.2	0.4	-0.1	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Regional Orthopaedic Hub at Llandudno Hospital	12.8	4.4	13.0	-0.2	Contractors on site and programme of works are progressing to handover in 2025/26. There is a continuous process to review the works and cashflow to meet the critical path. It is acknowledges and has been communicated to WG that the project is currently behind the spend profile with formal commercial meetings taking place to mitigate risks.
Substance Misuse Building, Llandudno	0.1	0.1	0.1	0.0	The tenders has been received and there is current value engineering (VE) exercise taking place. The planning approval for change of use has now been received. However as result of the VE the CRL has been revised and brokered into 2025/26 to manage the delay.
CAMHS Crisis Hub	0.3	0.2	0.3	0.0	Project is now completed and final account is being agreed.
Diagnostic Equipment 2024-25 - YG CT	2.9	0.2	2.9	0.0	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	The capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	5.0	0.4	5.0	0.0	There has been a small delay in getting all the tenders issued and instructed. Planned works has commenced and the Health Board will meet the budget forecast.
Year End Funding – October 2024	1.7	0.1	1.7	0.0	Additional slippage monies has been received in month 6. The majority of the allocation is for 3 x DR Rooms, purchase orders are in place and delivery is time for March 2025.
Diagnostic and Medical Equipment 2024-25	2.5	0.3	2.5	0.0	Various medical equipment items form part of the £2.5m allocation. All purchase orders have been raised with delivery by the 31st March 2025.
Digital Equipment - December 2024-25	1.5	0.0	1.5	0.0	The funding is for additional hardware equipment and the transaction will complete by March 2025.
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	1.0	0.0	1.0	0.0	The EPMA project implementation is over 2 years. The CRL forecast will be spent by the of the financial year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	0.0	The IT project is being implemented over a couple of year and this allocation if for hardware that will be procure by March 2025.
HCF – Bladder Scanners	0.0	0.0	0.0	0.0	Equipment to be delivered - scheme complete
All Wales Capital	32.6	7.7	33.5	-0.8	Over commitment
Total Capital Funding Available	45.1	13.6	45.1	0.0	

Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts.
- Full year forecast value of Green Schemes totals £52.6m (including £41.8m Savings, £1.3m Income Generation, £8.9m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £0.9m from Month 8. Of these, £29.1m have been identified as recurring, with a full year effect of £41.4m, and £23.6m are non-recurring savings. Accountancy Gains of £8.9m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year. The gap of recurrent savings to the target is £6.6m, an improvement of £0.7m.
- In-month delivery includes Savings of £4.2m, £0.1m Income Generation, £0.9m Accountancy Gains totalling £5.2m, against a £4.0m Target
- The combined year to date delivery is £41.5m, of which £21.0m is recurring, against a £36.0m Target.

Service Performance against Target	Annual			Full Year Effect	Year to Date		
	Target	Forecast Delivery	Delivery v Target (+ve = adverse)		Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	7.0	1.6	8.7	6.5	5.3	1.2
Central Integrated Health Community	10.9	8.0	2.9	7.8	8.2	6.3	1.9
East Integrated Health Community	11.2	10.3	0.9	8.6	8.4	7.9	0.6
MHLD	4.2	7.9	-3.7	12.8	3.2	4.4	-1.3
Womens Services	1.4	1.4	-0.1	0.7	1.0	1.1	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.1	1.0	0.2	1.6	0.9	0.7
Cancer Services	1.6	1.3	0.3	1.1	1.2	1.0	0.2
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.1	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	0.9	-0.9
Corporate & Support Services	3.7	4.2	-0.5	1.5	2.8	3.4	-0.6
Reserves	4.0	1.4	2.6	0.0	3.0	1.4	1.6
Saving Total	48.0	43.8	4.2	41.4	36.0	32.6	3.4
Accountancy Gains		8.9	-8.9			8.9	-8.9
Total		52.6	-4.6	41.4	36.0	41.5	-5.5



Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.6	2.8	0.5	0.7	0.0	0.0		0.4	7.0	1.6
Central Integrated Health Community	10.9	2.7	4.0	0.4	0.7	0.0	0.2		0.0	8.0	2.9
East Integrated Health Community	11.2	4.9	3.8	0.8	0.7	0.0	0.0		0.1	10.3	0.9
MHLD	4.2	1.1	0.1	0.1	2.5		4.1			7.9	-3.7
Womens Services	1.4	1.4	0.0	0.0						1.4	-0.1
Diagnostic and Specialist Clinical Support	2.1	0.1		1.0					0.0	1.1	1.0
Cancer Services	1.6	0.4	0.9	0.0						1.3	0.3
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.1		0.0						0.1	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.6	0.0	1.6	0.0	0.0	0.0	0.0	0.0	4.2	-0.5
Reserves	4.0		0.4	1.0						1.4	2.6
Total Cash Releasing Savings	48.0	15.9	12.0	5.2	4.6	0.0	5.5	0.0	0.6	43.8	4.2
Accountancy Gains		0.3	2.2	2.8	1.2		1.8	0.6		8.9	-8.9
Total		16.2	14.2	8.0	5.8	0.0	7.2	0.6	0.6	52.6	-4.6

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	48.0	29.1	18.9	36.0	21.0	15.0
Non Recurring	0.0	23.6	-23.6		20.5	-20.5
Total	48.0	52.6	-4.6	36.0	41.5	-5.5



Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	125,433	125,433	0	125,433	125,433	0
Cancer	Biosimilar Initiation, switching	R	17,952	45,034	27,082	13,464	36,181	22,717
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	37,027	-2,129	29,367	34,842	5,475
Cancer	Medical Agency	R	83,865	96,568	12,703	64,002	77,357	13,355
Cancer	National agreed contracts for secondary care drugs	R	888,869	629,240	-259,629	632,879	495,020	-137,859
	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	2,781	-30,591	25,029	2,781	-22,248
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	11,700	1,950	-9,750
Cancer	Outsourcing savings (homecare)	R	325,110	176,918	-148,192	243,831	156,154	-87,677
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	720,000	720,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	290,250	290,250	0
Corporate	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
	DDaT - Hold on scanning patient paper records due to EPR review	NR	80,000	80,000	0	60,000	60,000	0
Corporate	DDaT - McAfee Subscription & CISCO DUO	R	66,590	66,590	0	48,429	48,429	0
Corporate	DDaT - Pay Savings	NR	241,887	241,887	0	237,120	237,120	0
	DDaT - Reduction in external storage of records - Oasis	NR	30,000	30,000	0	22,500	22,500	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	61,860	-18,912	80,772	61,860	-18,912
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	112,602	80,430	-32,172
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	56,308	56,308	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	303,974	303,974	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
Corporate	New Medacs Contract - Medical Bank & Medical Agency Optimisation	R	261,625	261,625	0	149,500	149,500	0
	Non recurrent vacancy slilage, Local Public Health team 24/25	NR	121,713	121,713	0	121,713	121,713	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	RSUK - VAT Recovery - Prior Year	NR	729,365	729,365	0	729,365	729,365	0
Corporate	Staff savings opportunities 24/25	R	127,193	127,193	0	95,395	95,395	0
Corporate	VAT Recovery	NR	963,882	963,882	0	963,882	963,882	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	39,510	39,510	0
DSCS	LINC Project	NR	453,000	771,352	318,352	339,750	604,636	264,886
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	28,729	28,729	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	36,490	36,490	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	14,370	14,370	0
DSCS	Toxicology Service	R	29,202	29,202	0	21,902	21,902	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	196,351	19,635	176,716	176,716	0
Estates	Disposal of Ala Road	R	60,738	13,492	-47,246	40,494	0	-40,494
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	3,312	3,312	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	1,157,705	619,432	472,650	899,972	427,322
HC - Centre	CAMHs Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	410,987	410,987	0

Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	CAMHS OOA Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	14,319	14,319	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	36,748	36,748	0
HC - Centre	Continuing Health Care (CHC) AG	NR	220,000	220,000	0	220,000	220,000	0
HC - Centre	Continuing Health Care Schemes	R	734,000	730,775	-3,225	550,503	721,100	170,597
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	372,058	-308,756	425,509	116,753	-308,756
HC - Centre	DOAC prescribing	R	1,353,976	1,337,372	-16,603	1,216,281	1,202,780	-13,500
HC - Centre	Dressings review	R	80,000	18,769	-61,231	60,000	18,769	-41,231
HC - Centre	GMS Accountancy Gain	NR	130,992	130,992	0	130,992	130,992	0
HC - Centre	LAC Income over-achievement	NR	200,000	200,000	0	149,998	149,998	0
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	97,751	-38,217	94,835	75,788	-19,047
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	270,831	2,126	167,940	170,066	2,126
HC - Centre	Optimising medicine prescribing within clinical pathways (NICETA)	R	38,496	47,497	9,001	28,872	47,497	18,625
HC - Centre	Optomisation of generic prescribing	R	121,666	109,910	-11,756	112,204	104,111	-8,093
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	7,501	7,501	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	37,499	37,499	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	184,433	184,433	0
HC - Centre	Polypharmacy medication reviews	R	300,000	590,693	290,693	225,000	490,136	265,136
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	101,574	12,301	-89,273
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	68,903	28,819	21,583	59,501	37,918
HC - Centre	Scriptswitch & Optimise savings	R	250,000	528,428	278,428	187,500	396,320	208,820
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountancy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountancy Gain - Renal PO	NR	83,000	83,000	0	83,000	83,000	0
HC - East	Accountancy Gain - ED PO	NR	24,091	24,091	0	24,091	24,091	0
HC - East	Accountancy Gain - Locum Medical Surgery	NR	51,083	51,083	0	51,083	51,083	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	201,000	-39,000	180,000	165,538	-14,462
HC - East	Biosimilar Initiation, switching	R	442,735	206,667	-236,068	260,632	99,826	-160,806
HC - East	Catering Consumables	R	92,169	92,169	0	67,668	67,668	0
HC - East	Cease inco sheet usage	R	4,215	4,215	0	2,951	2,951	0
HC - East	CHC Cost containment	R	604,512	603,449	-1,063	454,512	507,449	52,937
HC - East	Childrens - Medical Agency Reduction	R	250,000	388,169	138,169	187,500	328,169	140,669
HC - East	Childrens CHC Package Review	R	120,000	90,475	-29,525	97,500	90,475	-7,025
HC - East	Continuing Health Care (CHC) AG	NR	150,000	150,000	0	150,000	150,000	0
HC - East	DOAC prescribing	R	1,489,958	1,472,158	-17,800	1,366,676	1,353,686	-12,990
HC - East	Dressings review	R	60,000	10,778	-49,222	45,000	10,778	-34,222
HC - East	GMS Accountancy Gain	NR	209,465	209,465	0	209,465	209,465	0
HC - East	Increase of catering income	R	88,698	88,698	0	66,519	66,519	0
HC - East	Increased Income from Residences	R	75,521	28,320	-47,201	47,201	0	-47,201
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	349,704	-296	261,000	264,704	3,704
HC - East	Medical Agency Reduction - Community Services	R	261,163	301,886	40,723	195,872	243,236	47,364
HC - East	National agreed contracts for secondary care drugs	R	157,451	124,713	-32,738	110,612	106,417	-4,195
HC - East	Nurse Staffing - Agency Reduction	NR	453,996	453,996	0	181,598	181,598	0

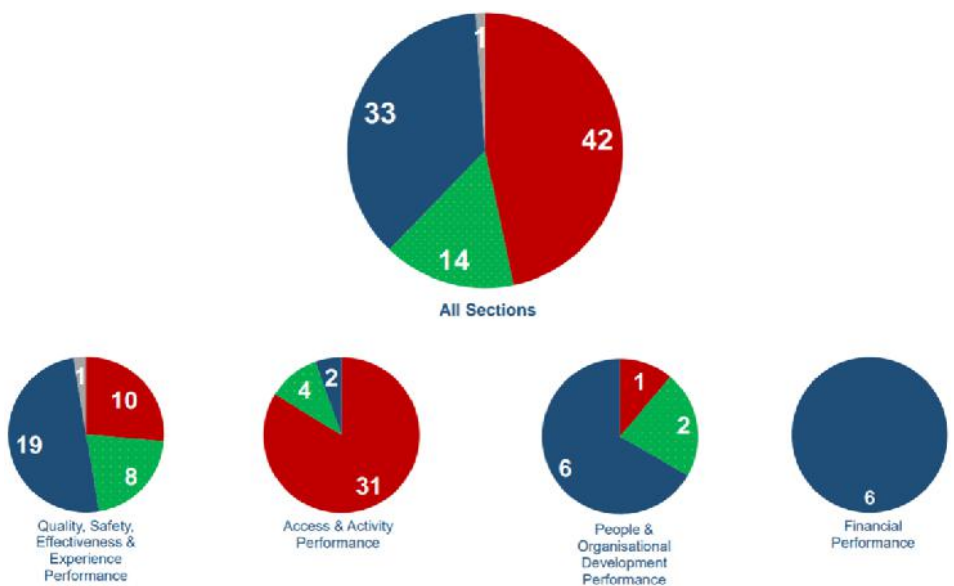
Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	56,242	15,538	30,528	56,242	25,714
HC - East	Optomisation of generic prescribing	R	223,666	218,278	-5,388	208,606	206,017	-2,589
HC - East	Outsourcing savings (homecare)	R	118,128	167,069	48,941	73,830	134,130	60,300
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	7,511	7,511	0
HC - East	Polypharmacy medication reviews	R	350,004	723,738	373,734	262,503	599,466	336,963
HC - East	Portering Staffing	R	30,996	30,996	0	23,247	23,247	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	53,239	-6,761	45,000	38,239	-6,761
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	5,247	5,247	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	4,275	4,275	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	321,138	152,138	136,000	247,493	111,493
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	658,120	418,120	180,000	538,120	358,120
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	374,321	143,602	178,672	275,321	96,649
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	10,625	-86,059	72,513	10,625	-61,888
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	75,249	28,124	25,375	59,809	34,434
HC - East	RSUK - VAT Recovery - In Year	R	138,012	138,012	0	42,959	42,959	0
HC - East	Scriptswitch & Optimise savings	R	350,004	674,076	324,072	262,503	505,557	243,054
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	23,124	23,124	0
HC - East	Urology Scope Stacker	R	75,000	46,875	-28,125	46,875	18,750	-28,125
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	109,941	-134,628	179,253	57,375	-121,878
HC - West	BCU Accommodation for CHC West team	R	9,876	9,876	0	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	244,268	74,354	117,193	182,252	65,059
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	106,000	-28,088	91,623	88,000	-3,623
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	75,000	75,000	0
HC - West	Continence Products	R	50,000	12,497	-37,503	37,503	0	-37,503
HC - West	Continuing Health Care (CHC) AG	NR	434,469	434,469	0	434,469	434,469	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	1,800	1,800	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	99,000	2,500	80,960	93,000	12,040
HC - West	DOAC prescribing	R	1,095,519	1,086,977	-8,542	924,847	910,036	-14,811
HC - West	Dressings review	R	30,000	3,329	-26,671	22,500	3,329	-19,171
HC - West	Flexible Job Plan Sessions	NR	83,603	83,602	-0	52,252	52,251	-0
HC - West	GMS Accountancy Gain	NR	162,857	162,857	0	162,857	162,857	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	165,000	-83,000	179,000	135,000	-44,000
HC - West	Grip and control measures - pay SDEC	R	241,500	167,000	-74,500	138,000	95,000	-43,000
HC - West	Home Enteral Tube Feeding (Ancillary Items)	NR	20,000	20,000	0	14,994	12,500	-2,494
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	90,000	0	0	0	0
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	198,000	-36,104	205,852	180,000	-25,852
HC - West	Increase of catering income	R	218,024	266,000	47,976	163,512	195,500	31,988
HC - West	Llandudno Decant - Pay	NR	150,000	132,000	-18,000	150,000	132,000	-18,000

Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	39,000	-41,000	50,000	24,000	-26,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	120,331	-45,524	116,448	104,596	-11,852
HC - West	Ophthalmology Private Patient Income	R	53,000	96,000	43,000	39,750	78,000	38,250
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	95,879	65,079	23,100	89,003	65,903
HC - West	Optomisation of generic prescribing	R	107,361	98,639	-8,722	99,677	93,512	-6,165
HC - West	Outsourcing savings (homecare)	R	28,893	80,935	52,042	21,670	76,797	55,127
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	562,844	312,844	187,500	443,432	255,932
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	77,000	-109,000	121,500	53,000	-68,500
HC - West	Residential Accommodation rental increase (West)	R	65,416	47,483	-17,933	32,708	17,483	-15,225
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	6,456	-41,700	36,117	6,215	-29,902
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	64,475	40,100	13,125	57,185	44,060
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	16,000	-8,024	18,018	13,000	-5,018
HC - West	RSUK - VAT Recovery - In Year	R	60,093	60,093	0	24,274	24,274	0
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	370,000	210,000	100,000	265,000	165,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	349,000	89,000	108,500	245,000	136,500
HC - West	Scriptswitch & Optomise savings	R	200,000	419,055	219,055	150,000	314,291	164,291
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	566,271	-94,729	495,750	396,390	-99,360
MH&LDS	Continuing Health Care (CHC) AG	NR	220,000	220,000	0	220,000	220,000	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	64,981	0	56,858	56,858	0
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	59,736	59,736	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	22,025	-49,940	39,556	17,340	-22,216
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	50,833	-10,163	45,747	35,583	-10,164
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	237,393	-16,995	190,791	159,955	-30,836
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	4,146,397	-1,304,147	3,048,408	1,744,261	-1,304,147
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	124,128	0	93,096	0	-93,096
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	1,791,667	1,888,648	96,982
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	7,911	7,911	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	17,948	17,948	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	9,874	9,874	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	30,194	30,194	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	43,531	12,509	21,590	34,601	13,011
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction	NR	11,400	11,400	0	8,550	8,550	0
Midw & Womens	Womens BFI Accreditation	NR	11,400	11,400	0	8,550	8,550	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	47,161	-17,915	48,807	31,390	-17,417
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	700,397	433,744	255,820	577,142	321,322
Midw & Womens	Vacancy Factor	R	500,000	529,685	29,685	375,000	397,263	22,263
Primary Care	Accountancy Gain - Integrated Clinical Delivery	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Primary Care	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
Subtotal			43,084,488	44,096,344	1,011,856	33,852,499	34,999,223	1,146,724
Procurement			1,208,051	1,419,824	211,772	820,958	1,087,411	266,453
Close of PO's AG			797,241	797,241	0	797,241	797,241	0
Enhanced mileage rates			229,230	318,383	89,153	171,922	261,076	89,153
Enhanced Recruitment Control Savings			2,272,251	5,995,344	3,723,092	2,272,251	4,310,859	2,038,608
Telephone Line Rental			12,914	12,981	67	9,685	9,731	46
Total			47,604,175	52,640,117	5,035,941	37,924,556	41,465,540	3,540,984



Teitl adroddiad: Report title:	Integrated Quality & Performance Report, Month 9												
Adrodd i: Report to:	Health Board												
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 30 January 2025												
Crynodeb Gweithredol: Executive Summary:	<p>This report relates to Month 9, 2024/25</p> <p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023 one of a trilogy of new frameworks intended to drive the strategic objectives of the Health Board. The IPF will be used in conjunction with the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF). The Framework will align with the Quality Surveillance Strategy as it is developed.</p> <p>The purpose of the Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"> 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures. <p>The Health Board has a number of measures rated monthly and included within this report, the below graphic indicating a number of these measures are off target.</p>  <table border="1"> <caption>Measures Off Target by Section</caption> <thead> <tr> <th>Section</th> <th>Measures Off Target</th> </tr> </thead> <tbody> <tr> <td>All Sections</td> <td>42</td> </tr> <tr> <td>Quality, Safety, Effectiveness & Experience Performance</td> <td>10</td> </tr> <tr> <td>Access & Activity Performance</td> <td>2</td> </tr> <tr> <td>People & Organisational Development Performance</td> <td>1</td> </tr> <tr> <td>Financial Performance</td> <td>0</td> </tr> </tbody> </table>	Section	Measures Off Target	All Sections	42	Quality, Safety, Effectiveness & Experience Performance	10	Access & Activity Performance	2	People & Organisational Development Performance	1	Financial Performance	0
Section	Measures Off Target												
All Sections	42												
Quality, Safety, Effectiveness & Experience Performance	10												
Access & Activity Performance	2												
People & Organisational Development Performance	1												
Financial Performance	0												

We also reflect the Health Board's current level of performance escalation with Welsh Government within the framework; the approach will be subject to review should escalation levels change.

The Performance & Commissioning Directorate has been working with our partners across the organisation, oversight provided the Integrated Performance Executive Delivery Group (IPEDG) in the development of locally defined metrics and these have now been included in the IQPR, specifically in the Quality and People & Organisational Development domains.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework, set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories as submitted and agreed by Welsh Government have also been included.

Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report, the report composition articulating the following;

- Within the escalation section, an initial high-level one-page summary that highlights key performance across the four quadrants, followed by escalation pages to further articulate performance within the escalated metrics.
- A brief introduction to the Performance report to include a key for rag rating and Statistical Process Control (SPC) charts.
- The further reporting contains all of the metrics by domain, so members can review performance against all metrics reported.

The intention of the report structure is to enable members to identify key escalations from sub-committees of the Health Board, whilst enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, and local metrics that give greater insight into understanding current performance (through Executive forums & Committees).

We are moving towards greater ownership by committees of the measures included within the escalation section of the report for Health Board, with areas of good practice also to be included within this section. The Performance team continue to work with the Health Board to embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures, and escalation / de-escalation mechanisms.

The Performance & Commissioning Directorate is working with corporate and operational leads in developing the triangulation of Performance, Quality and Workforce intelligence at the individual metric level. This is an ambition of the Intelligence-led Organisation agenda and supported by NHS Wales Executive.

Argymhellion:	The Health Board is asked to:			
Recommendations:	Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.			
Arweinydd Gweithredol:	Stephen Powell, Director of Performance & Commissioning			
Executive Lead:				
Awdur yr Adroddiad:	Ed Williams, Deputy Director of Performance			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol:	The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:	This report will be available to the public once published for Health Board.			
Regulatory and legal implications:				

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>N</p> <p>The Report has not been Equality Impact Assessed as it is reporting on actual performance.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N</p> <p>The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.</p> <p>Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Acting Director of Performance.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IPR will directly/indirectly impact upon the financial recovery plan of the Health Board.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IQPR will directly/indirectly impact on our current and future workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This report has been reviewed by Executive Team.</p>

	The full report has been reviewed by the Director of Performance & Commissioning, and the Executive Director of Finance.
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>The Deputy Director of Performance continues to work with the Head of Risk Management in strengthening linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set.</p> <p>References to Corporate Risks are included in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations: Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.</p> <p>The Integrated Quality & Performance Report will undergo further development into 2025-26 to reflect both the Health Board's strategic priorities and the NHS Wales Performance Framework 2025-26, as published in January 2025.</p>	
<p>Rhestr o Atodiadau: List of Appendices: 2 1: Summary of Report 2: Integrated Performance Report in PDF</p>	

Appendix 1 Summary of Report

Committee: Health Board

Report title: Summary of Integrated Quality & Performance Report (IQPR)

Report Author: Deputy Director of Performance

(on behalf of the Director of Performance & Commissioning)

1. Introduction

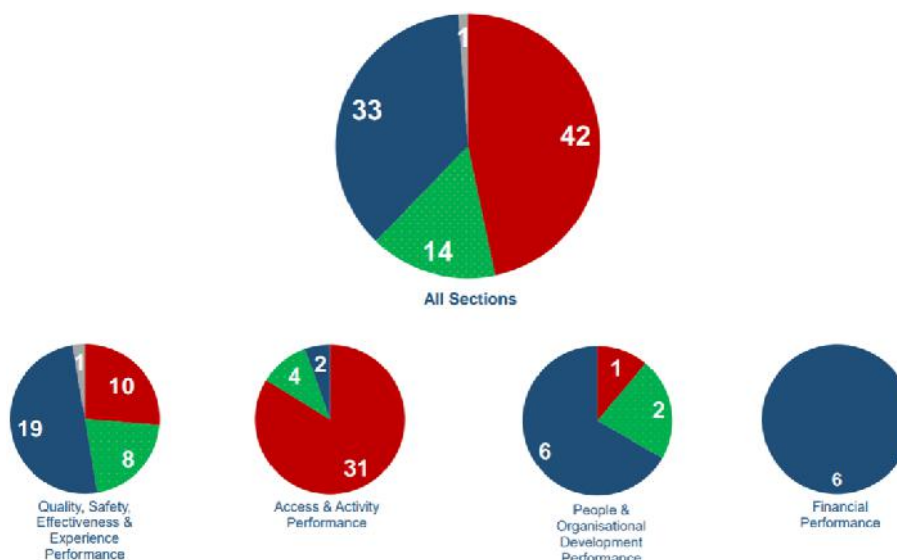
The Performance Directorate continues to develop and refine the performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

This structure enables an 'at a glance' view of the main concerns or message of the report through review of the initial one-page summary that is split into four quadrants, with the further slides contained within this escalation section articulating in more detail the current performance and actions being taken to support improvements. This should be the area of most focus in the report.

This report reflects performance against the NHS Wales Performance Framework for 2024-25. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 11 are on target, 41 are off target. It remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

A prioritisation of the metrics off plan has been used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term. This summary report will indicate some key elements from our quality, our access and activity, our people and our finance as seen within the Health Board.

3. Key outputs from oversight of Access & Activity Performance

3.1 Quality (Safety, Effectiveness & Experience) Performance

(Corporate Risk 24-04 Failure to Embed Learning)

The key areas highlighted centre upon: -

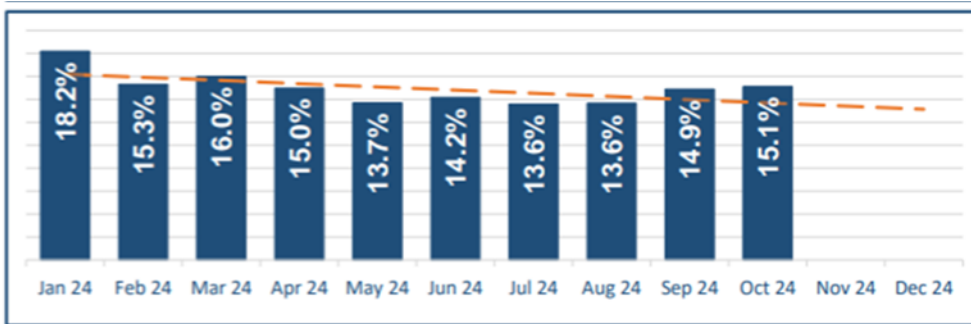
No new never events have been reported in the period between 31.07.2024 and 31.12.2024.

On 22.01.2025, the Integrated Performance Executive Delivery Group (IPEGD) enacted the **de-escalation** process within the Integrated Performance Framework 2023-2027 to remove performance against National Reportable Incidents & Complaints measures out of escalation as performance is now consistently sustained above national target rates.

On 22.01.2025, the IPEGD has **formally escalated** the measure 'Timely Submission of Learning From Event Reports (LFERs)' due to an increasing number of submissions overdue which a) has a possible impact on timely ability to embed lessons learned and organisational learning and b) incur financial penalties at a rate of £2,500 per overdue report. Currently it is estimated that BCUHB will incur a £195.5k penalty, however there is a risk, although small, that this could reach ten times that, at £1.925m by the end of March 2025. IPEGD is supporting and monitoring the urgent action now being taken to address the timely completion of LFERs and recovery of the overdue position to both avoid potential harm and further financial penalties.

Infection rates remain above predicted trajectories for MRSA and C.difficile. It is no longer possible for the Health Board to achieve the 2024/2025 improvement goal for MRSA. However, rates are below trajectory for MSSA, E.coli, Klebsiella and Pseudomonas. The Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign ("HABITS") being established to further engage staff, patients and public.

Clinical Coding compliance will remain a significant risk as compliance will remain low into the latter part of 2025-26. Although considerably below the 95% national target rate, the position has stabilised and has started to improve from 13.6% to **15.1%** in the last 3 month reporting period.



3.2 People & Organisational Development

(Corporate Risk 24-01 People, Culture and Wellbeing)
 (Corporate Risk 24-1 Leadership / Special Measures)

The key areas highlighted centre upon:-

Turnover rates of nursing and midwifery staff remains around the 0.6% mark. Sickness absence continues to rise at 6.8%. Although stress and other mental health issues continue to be the main reason for sickness absence, there is a seasonal increase overall. After falling to 3.1% in November, the percentage rate of agency spend as a proportion of the total pay bill increased by 0.5% in December.

3.3 Access & Activity Performance

(Corporate Risk 24-11 Planned Care)
 (Corporate Risk 24-12 Areas of Clinical Concern)
 (Corporate Risk 24-13 Timely Diagnostics)

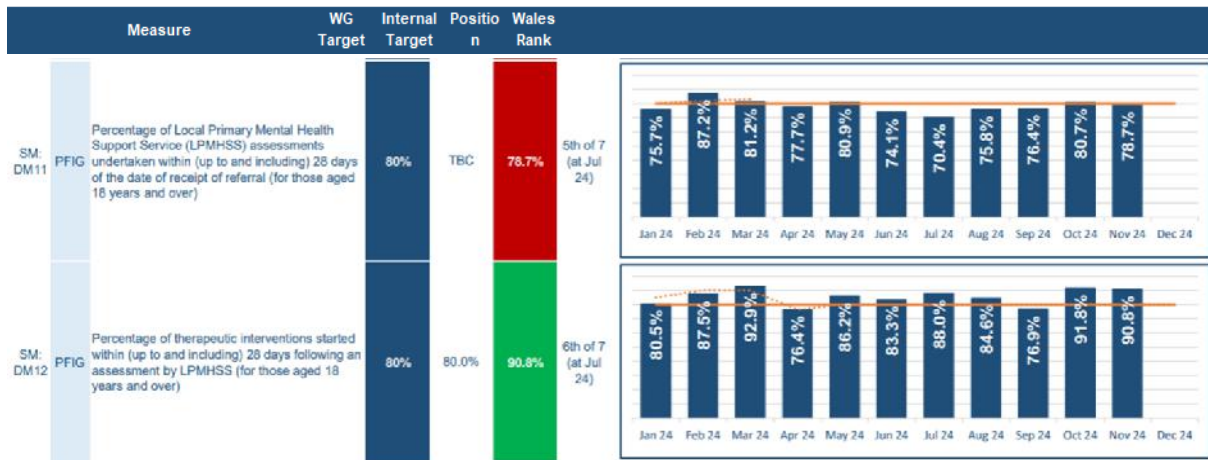
The key areas highlighted centre upon:-

This section contains the greatest number of measures within the report, at 37, noting BCUHB is achieving the target for 4. This remains a very concerning picture; however, members are asked to note performance is measured on All Wales criteria that many Health Boards are finding difficult to achieve. The Health Board continues to invest significant time and energy in seeking to improve performance. Implementing additional oversight and escalation within the planned Care space (the Chief Executive continues to Chair a weekly oversight and escalation meeting).

3.3.1 Adult Mental Health Measures Performance

Performance has steadily improved since July 2024, and achieved the 80.7% in October 2024. Although dipped again to 78.7% in November, it is envisaged that the target will be achieved going forward. Overall BCUHB performance has continued to sustain performance above the 80% target rate with regards to therapeutic interventions and has been over 90% compliant for October and November 2024.

However, the overall BCUHB figures disguise variances and equity of service across the individual areas of North Wales with Denbigh and in particular Anglesey struggling to achieve the 80% target rate.



3.3.2 Children’s & Adolescent Mental Health Services (CAMHS) and Neurodivergence

- Performance against Part 1a of the Mental Health Measure was 93.2% compliance in November 2024. However, Part 1b performance remains significantly below the 80% target at 34.2%. Furthermore, at 14.9%, performance against the 26 weeks referral to treatment target for children requiring assessment for neurodivergence continues to deteriorate. This is recognised as a nationwide issue and work has started to develop and improve the service following participation in the Wales Rapid Design event along with partners. Neurodiversity is now an increased priority for the North Wales Children’s Regional Partnership Board (RPB).

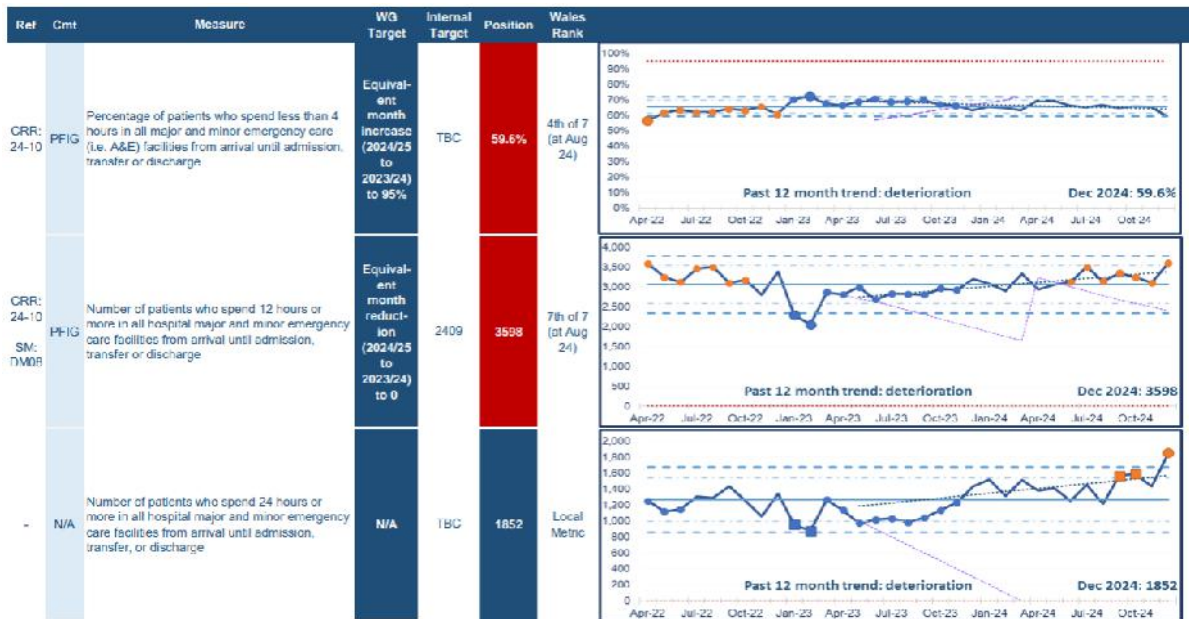


3.3.3 Urgent & Emergency Care Performance (Corporate Risk 24-10 Urgent and Emergency Care)

Performance through quarter 3 of 2024-25 has seen a deterioration in the flow through our Emergency Departments (EDs) with 59.6% spending less than 4-hour hours in our EDs, 3,598 patients experiencing waits over 12 hours, and at 1,852 the highest ever number of patients experiencing waits of over 24 hours in our Emergency Departments.

This remains an area of heightened focus for the Health Board. A 12-week 'reset and refocus' programme started in mid-November 2024 and has started to show signs of improvement in processes.

The Urgent & emergency Care (UEC) major programme continues to strengthen through regional partnership working with the Welsh Ambulance Service Trust (WAST) and our 6 Local Authority Partners committed towards improving services for our local population. The improvement projects include community falls prevention, reduction in the number of ambulance delays, same day emergency model with frailty services, promoting consistent board rounds on wards and reducing our pathway of care delays. There will be a 2-week rapid improvement event in February 2025 with our Local Authority colleagues focusing on reducing our pathway of care delays. The event will be led by the Interim Chief Operating Officer (COO) supported by the Executive Director of Nursing and Interim Executive Medical Director with our Local Authority leads. The approach will be discussed at the Leadership Group for North Wales on the 24th January 2025.



3.3.4 Planned Care Performance (Corporate Risk 24-11 Planned Care) (Corporate Risk 24-12 Areas of Clinical Concern)

(Corporate Risk 24-13 Timely Diagnostics)

Our performance against the single cancer pathway (SCP) target remains fragile, with 52% at the end of November 2024. However, this remains below plan which is significantly below trajectory driven by less Waiting List Initiatives (WLI) activity than planned and a later start to dermatology insourcing than anticipated. Over 62-day backlog reduced in December prior to Christmas but rose again over the bank holiday period. Remains high in dermatology, colorectal, urology and upper GI. Trajectories have been revised to achieve 60% compliance by 31.03.2025 (previously 70%).



The number of patients waiting over 8 weeks for a diagnostic test continues to increase and at 10,185 for December 2024, is at the highest level seen in over 3 years. This has been, in part driven by a significant increase in demand. The Health Board is re-engaging the market and endorsed placement of over £5m of contracts for insourcing support for this area through utilisation of Planned Care resources. The forecast impact being to significantly reduce these waits for over 8 weeks by 31st March 2025. It is of note this doesn't achieve the Welsh Government targeted of zero over 8 weeks, but remains a realistic and challenging target for the service to deliver when the increase in demand is taken into consideration.

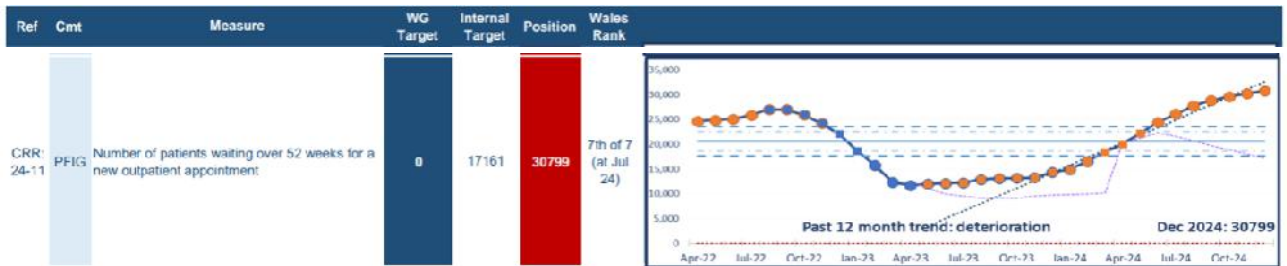


The number of patients experiencing waits over 14 weeks for therapy interventions continues on a 7-month downward trend at 1,893 patients compared to 2,834 patients in July 2024. Main pressures remain in Physiotherapy and include high number of vacancies, accommodation capacity in Central and East and increased demand. There are no patients waiting over 14 weeks for therapies in West.

The service has reviewed models deployed through other Health Boards and has developed models that will positively impact and seek to reverse this trend in future months.



The number of patients waiting over 52 weeks for a new outpatient appointment has been deteriorating since April of 2023 and at the end of December 2024 sits at 30,799 patients. However, in quarter 3 of 2024-25, the rate growth in the numbers has slowed. Performance against this measure is an escalation for the Health board, with improvements centring upon clinics adopting Treat-in-Turn methodology and targeting patients seen in clinic at Get It Right First Time (GIRFT) numbers, with greater oversight and the setting of booking rules to deliver improved productivity combined with recruitment to the outpatient’s validation and booking team improvements are targeted in the 2024/25 financial year.



Throughout 2023-24 and 2024-25 there has been a substantial amount of work undertaken to place focus upon longer waits. 208 weeks waits have been eradicated apart from tip-ins, which are being managed. Patients waiting over 156 weeks and 104 weeks have been the main focus through quarter 3 and there has been a reduction in both cohorts, although to as many and as quickly as we would want. The Chief Executive Officer with support from the Interim Director of Finance has taken charge of oversight of this area through weekly meetings and daily updates. It is expected that all patients waiting over 156 weeks (1,395) will be seen by the end of March 2025 and the number of patients waiting over 104 weeks, currently 10,210, significantly reduced to under 5,000.



After almost 12 months of a steady state, the number of patients waiting beyond 100% of their due clinical follow up has started to increase through quarter 3 of 2024-25 and now stands at 90,656 (53% of the whole backlog). Approximately 77,000 of these are within three specialties, Ophthalmology 35,500+, Cardiology, 20,900+ and Trauma & Orthopaedics at 20,100+. There is clearly a significant clinical risk within this cohort and the Corporate Planned Care team, working closely with the Interim Executive Medical Director are working on introducing an robust harms review process and exploring solutions to validate the lists and to how these patients can be seen as quickly as possible.

3.3.5 Summary

The Health Board are targeting use of Planned Care Funds, with the intention of eradication of over 156 week waits and improvements in 104-week waiters, also substantially improving 8 weeks to diagnostic. With further targeted interventions within outpatients (new and follow up) seeking to improve waiting times for patients.

In 2024-25, the Health Board continues to face many challenges and continues to meet these challenges through (a) enhanced utilisation of in-house capacity (b) validation of patients waiting for procedures (c) implementation of Treat-in-Turn methodology and (d) engagement with the commercial sector to offer short term solutions to capacity shortfalls. However, the level of delayed pathways of care continued high emergency demand increased to compound system flow pressures, medical outliers driving continued use of agency and adversely impacting upon capacity to service elective care, with potential impacts upon quality of care.

The Health Board key areas of challenge, centre upon: -

- Patient flow (emergency departments, and delays to discharge)
- Ambulance handover times and performance

- Delivery of planned care recovery including diagnostics
- Achievement of cancer standards

However, the Health Board are targeting use of Planned Care Funds, with the intention of eradication of over 156 week waits by December 2024 and improvements in 104-week waiters (delivering on the May submission of having 5,000 at close of the financial year). Also, to substantially improve timely access to diagnostic tests. With further targeted interventions within outpatients (new and follow-up) seeking to improve waiting times for patients.

3.4 Financial Performance (Month 9) (Corporate Risk 24-05 Financial Sustainability)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect the correspondence of the 2nd of December from WG confirming an additional allocation of £11.15m. The allocation is to recognise the consistent pressures experienced by all Welsh Health Boards and was allocated on condition of a reduced forecast outturn. This aims to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC).

The December position closed with an in-month surplus of £1.5m, or £2.2m surplus against the revised plan. The year-to-date position is a deficit of £14.8m or £8.3m over the revised planned deficit. The in-year additional pressures above plan are currently being reported as non-recurrent but a full assessment of these will be carried out as part of the 2025/26 annual financial planning cycle.

Financial Position to date and forecast Position

	Actual Position										Forecast			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.6)	(3.7)	(0.7)	(3.3)	(1.0)	(2.7)	5.1	1.5	(14.8)	1.6	1.9	2.7	(8.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(6.4)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.7)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	(8.3)	2.3	2.6	3.4	0.0

Savings



The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis. The savings delivered in December totalled £5.2m, of which £3.2m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute to the in-month delivery. The full year forecast value of the saving schemes is £43.8m, Accountancy Gains of £8.9m, giving a combined total of £52.6m, an increase of £0.9m from Month 8. Of these, £29.1m of the savings have been identified as recurring, with a full year effect of £41.4m, and £23.6m identified as non-recurring savings. The recurrent shortfall against the £48m recurrent savings target is therefore £6.6m.

4. Overall Summary

The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison) and in some instances attains national targeted levels (Adult Mental Health standards).

In addition, plans are developed through use of Planned Care Funds and 'treat in turn' to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

5. Appendix

Appendix 1 – Integrated Quality & Performance Report – to December 2024



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University Health Board

Integrated Performance Report

Reporting Period: to 31.12.2024

Presented to **Health Board**

Thursday, 30th January 2025



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Integrated Performance Escalations Report



A Summary of Escalated Performance Measures

Our Quality Performance

(Corporate Risk 24-04 Failure to Embed Learning)

- No **New Never Events** reported since 31.07.2024.
- **National Reportable Incidents (NRIs)**: Significant improvement from the 33 reported overdue in September to **6** at the end of December.
- **Complaints**: Continued significant improvement in 30 day compliance at **79.9%** (Target of 75%). De-escalated as per Integrated Performance Framework.

Newly Escalated Learning from Events Reports: Significant level of penalties levied on organisation in November 2024 for 58 overdue LFERs (financial risk of c £193k). December, there were **64 outstanding LFERs** indicating a further and higher financial risk.

- **Clinical coding compliance**: will remain a significant risk as compliance will remain low into the latter part of 2025-26. Although considerably below the 95% national target rate, the position stabilised and has started to improve from 13.6% to **15.1%** in the last 3 month reporting period.

People & Organisational Development Performance

(Corporate Risk 24-01 People, Culture and Wellbeing)

(Corporate Risk 24-1 Leadership/Special Measures)

- At **78.5%**, **PADR** rate has improved in year but remains below the 85% target.
- At **6.8%**, **Sickness absence rate** has seen an overall increasing trend over recent months, in line with seasonal change.
- At **0.6%**, **Turnover rate** for nursing staff leaving BCUHB, aligned with the national and local retention work put in place
- At **3.6%**, focus continues on reduction of off-contract **agency spend**. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Our Access and Activity

- **Referral to Treatment (RTT)**: Planned Care remains in heightened escalation and intense executive support. Additional WG funding is being utilised to eradicate 156-week breaches and to halve the number of 104-week breaches by 31.03.2025. (Currently, **1,356** and **10,210** respectively). **(Corporate Risk 24-11 Planned Care)**
- **Cancer**: Performance maintained in November at **52%**, however this remains below plan, use of Planned Care funds is expected to attain the Welsh Government ask of a 70% delivery by March 2025. Trajectory re-profiled. **(Corporate Risk 24-11 Planned Care)**
- **Diagnostics waits over 8 weeks**: The number of patients continues to increase at **10,185** waiting over 8 week – significant step change increase from prior month **(Corporate Risk 24-13 Timely Diagnostics)**
- **Therapy waits over 14 weeks**: Continued though slowed reduction in overall number of breaches at **1,893**. Nearly all breaches are within Physiotherapy in Central and East.
- **Pathways of Care Delays**: The 12 week Reset and Refocus programme in Urgent and Emergency Care is demonstrating some positive outcomes and whilst delays did increase in December 2024, at **298** compared to prior month the level was lower than same period prior year (362). **(Corporate Risk 24-10 Urgent and Emergency Care)**
- **Ambulance handover waits over 4 Hours**: Although lower than the same period in 2023, the number of handover breaches remains a concern with **854** reported in December 2024. **(Corporate Risk 24-10 Urgent and Emergency Care)**
- **Child Neurodevelopment** performance remains poor and in escalation under focus.

Our Finance (Corporate Risk 24-05 Financial Sustainability)

The Health Board is currently reporting an adverse year to date position of **£8.3m over plan**, and forecasting a **£24.6m deficit** for the financial year with an impact of **the £82m received non-recurrently in 2024/25 being withdrawn in 2025/26**. There is no central resource to support a deficit that exceeds plan. Whilst some forecast reduction in expenditure has come through, additional reductions are required to reduced the forecasts by **£16m** to deliver the overall plan of **£8.6m**. If unable to improve forecasts, central controls and enhanced oversight will be needed so as to secure the £82m for next and future years.

(Losing the £82m would be catastrophic for the financial sustainability of BCUHB).

Our Quality: Escalated Performance Measures

Corporate Risk 24-04 Failure to Embed Learning

Learning from Events Reports



Learning From Events Reports (LFERs): There are 64 outstanding LFERs at the end of December. This poses a Quality and Safety risk from the perspective that if we haven't completed the reports in a timely manner, how can we embed the learning to prevent future events? There is a significant risk of further financial penalties which would exacerbate the challenged financial position of the Health Board. The likely scenario is c£192.5k in financial penalties, however it is a possibility, albeit small, to incur ten times that amount at £1.925m. Urgent action is now being taken to address the timely completion of LFERs and recovery of the overdue position. Therefore this measure has been escalated for increased scrutiny and support via the Integrated Performance Executive Delivery Group (IPEDG) on 22.01.2025.

New National Reportable Incidents



New National Reportable Incidents (NRIs): The total number of NRI investigations that were open as at the end of December 2024 was 60, of which 6 were overdue closure with NHS Wales Executive. This is a significant improvement from the beginning of September where there were 33 overdue. The Deputy Executive Director of Nursing continues to lead weekly improvement meetings with the services. Trajectories to zero overdue are set with the Integrated Health Communities (IHCs) / Divisions reporting on progress. The Patient Safety Team are holding closure clinics and in-reaching to the IHCs/ Divisions to facilitate completion and attending local integrated concerns operational groups. Focus has also increased on those not overdue to prevent delays occurring.

Clinical Coding Compliance

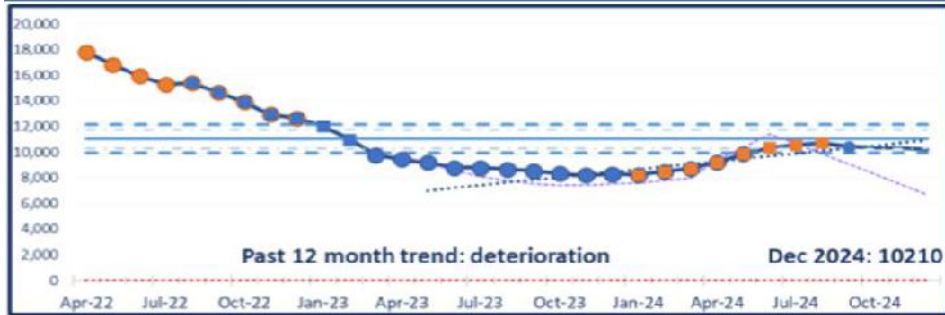


Clinical Coding Compliance: Will remain a significant risk as compliance will remain low into the latter part of 2025-26. Although considerably below the 95% national target rate, the position has stabilised and has started to improve from 13.6% to **15.1%** in the last 3 month reporting period.

Our Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care & Corporate Risk 24-12 Areas of Clinical Concern)

Reduction of Extreme Waits (104 Weeks and above)



Reduction of Extreme Waits (156 Weeks and above)



Reduction of Follow-up Backlog

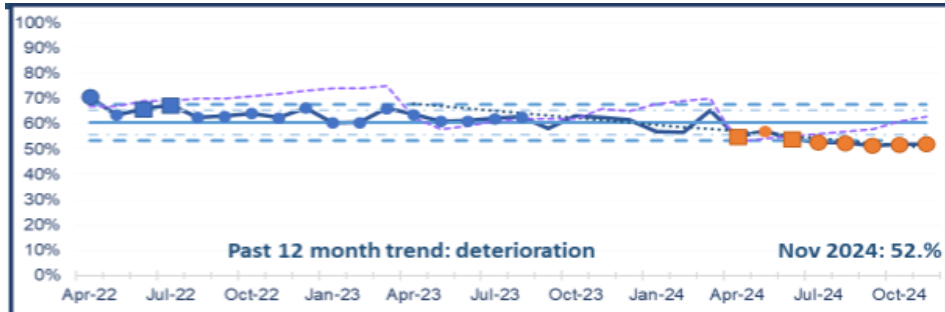


- **Referral to Treatment (RTT):** Currently BCUHB has approximately 179,000 open active RTT pathways. Whilst focus remains on treat in turn and reduction and elimination of extreme waits, focus is required across the whole pathway.
- Planned Care is under escalation and intense executive support. Planned Care funds and additional Welsh Government (WG) funding is being utilised to eradicate 208-week (35) and 156-week (1,395) breaches and to halve the number of 104-week (from 10,210 to under 5,000) breaches by 31.03.2025.
- Approximately 31% of the three year breaches are within Dermatology with the number waiting beyond the three year mark continuing to increase week on week due to demand and capacity mismatch.
- Other key areas driving this position are General Surgery, Orthodontics, and Oral Surgery. These specialties combined account for c75% of the 156+ position.
- **Reduction of Follow-up Backlog:** The latest waiting list position illustrates that 53% of patients on the follow up waiting list are overdue a review appointment. The three specialties with the highest volume of total waiters are:
 - Ophthalmology – 35,673
 - Cardiology – 20,944
 - Trauma & Orthopaedics – 20,131

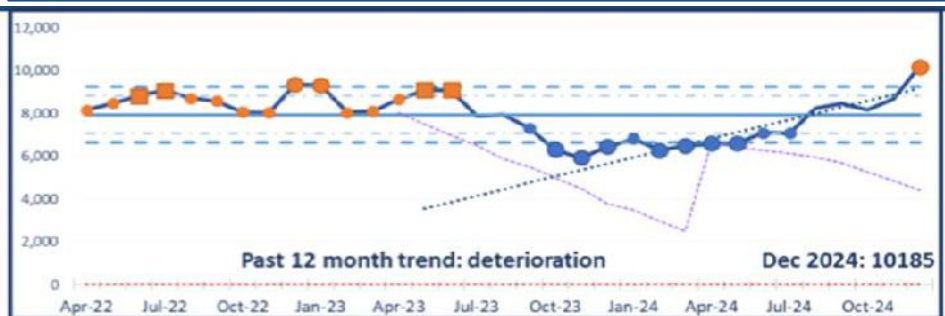
Our Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern, & Corporate Risk 24-13 Timely Diagnostics)

Suspected Cancer Pathway 62 Days Performance



Patients waiting over 8 weeks for Diagnostic tests



Patients waiting over 14 weeks for therapy

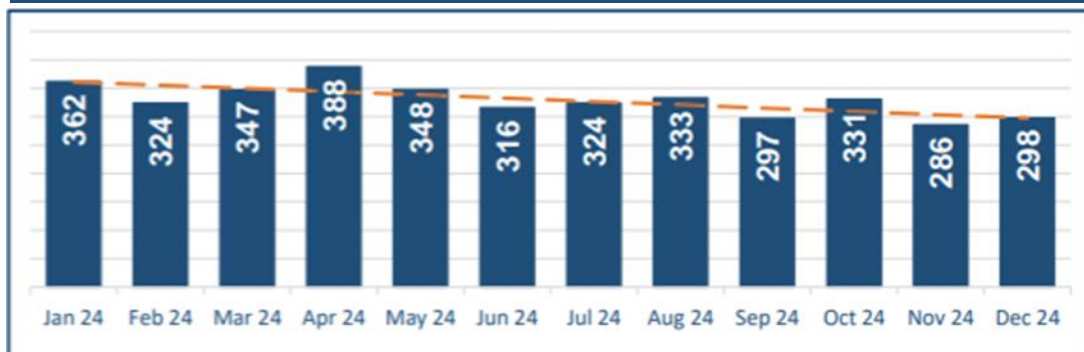


- Cancer:** Performance maintained in November at 52%, however this remains below plan which is significantly below trajectory driven by less Waiting List Initiatives (WLI) activity than planned and a later start to dermatology insourcing than anticipated. Improved performance in latest month in breast, gynaecology, haematology and lung. Over 62 day backlog reduced in December prior to Christmas but rose again over the bank holiday period – remains high in skin, colorectal, urology and upper GI. Trajectories have been revised to achieve 60% compliance by 31.03.2025 (previously 70%).
- Diagnostics waits over 8 weeks:** The number of patients continues to increase at 10,185 waiting over 8 week – significant step change increase from prior month. Year to date demand increase across radiology modalities is 10,690, and with the delayed commencement of endoscopy insourcing from Q3, with prioritisation of urgent suspected cancer cases, these two areas provide the explanation for the variance noted.
- Therapy waits over 14 weeks:** Continued reduction in overall number of breaches. Nearly all breaches are within Physiotherapy in Central and East.
- Dietetics** breaches in East are increasing month on month. Short term funding for Gastroenterology led to successful change of pathway for GPs to refer to dietetics not gastroenterology (correct pathway, reduced prescription and diagnostics) however funding was not extended but referrals are still coming in. A bid for planned care money has been submitted to restart the gastro service - feedback on the business case is awaited.

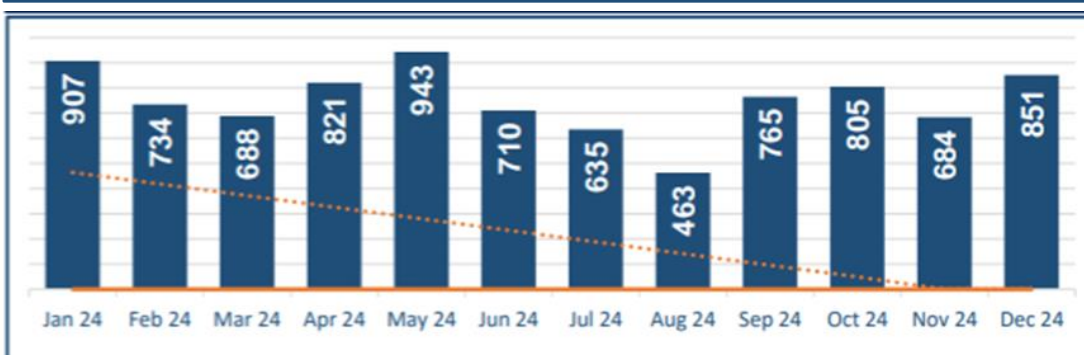
Our Access & Activity: Escalated Performance Measures

(Corporate Risk 24-10 Urgent and Emergency Care)

Number of Delayed Pathways of Care



Number of Ambulance Patient Handover Delays of 4 Hours or more



Ambulance handover delays over 4 hours: Ambulance handover delays of 4 hours or more remain a significant issue at 854 in December 2024. Whilst this was slightly lower than the same period in 2023 Focus on high risk patients including Emergency Departments and Same Day emergency Care (SDEC); Rapid response service pilot, Wrexham area, to provide direct access to diagnostics and Community Resource Teams (CRT) services; Community wraparound for patients with long waits for ambulance.

The 12 week Reset and Refocus programme in Urgent and Emergency Care is demonstrating some positive outcomes.

Pathways of Care Delays: The number of patients experiencing delays to their pathways of care increased in December 2024, at 298 (12 more than in November). However, this is a significant improvement compared the same period prior last year, which was 362.

- Focused work on early identification of Discharge to Recover & Assess (D2RA) pathway for all patients within a day of admission a priority for optimal hospital patient flow.
- Working to ensure discharges to community are earlier in the day Monday – Friday and maximise 5 day discharges (Mon – Fri).
- Trusted Assessor model being rolled out across North Wales, some progress noted for care homes following pilots, additional resource is required to scale up at pace.
- Discharge Improvement Meetings now established in all IHCs following learning from process developed in the West
- Revised Hospital discharge policy and incorporating choice / reluctant discharge guidance ensuring implementation of consistent approach across BCUHB
- Joint Escalation meetings held with Local Authority Heads of Adult Service and led by Chief Operating Officer (COO), during first 2 weeks of January to support collaborative approach to progressing discharges and seeking additional support for areas of challenge across both sectors.

Our Access & Activity: Escalated Performance Measures

(Corporate Risk 24-11 Planned Care, Corporate Risk 24-12 Areas of Clinical Concern)

Children's Neurodiversity (ND) Assessments



Children's Neurodiversity: Following allocation of additional resources to reduce waiting times plans are now in place to reducing the longest waits in the next six months.

- Interviews undertaken, however the sourcing of agency staff to undertake ND assessments of longest waiters is proving challenging due to training and experience requirements, discussions with agencies and reviews of potential candidate Curriculum Vitae (CV) is ongoing across the teams.
- Additional sessions agreed with senior clinicians to review longest waiters which may be able to be assessed with information already available, commenced in January.
- Validation of waiting list to commenced on 13th January, with additional administrative capacity arranged and Standard Operating Procedure and script developed.
- Weekly touch-point meetings with the NHS Executive being held and monthly progress returns submitted.
- Work also continues to develop and improve the service following participation in the Wales Rapid Design event along with partners. ND is now an increased priority for the North Wales Children's Regional Partnership Board (RPB).

People & OD: Escalated Performance Measures

(Corporate Risk 24-01 People, Culture and Wellbeing) (Corporate Risk 24-1 Leadership/Special Measures)

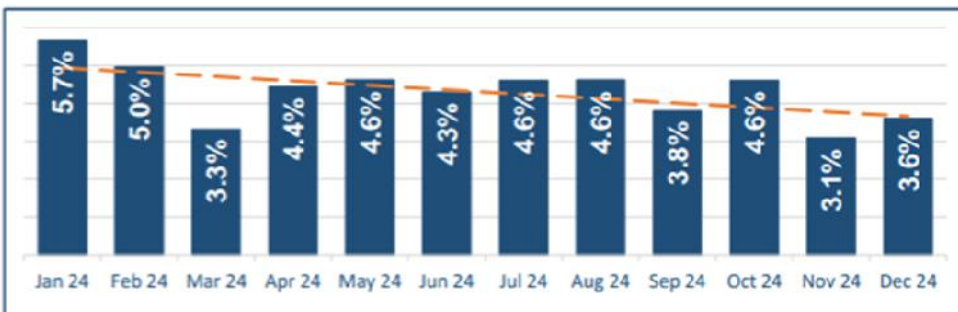
Staff Sickness & Absence Rates



Personal Appraisal Development Review (PADR)



Agency spend as Percentage of Staffing Costs



- **Sickness absence rate** has seen an overall increasing trend over recent months, in line with seasonal change and was 6.8% for December 2024
- **PADR** rate has improved in year but has remained under the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard under development for the organisation.
- At **3.6%**, focus continues on reduction of off-contract **agency spend**. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Our Finance: Escalated Performance Measures

(Corporate Risk 24-05 Financial Sustainability)

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect the correspondence of the 2nd of December from WG confirming an additional allocation of £11.15m. The allocation is to recognise the consistent pressures experienced by all Welsh Health Boards and was allocated on condition of a reduced forecast outturn. This aims to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC).

The December position closed with an in-month surplus of £1.5m, or £2.2m surplus against the revised plan.. The year to date position is a deficit of £14.8m or £8.3m over the revised planned deficit. The in year additional pressures above plan are currently being reported as non-recurrent but a full assessment of these will be carried out as part of the 2025/26 annual financial planning cycle.

Financial Position to-date (31.12.2024) and Forecast Position 31.03.2025

	Actual Position										Forecast			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	(14.8)	1.6	1.9	2.7	(8.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(6.4)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.7)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	(8.3)	2.3	2.6	3.4	0.0

The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in December totalled £5.2m, of which £3.2m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute to the in-month delivery.

The full year forecast value of the saving schemes is £43.8m, Accountancy Gains of £8.9m, giving a combined total of £52.6m, an increase of £0.9m from Month 8. Of these, £29.1m of the savings have been identified as recurring, with a full year effect of £41.4m, and £23.6m identified as non-recurring savings. The recurrent shortfall against the £48m recurrent savings target is therefore £6.6m.





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About the Integrated Performance Report

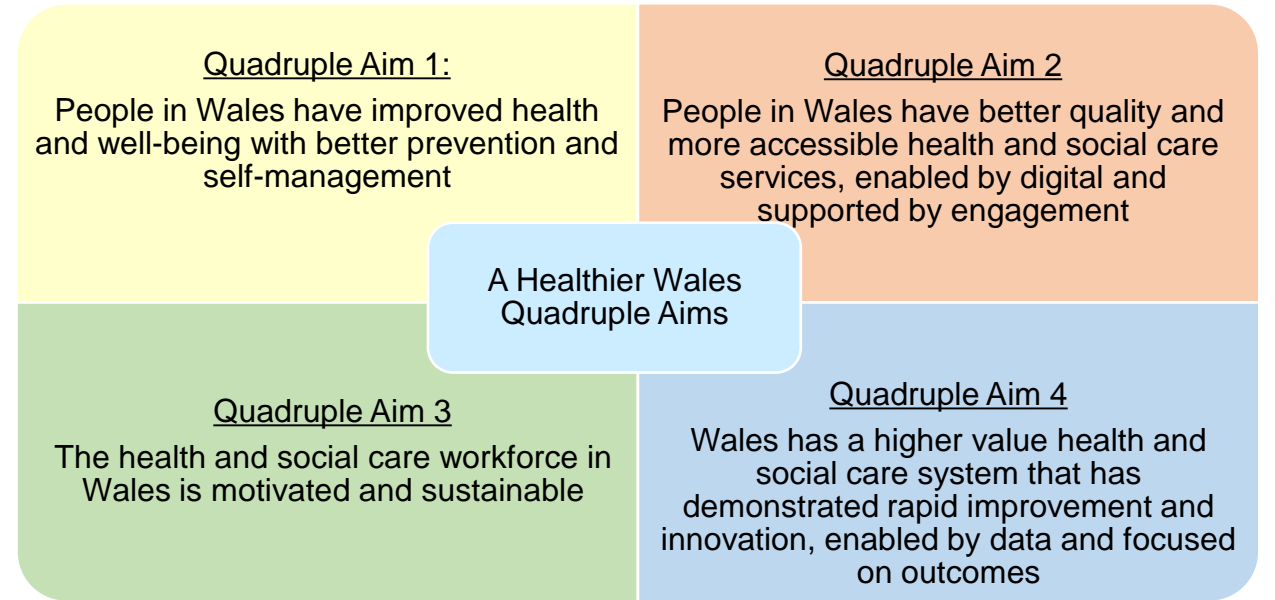
Produced on behalf of the **Health Board** by our
Performance & Commissioning Directorate in partnership with our **Health Board Directors**



The performance measures in the NHS Wales Performance Framework for 2024-2025 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2024/25 revision now consists of 54 quantitative measures and twelve policy assurance statements where assurance is sought either quarterly or bi-annually.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



Our Integrated Performance Report

Our Quality, Safety, Effectiveness & Experience Performance

Our Access & Activity Performance

Our People & Organisational Development Performance

Our Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure metrics and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

Red, Amber & Green (RAG) Rating System

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.



The latest available data point indicates that performance is at, or better than the target



It is inappropriate, or not possible, to rate available data against any available target



The latest available data point indicates that performance is worse than the target









There is no / insufficient data available to rate against the target

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.





Interpreting Results of Statistical Process Control (SPC) Charts

Variance










-  Common cause variation present: there is no significant change or pattern
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.
- 
- 

Orange icons indicate negative occurrence
Blue icons indicate a positive occurrence
Grey icons indicate no significant data occurrence





Assurance (*based on data presented in the SPC only)

-  No assurance: we would expect to sometimes achieve, and sometimes miss the target
-  Positive assurance: we would consistently expect to achieve the target
-  No assurance: we would consistently expect to miss the target
-  There is no profile or target, or insufficient data, thus assurance can not be ascertained

Legend

 Performance	 Control Line (Mean)	 Upper Control Limit 3σ
 Lower Control Limit 3σ	 Upper Control Limit 2σ	 Lower Control Limit 2σ
 National Target	 Internal profile	 Trend

The column charts that feature within this report use the following legend:

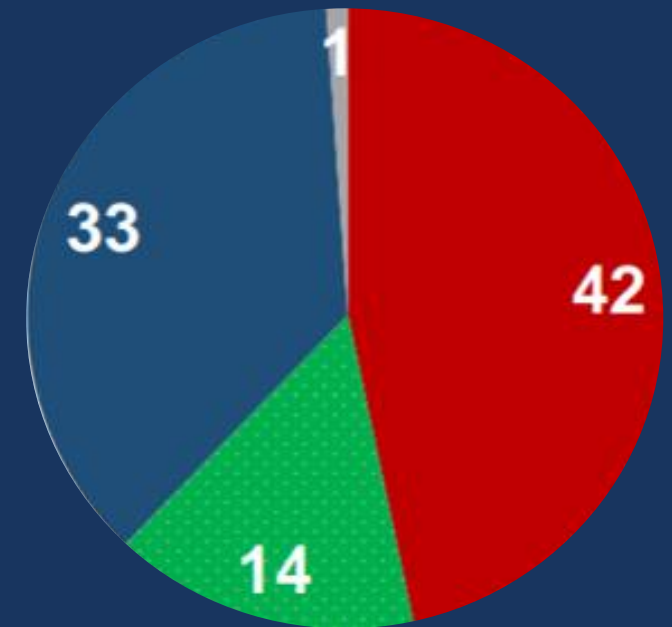
 BCU Position	 Internal Profile	 Trend (Rolling 12 Month)	 WG Target
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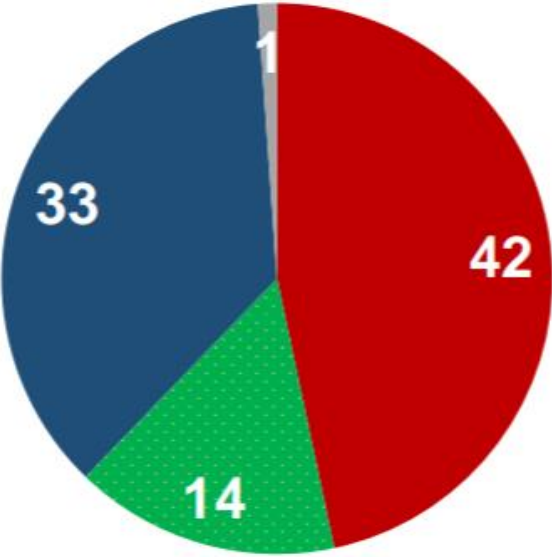
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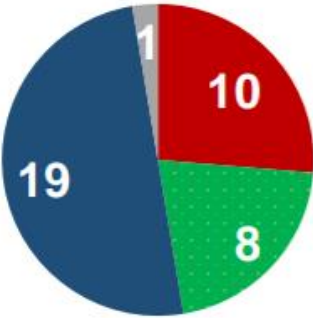
Integrated Performance Report



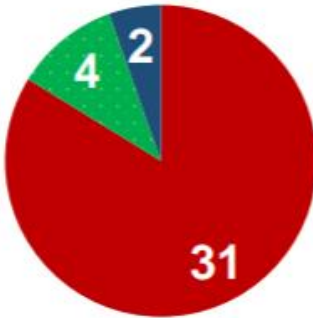
Summary of Performance to Month 12



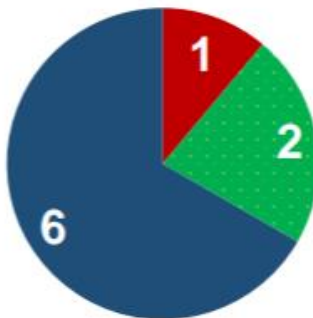
All Sections



Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

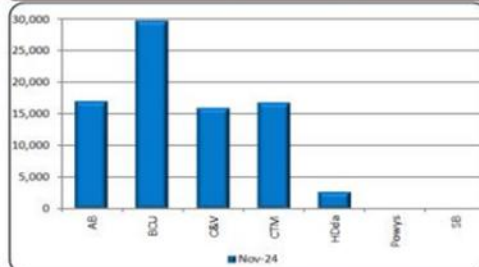


Financial Performance

NHS Wales Performance Dashboard – part 1

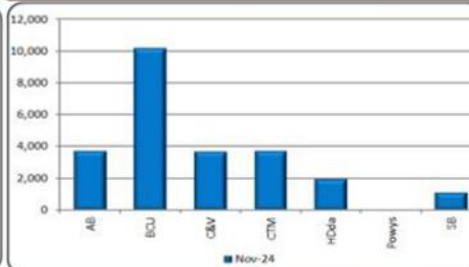
PERFORMANCE DASHBOARD

Number of patients waiting more than 52 weeks for a new outpatient appointment



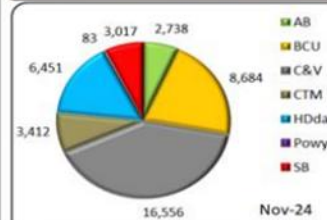
- In Nov-24, only Powys achieved the target of zero for the number of patients waiting over 52 weeks for a new outpatient appointment.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Nov-24, when compared to the previous month, by 865 to 82,335, a 1.1% increase.
- C&V, CTM and HDda saw a decrease in Nov-24 compared to the previous month.
- Powys had no over 52 week new outpatient waits in Nov-24, BCU had the highest number of waits at 29,804 (36.2% of the total).

Number of patients waiting more than 104 weeks for referral to treatment

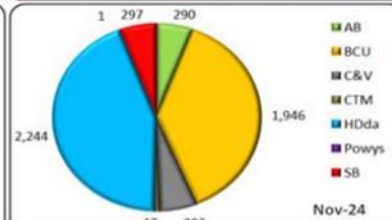


- In Nov-24, only Powys achieved the target of zero for the number of patients waiting over 104 weeks for referral to treatment.
- At an all Wales level, the number of over 104 week referral to treatment waits has increased in Nov-24, when compared to the previous month, by 159 to 24,361, a 0.7% increase.
- HDda and SB saw a reduction in Nov-24 when compared to the previous month.
- Powys had no over 104 week referral to treatment waits in Nov-24, BCU had the highest number of waits at 10,200 (41.9% of the total).

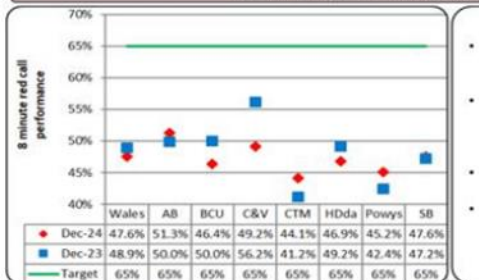
Number of patients waiting more than 8 weeks for a specified diagnostic



Number of patients waiting more than 14 weeks for a specified therapy

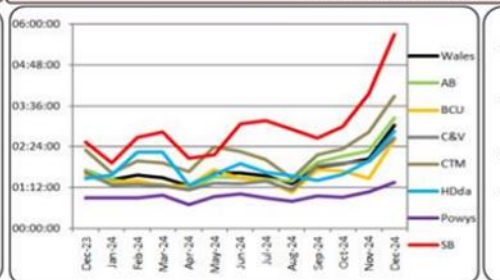


% of emergency responses to red calls arriving within 8 minutes



- In Dec-24, data shows no HB achieved the 65% target for the % of emergency responses to red calls within 8 minutes.
- At an all Wales level, the % of emergency responses to red calls within 8 minutes has improved in Dec-24, when compared to the previous month, by 0.1 percentage point to 47.6%.
- Over the last 12 months, AB, CTM, HDda and Powys all saw an improvement trend in performance.
- AB was the best performing HB in Dec-24 with performance at 51.3%, CTM was the lowest with performance at 44.1%.

Median emergency response time to amber calls

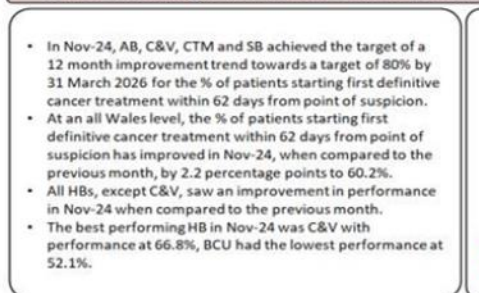


- In Dec-24, no HB achieved the 12 month reduction trend target for median emergency response time to amber calls.
- At an all Wales level, the median amber response time was slower in Dec-24, when compared to the previous month, by 59 mins and 3 secs to 3 hrs, 1 min and 43 secs.
- All HBs saw a deterioration in performance in Dec-24 when compared to the previous month.
- Powys was the best performing HB in Dec-24 with a median response time of 1hr 21 mins and 06 secs, SB had the longest median response time of 5 hrs, 42 mins and 28 secs.

- In Nov-24, no HB achieved the target of zero for the number of patients waiting over 8 weeks for a specified diagnostic.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has increased in Nov-24, when compared to the previous month, by 816 to 40,941, a 2.0% increase.
- All HBs, except BCU and HDda, saw a reduction in Nov-24 when compared to the previous month.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Nov-24 at 3,412, C&V had the highest at 16,556 (40.4% of the total).

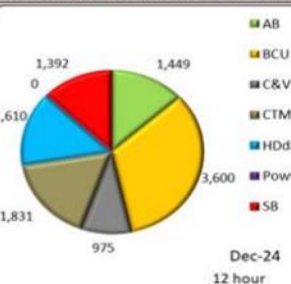
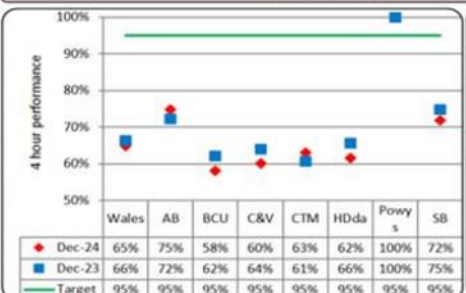
- In Nov-24, no HB achieved the target of zero for the number of patients waiting over 14 weeks for a specified therapy.
- At an all Wales level, the number of over 14 week waits for specific therapies has decreased in Nov-24, when compared to the previous month, by 467 to 5,117, an 8.4% decrease.
- AB, BCU and C&V saw a decrease in Nov-24 when compared to the previous month.
- Powys had the lowest number of over 14 week waits for specific therapies in Nov-24 at 1, HDda had the highest at 2,244 (43.9% of the total).

% of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral)



- In Nov-24, AB, C&V, CTM and SB achieved the target of a 12 month improvement trend towards a target of 80% by 31 March 2026 for the % of patients starting first definitive cancer treatment within 62 days from point of suspicion.
- At an all Wales level, the % of patients starting first definitive cancer treatment within 62 days from point of suspicion has improved in Nov-24, when compared to the previous month, by 2.2 percentage points to 60.2%.
- All HBs, except C&V, saw an improvement in performance in Nov-24 when compared to the previous month.
- The best performing HB in Nov-24 was C&V with performance at 66.8%, BCU had the lowest performance at 52.1%.

4 hour and 12 hour A&E waiting times in all major and minor emergency care facilities - from arrival until admission, transfer or discharge

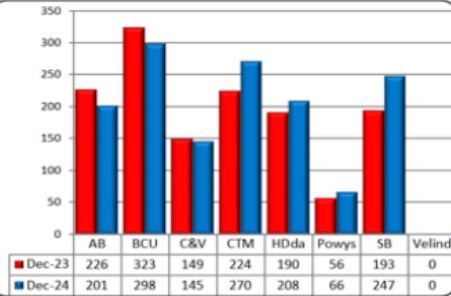


- In Dec-24 AB, CTM and Powys achieved the target of an improvement compared to the same month in the previous year, towards the target of 95%, for the % of patients who spent less than 4 hours in ED.
- At an all Wales level, the % patients who spent less than 4 hours in ED has deteriorated in Dec-24, when compared to the previous month, by 2.8 percentage points to 64.8%.
- Only C&V saw an improvement in performance in Dec-24 when compared to the previous month.
- AB was the best performing HB (exc. Powys) at 74.7%, BCU had the lowest performance at 58.1%.
- In Dec-24 AB, CTM and Powys achieved the target of a reduction compared to the same month in the previous year, towards the target of zero for the number of patients who spent more than 12 hrs in ED.
- At an all Wales level, the number of patients who spent more than 12 hours in ED has increased in Dec-24, when compared to the previous month, by 1,082 to 10,857.
- Only C&V saw an improvement in performance in Dec-24 when compared to the previous month.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 975, BCU had the highest at 3,600 (33.2% of the total).

NHS Wales Performance Dashboard- part 2

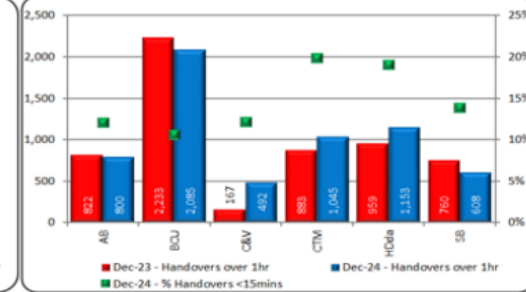
Number of Pathways of Care delayed discharges

- In Dec-24, only Powys and SB failed to achieve the 12 month reduction trend target for the number of pathways of care delayed discharges.
- At all Wales level, the number of pathways of care delayed discharges has decreased in Dec-24, when compared to the previous month, by 38 to 1,435, a 2.6% decrease.
- AB, C&V, CTM and Velindre all saw an improvement in performance in Dec-24 when compared to the previous month.
- Excluding Velindre, Powys had the lowest number of pathways of care delayed discharges in Dec-24 at 66, BCU had the highest at 298.

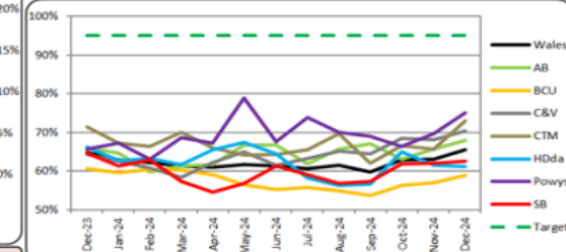


Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

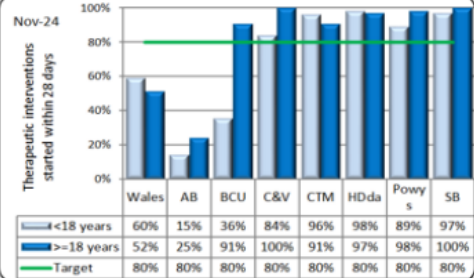
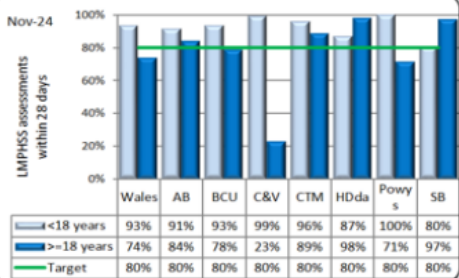
- In Dec-24, no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has increased in Dec-24, when compared to the previous month, by 672 to 6,183, a 12.2% increase.
- Over the last 12 months, only C&V saw a deterioration trend in performance.
- C&V had the lowest number of over 1 hour handovers in Dec-24 at 492, BCU had the highest at 2,085 (33.7% of the total).
- In Dec-24, no HB achieved the target of an improvement compared to the same month in the previous year, towards the target of 100% for the % of handovers within 15 mins.
- At all Wales level, the % of handovers within 15 mins has deteriorated in Dec-24, when compared to the previous month, by 3.0 percentage points to 14.4%.
- Over the last 12 months only CTM and HDda saw an improvement trend in performance.
- CTM had the best performance in Dec-24 at 19.8%, BCU had the lowest at 10.5%.



% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Mental Health Part 1 - % of LPMHSS assessments and therapeutic interventions within 28 days



<18 years

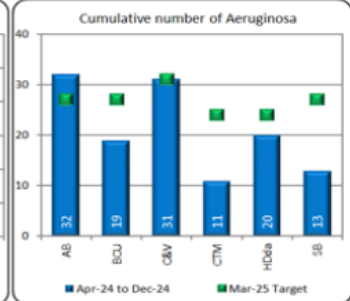
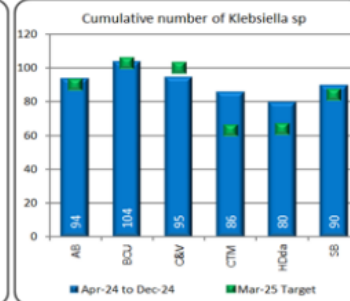
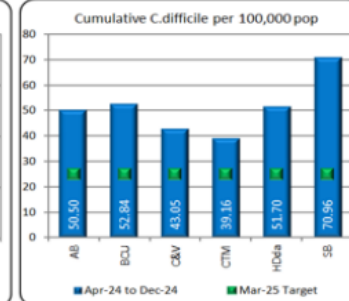
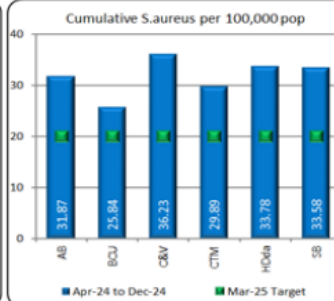
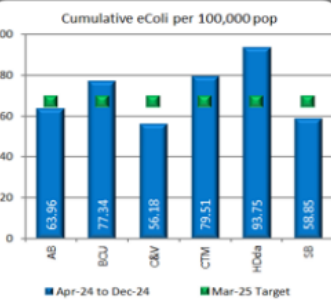
- In Nov-24, all HBs achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, SB had the lowest performance at 80.3%. Over the last 12 months, all HBs, except CTM, saw an improvement trend in performance.
- In Nov-24, all HBs, except AB and BCU, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was HDda at 98.1%, AB had the lowest performance at 14.7%. Over the last 12 months, all HBs saw an improvement trend in performance.

>=18 years

- In Nov-24, AB, CTM, HDda and SB achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was HDda at 98.0%, C&V had the lowest performance at 22.9%. Over the last 12 months, AB, CTM, HDda and Powys all saw an improvement trend in performance.
- In Nov-24, all HBs, except AB, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HBs were C&V and SB at 100%, AB had the lowest performance at 24.5%. Over the last 12 months, AB, BCU, C&V and Powys saw an improvement trend in performance.

- In Dec-24, all HBs, except BCU and HDda, achieved the target of a 12 month improvement trend towards the target of 95% for the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- At all Wales level, the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date has improved in Dec-24, when compared to the previous month, by 2.4 percentage points to 65.6%.
- In Dec-24, all HBs, except HDda, saw an improvement in performance compared to the previous month.
- Powys had the best performance in Dec-24 at 75.1%, BCU had the lowest at 58.9%.

Health Care Acquired Infections - HCAs (provisional data)



- For eColi, AB, C&V and SB are currently achieving the Mar-25 cumulative target. In the Apr-24 to Dec-24 period, HDda had the highest rate of eColi at 93.75 per 100,000 population compared to C&V who had the lowest rate at 56.18 per 100,000 population.
- For S.aureus, none of the HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Dec-24 period, C&V had the highest rate of S.aureus at 36.23 per 100,000 population compared to BCU who had the lowest rate at 25.84 per 100,000 population.
- For C.difficile, none of the HBs are currently achieving the Mar-25 cumulative target. In the Apr-24 to Dec-24 period, SB had the highest rate of C.difficile at 70.96 per 100,000 population compared to CTM who had the lowest rate at 39.16 per 100,000 population.
- For Klebsiella, only C&V are currently achieving the Mar-25 target. In the Apr-24 to Dec-24 period, BCU had the highest number of cases of Klebsiella at 104 compared to HDda who had the lowest number at 80.
- For Aeruginosa, all HBs, except AB, are currently achieving the Mar-25 cumulative target. In the Apr-24 to Dec-24 period, AB had the highest number of cases of Aeruginosa at 32 compared to CTM who had the lowest number at 11.

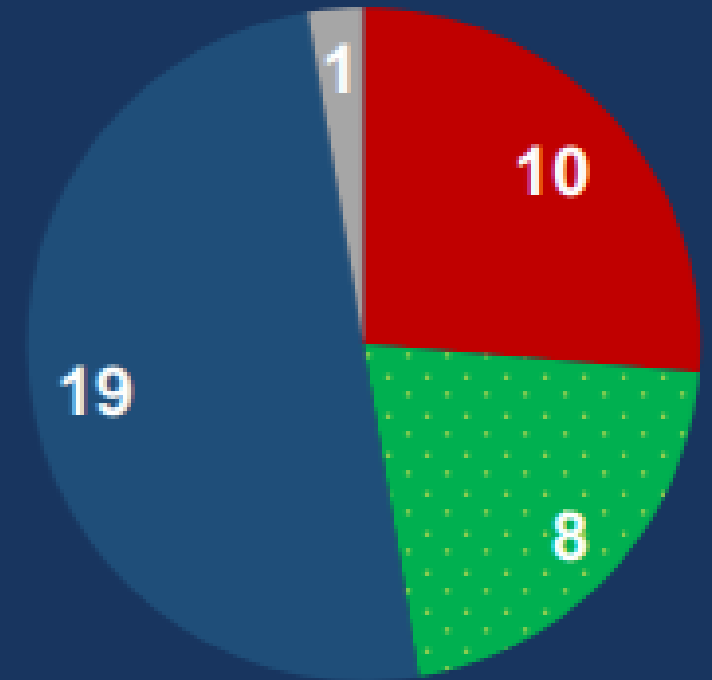
Section 1



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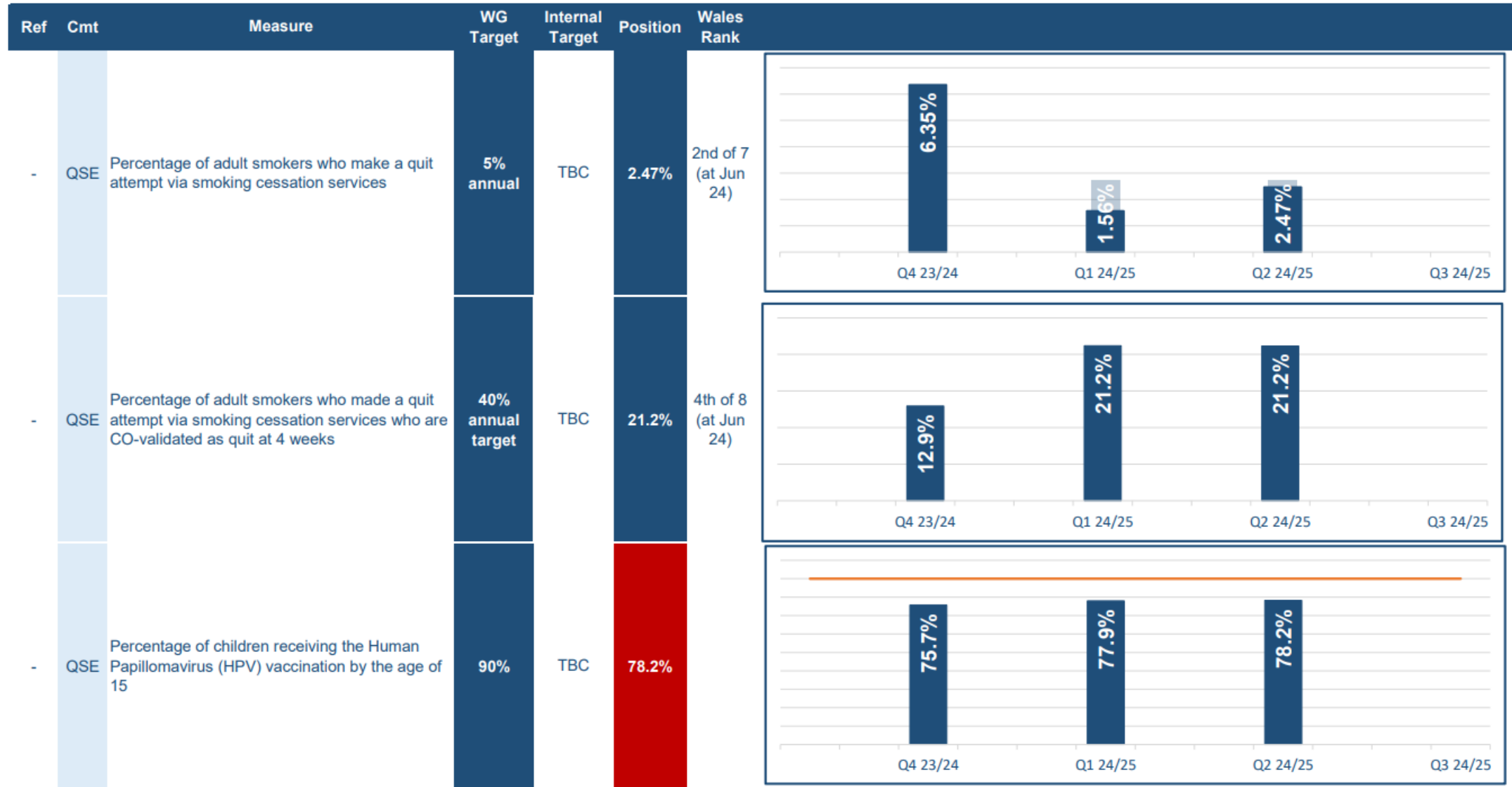
Quality, Safety, Effectiveness and Experience Performance



Quality: Performance

* Wales Ranking may differ as may refer to previous month

Data reported quarterly and in arrears

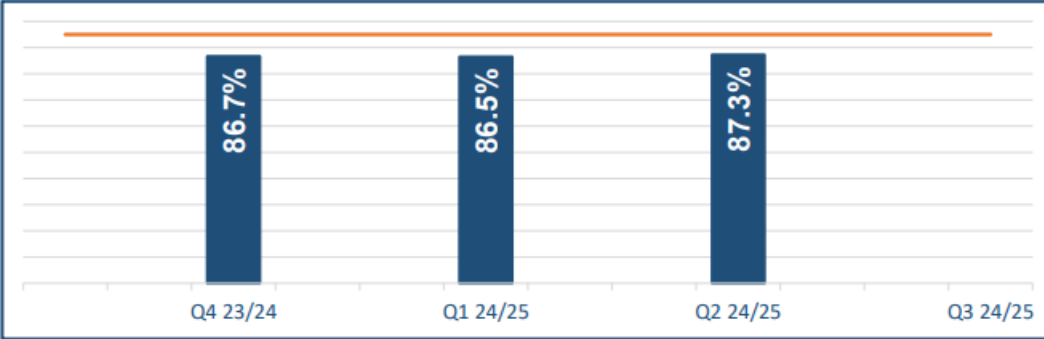


Quality: Performance


* Wales Ranking may differ as may refer to previous month

Some data reported quarterly and in arrears

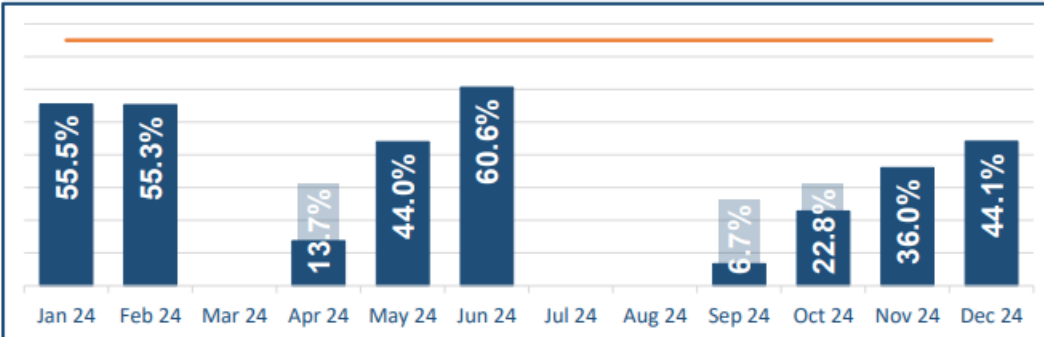
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	87.3%	3rd of 7 (at Jun 24)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	70.8%	2nd of 7 (at Mar 24)
-	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over Autumn Booster 2023: Age range to be confirmed	75%	TBC	44.1%	4th of 7 (at Jun 24)



Quarter	Percentage
Q4 23/24	86.7%
Q1 24/25	86.5%
Q2 24/25	87.3%



Month	Percentage
Jan 24	72.2%
Feb 24	73.2%
Mar 24	73.9%
Oct 24	34.2%
Nov 24	65.1%
Dec 24	70.8%

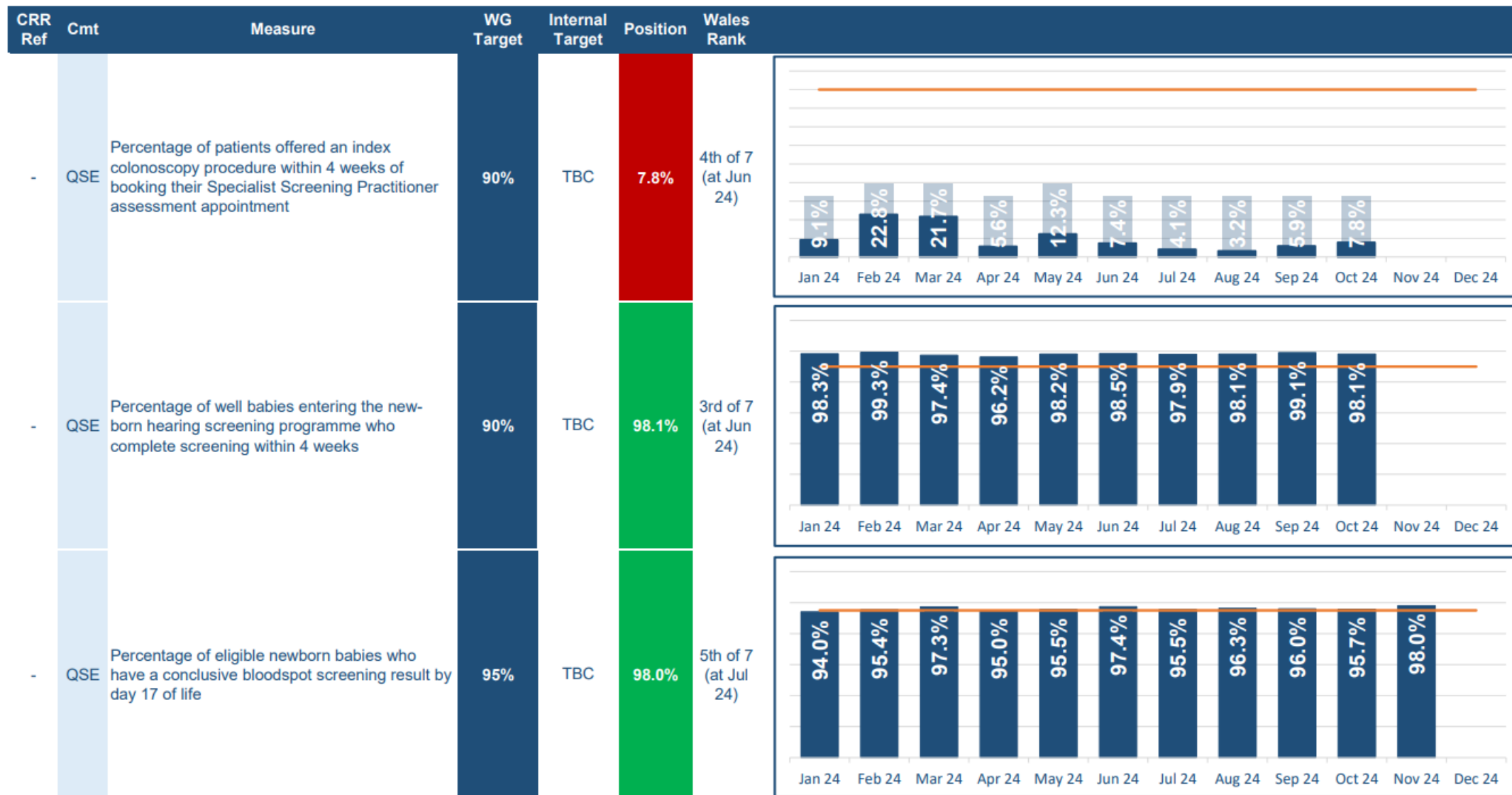


Month	Percentage
Jan 24	55.5%
Feb 24	55.3%
Apr 24	13.7%
May 24	44.0%
Jun 24	60.6%
Sep 24	6.7%
Oct 24	22.8%
Nov 24	36.0%
Dec 24	44.1%

Quality: Performance

* Wales Ranking may differ as may refer to previous month

Data reported in arrears

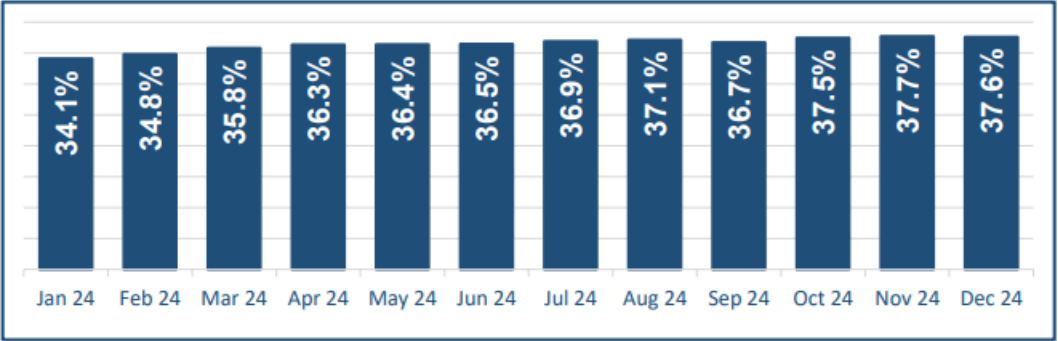


Quality: Performance

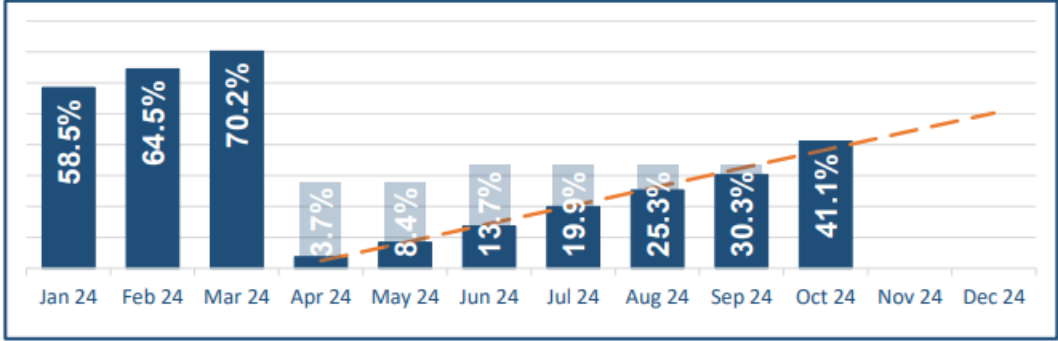
* Wales Ranking may differ as may refer to previous month

Some data reported in arrears

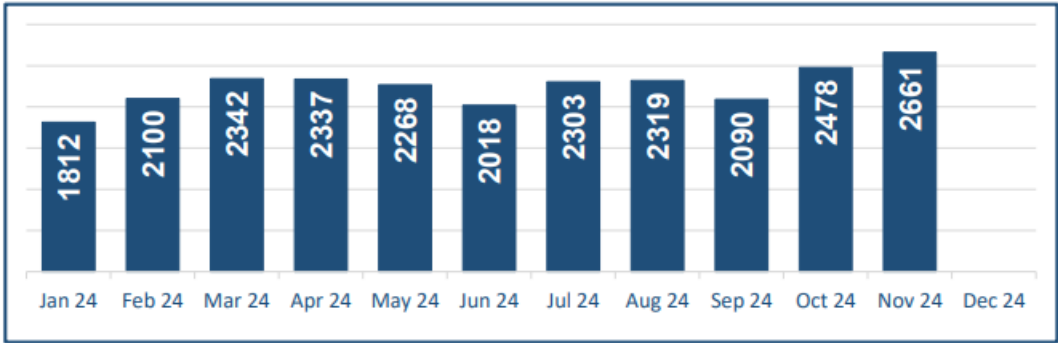
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	37.6%	7th of 7 (at Jul 24)
-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increasing trend (to 30% (end Sept), then 100% (end Mar))	TBC	41.1%	6th of 7 (at Aug 24)
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2024/25 to 2023/24)	TBC	2661	1st of 7 (at Jul 24)



Month	Percentage
Jan 24	34.1%
Feb 24	34.8%
Mar 24	35.8%
Apr 24	36.3%
May 24	36.4%
Jun 24	36.5%
Jul 24	36.9%
Aug 24	37.1%
Sep 24	36.7%
Oct 24	37.5%
Nov 24	37.7%
Dec 24	37.6%



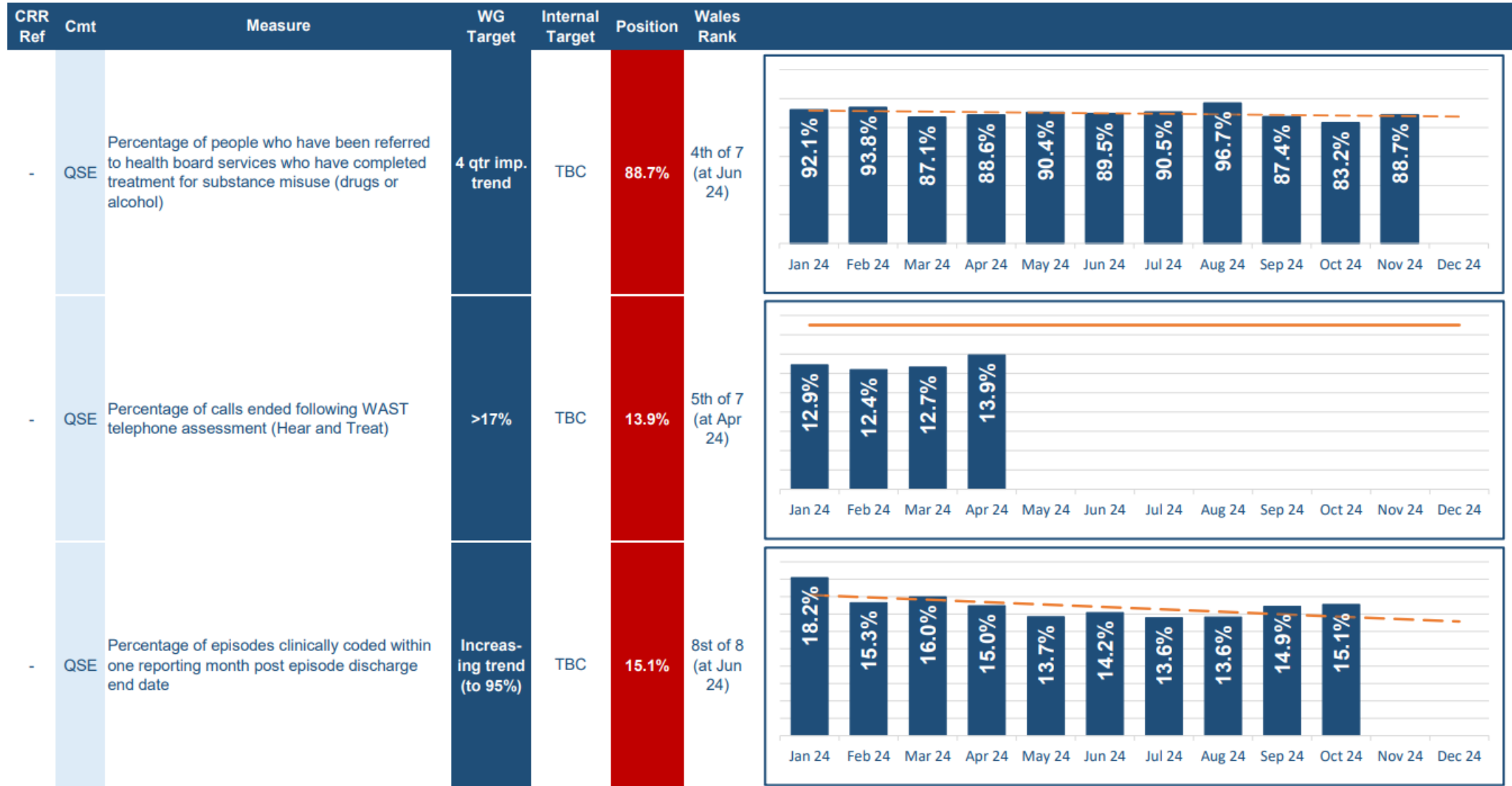
Month	Percentage
Jan 24	58.5%
Feb 24	64.5%
Mar 24	70.2%
Apr 24	3.7%
May 24	8.4%
Jun 24	13.7%
Jul 24	19.9%
Aug 24	25.3%
Sep 24	30.3%
Oct 24	41.1%
Nov 24	-
Dec 24	-



Month	Number of Consultations
Jan 24	1812
Feb 24	2100
Mar 24	2342
Apr 24	2337
May 24	2268
Jun 24	2018
Jul 24	2303
Aug 24	2319
Sep 24	2090
Oct 24	2478
Nov 24	2661
Dec 24	-

Quality: Performance

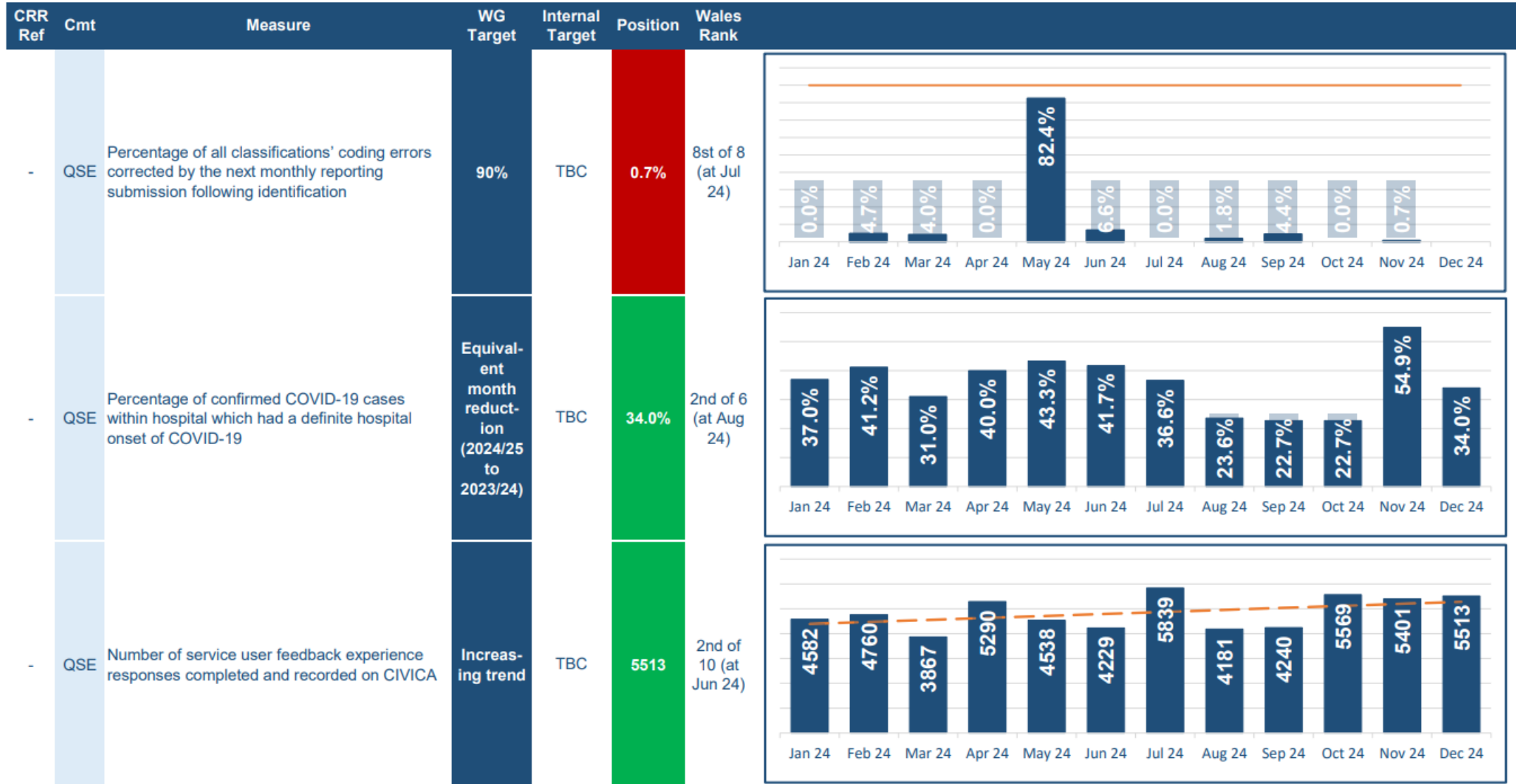
* Wales Ranking may differ as may refer to previous month



Quality: Performance

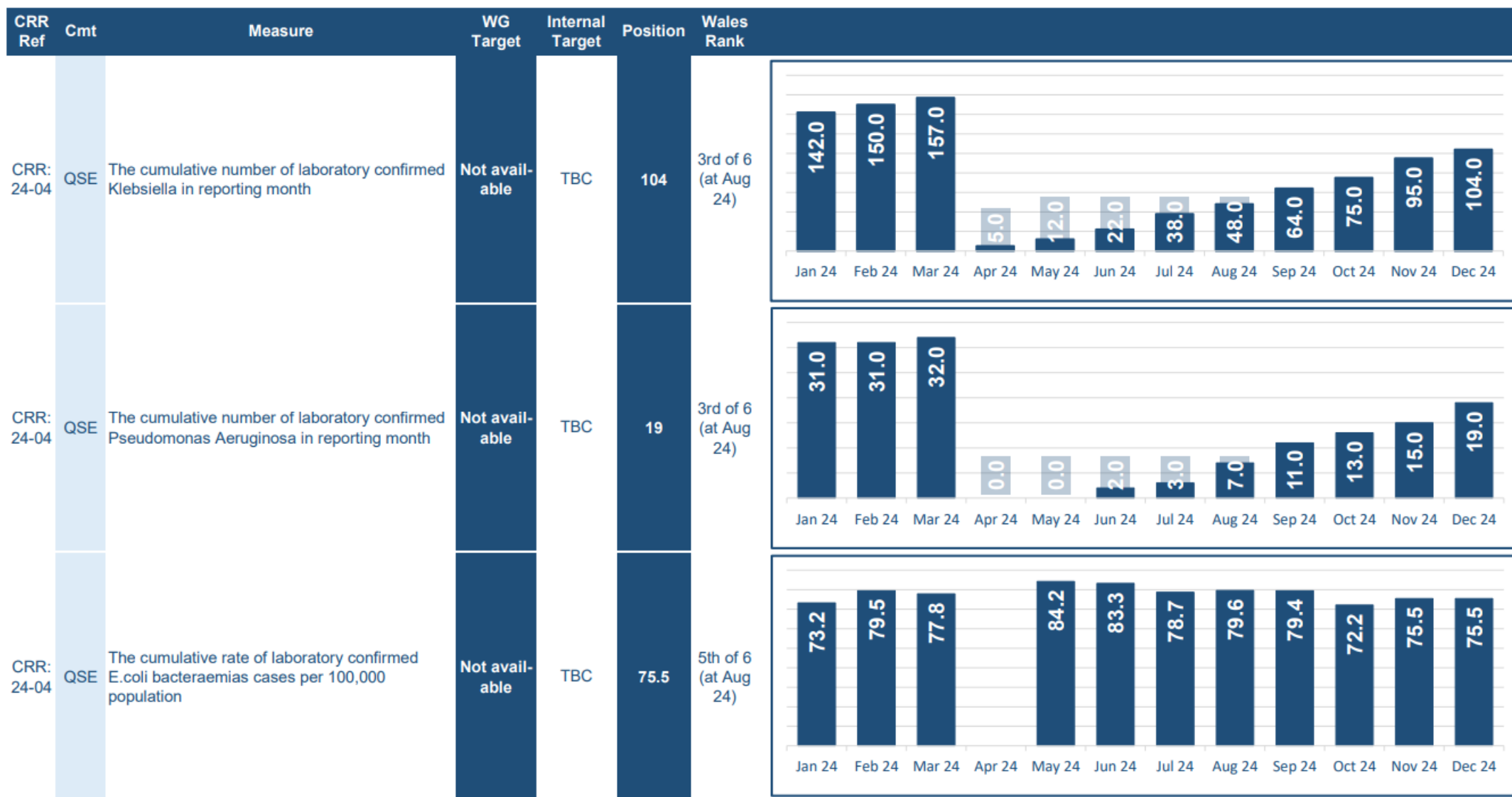
* Wales Ranking may differ as may refer to previous month

Coding Data reported in arrears



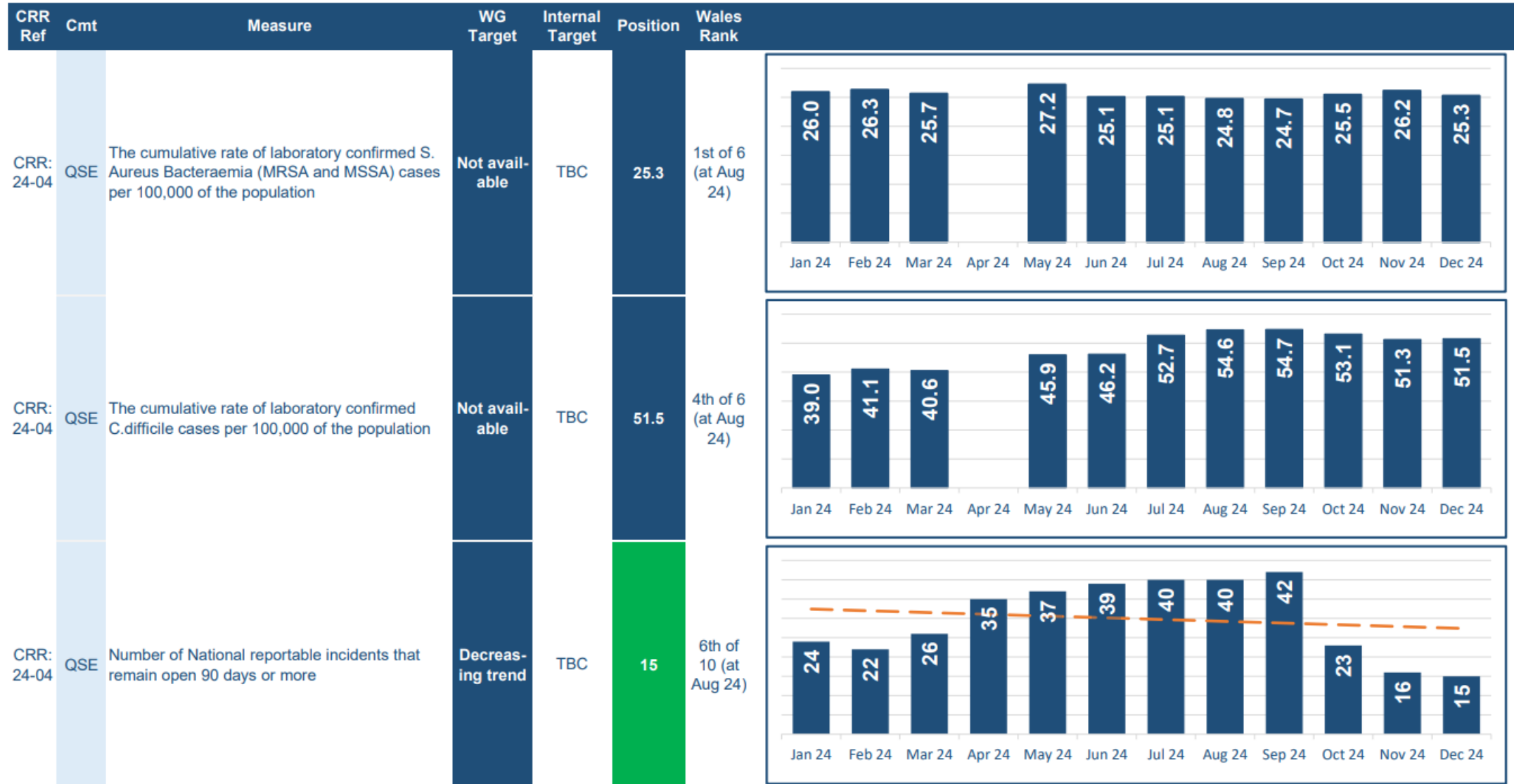
Quality: Performance

* Wales Ranking may differ as may refer to previous month



Quality: Performance

* Wales Ranking may differ as may refer to previous month



Quality: Performance

* Wales Ranking may differ as may refer to previous month

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of National reportable incidents (NRIs)	N/A	TBC	9	Local Metric
-	QSE	Number of new never events	0	TBC	0	Local Metric
-	QSE	Number of patient safety incidents	N/A	TBC	2661	Local Metric

Month	Value
Jan 24	26
Feb 24	38
Mar 24	17
Apr 24	26
May 24	15
Jun 24	17
Jul 24	20
Aug 24	19
Sep 24	9
Oct 24	11
Nov 24	10
Dec 24	9

Month	Value
Jan 24	0
Feb 24	3
Mar 24	0
Apr 24	0
May 24	2
Jun 24	0
Jul 24	3
Aug 24	0
Sep 24	0
Oct 24	0
Nov 24	0
Dec 24	0

Month	Value
Jan 24	3040
Feb 24	2833
Mar 24	2925
Apr 24	2998
May 24	2984
Jun 24	3000
Jul 24	3096
Aug 24	2868
Sep 24	2809
Oct 24	3152
Nov 24	2828
Dec 24	2661

Quality: Performance

* Wales Ranking may differ as may refer to previous month



Quality: Performance

* Wales Ranking may differ as may refer to previous month

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of 'Putting Things Right' (PTR) complaints	N/A	TBC	152	Local Metric
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75.0%	TBC	75.6%	Local Metric
-	QSE	Number of complaints closed as early resolutions	N/A	TBC	16	Local Metric

Month	Value
Jan 24	170
Feb 24	200
Mar 24	189
Apr 24	208
May 24	193
Jun 24	219
Jul 24	231
Aug 24	205
Sep 24	217
Oct 24	174
Nov 24	189
Dec 24	152

Month	Value
Jan 24	48.1%
Feb 24	58.6%
Mar 24	33.3%
Apr 24	33.3%
May 24	18.9%
Jun 24	50.8%
Jul 24	64.7%
Aug 24	46.0%
Sep 24	65.7%
Oct 24	75.6%
Nov 24	
Dec 24	

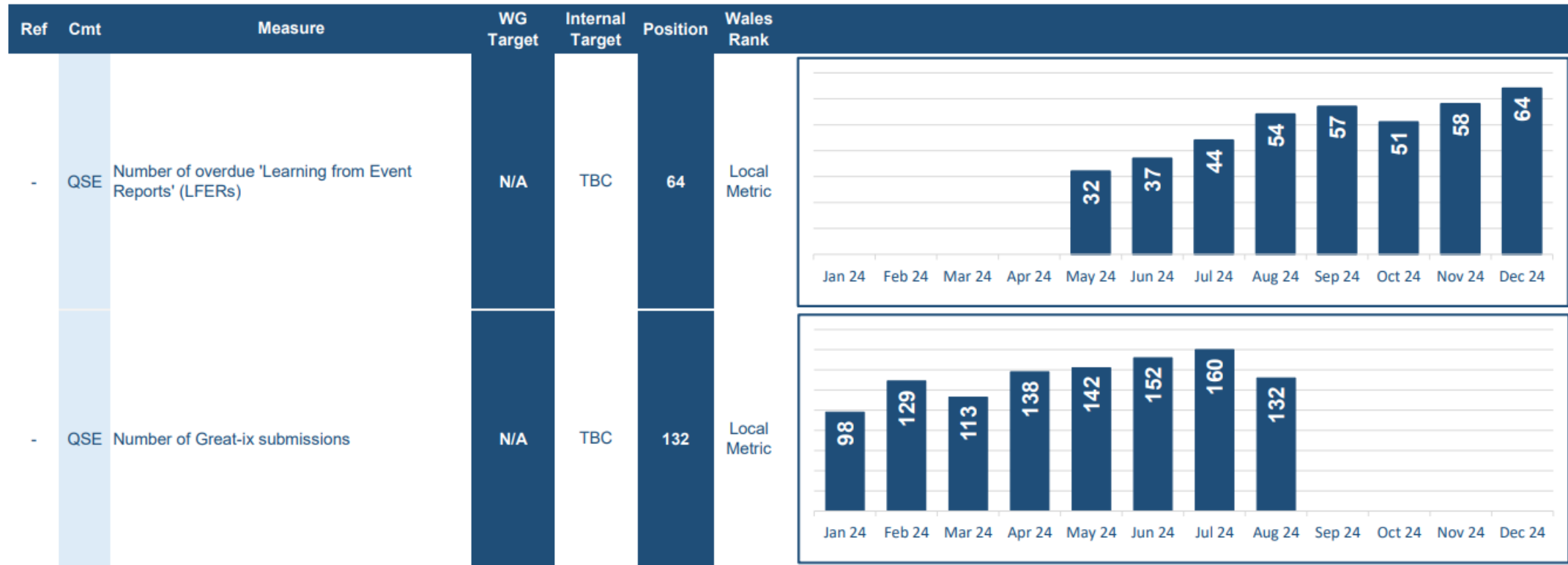
Month	Value
Jan 24	32
Feb 24	36
Mar 24	52
Apr 24	38
May 24	32
Jun 24	36
Jul 24	48
Aug 24	26
Sep 24	24
Oct 24	17
Nov 24	21
Dec 24	16

Quality: Performance

Some data reported in arrears



Quality: Performance



The Performance Team are working with colleagues to secure the dataflow re Great-ix submissions

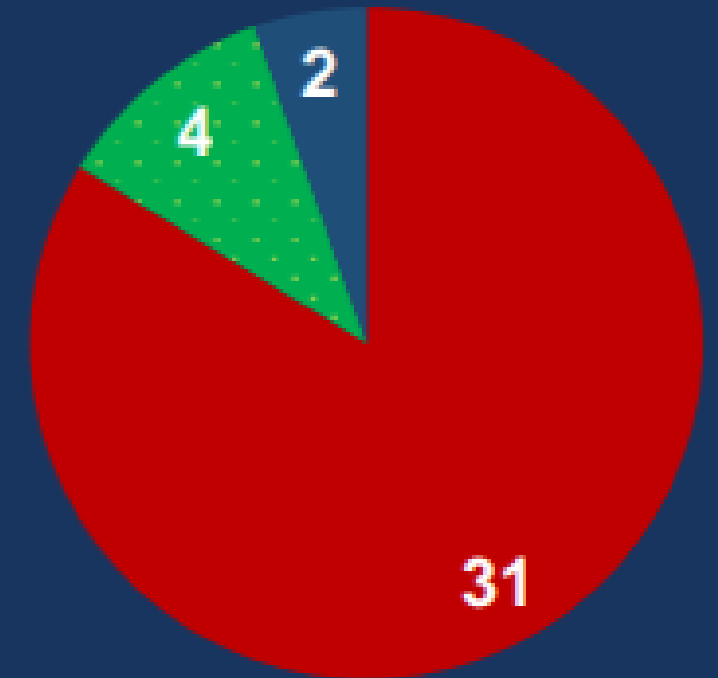
Section 2



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University Health Board

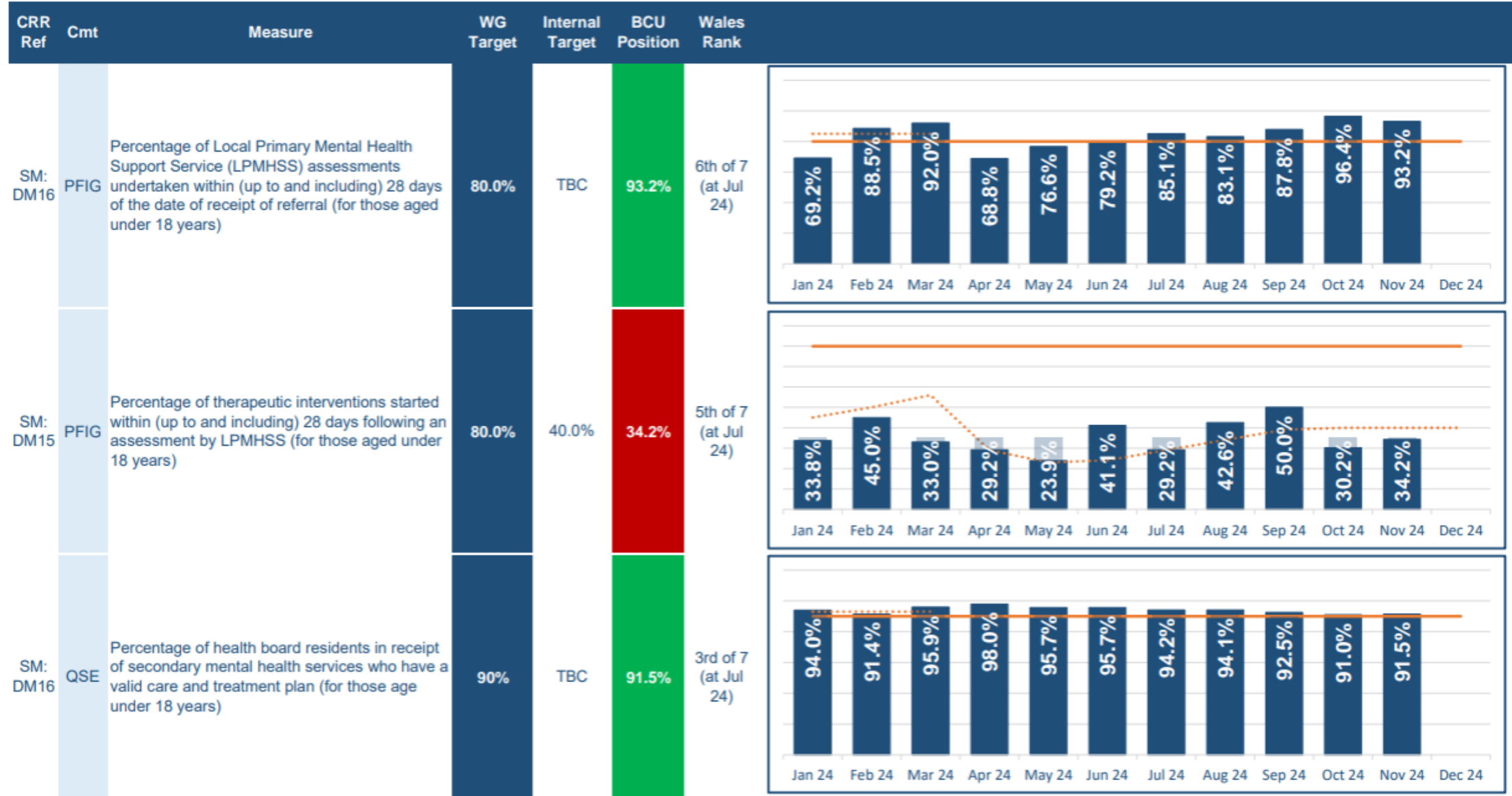
Access and Activity Performance



Our Access & Activity: Performance

* Wales Ranking may differ as may refer to previous month

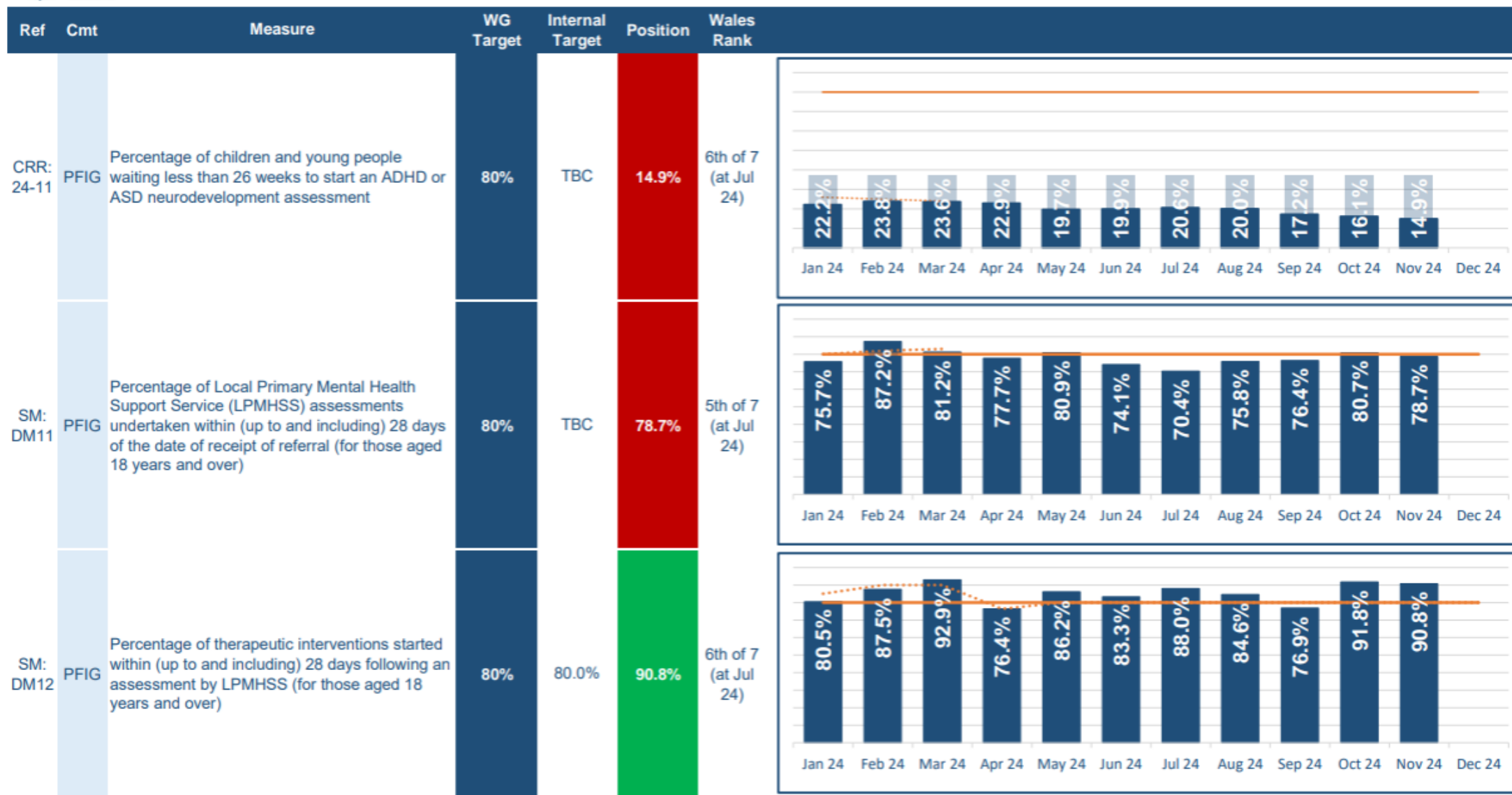
Data reported in arrears



Our Access & Activity: Performance

* Wales Ranking may differ as may refer to previous month

Data reported in arrears




Our Access & Activity: Performance

* Wales Ranking may differ as may refer to previous month

Data reported in arrears

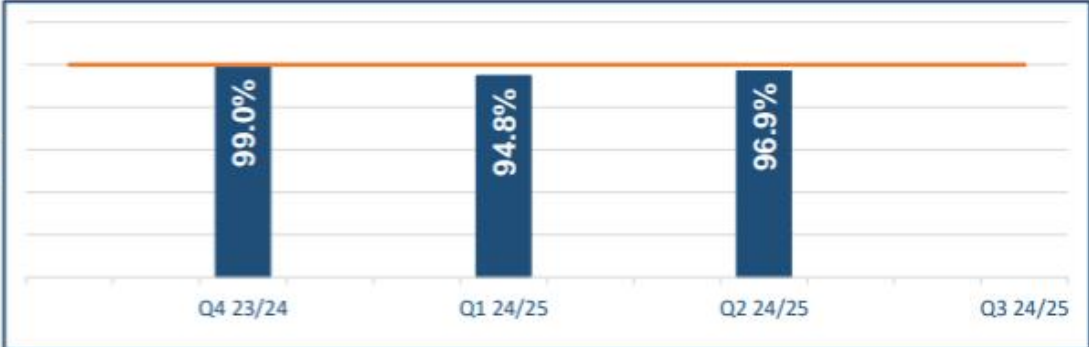
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	86.3%	5th of 7 (at Jul 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	60.0%	1st of 7 (at Jul 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	6th of 7 (at Mar 23)



Month	Value
Jan 24	86.2%
Feb 24	87.2%
Mar 24	86.1%
Apr 24	87.1%
May 24	86.6%
Jun 24	86.2%
Jul 24	86.7%
Aug 24	86.0%
Sep 24	86.8%
Oct 24	86.5%
Nov 24	86.3%
Dec 24	86.3%



Month	Value
Jan 24	86.1%
Feb 24	94.4%
Mar 24	87.7%
Apr 24	91.4%
May 24	87.9%
Jun 24	85.8%
Jul 24	79.1%
Aug 24	71.1%
Sep 24	65.9%
Oct 24	62.0%
Nov 24	64.7%
Dec 24	60.0%



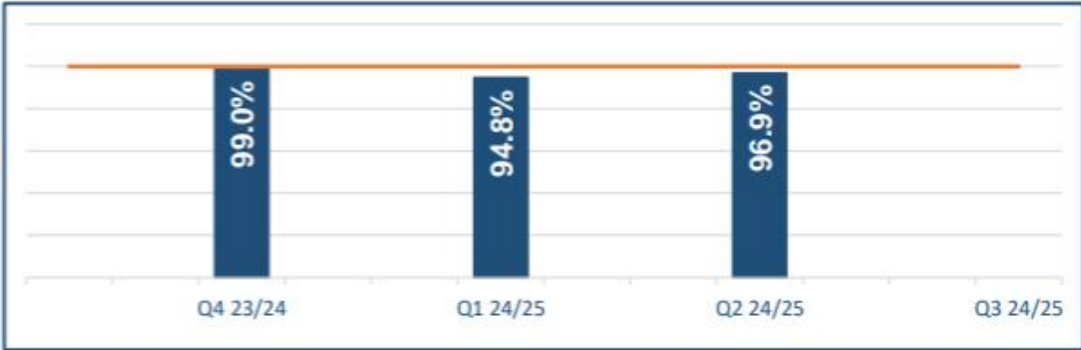
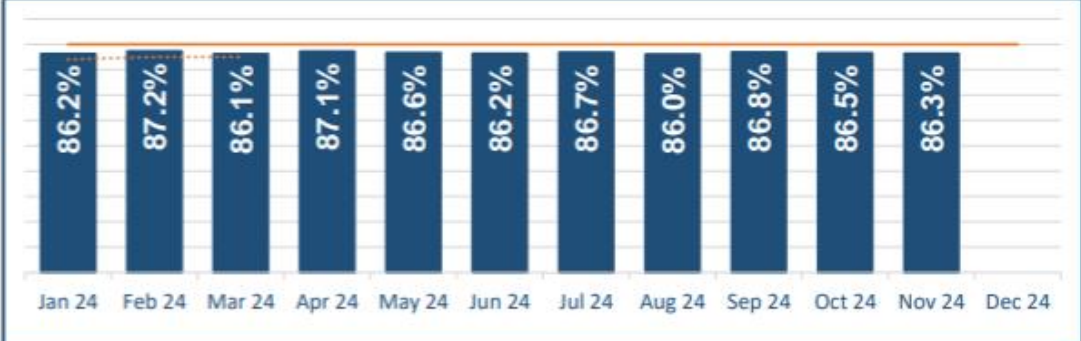
Quarter	Value
Q4 23/24	99.0%
Q1 24/25	94.8%
Q2 24/25	96.9%
Q3 24/25	96.9%

Our Access & Activity: Performance

* Wales Ranking may differ as may refer to previous month

Data reported in arrears

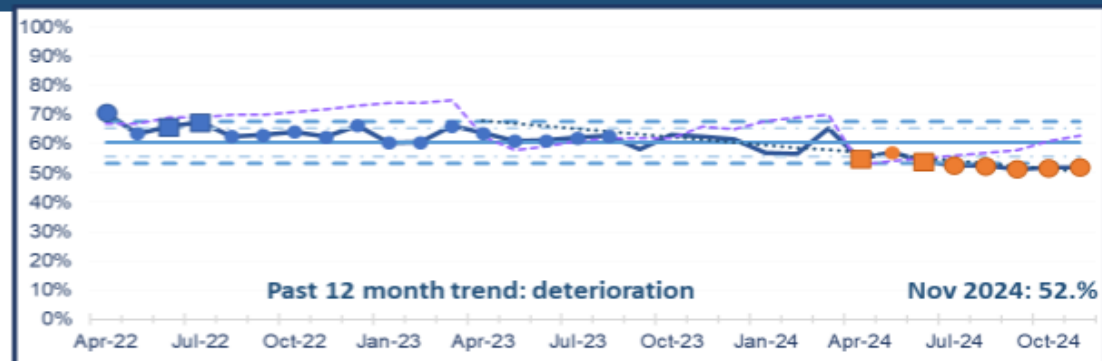
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	86.3%	5th of 7 (at Jul 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	60.0%	1st of 7 (at Jul 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	6th of 7 (at Mar 23)



Our Access & Activity: Performance

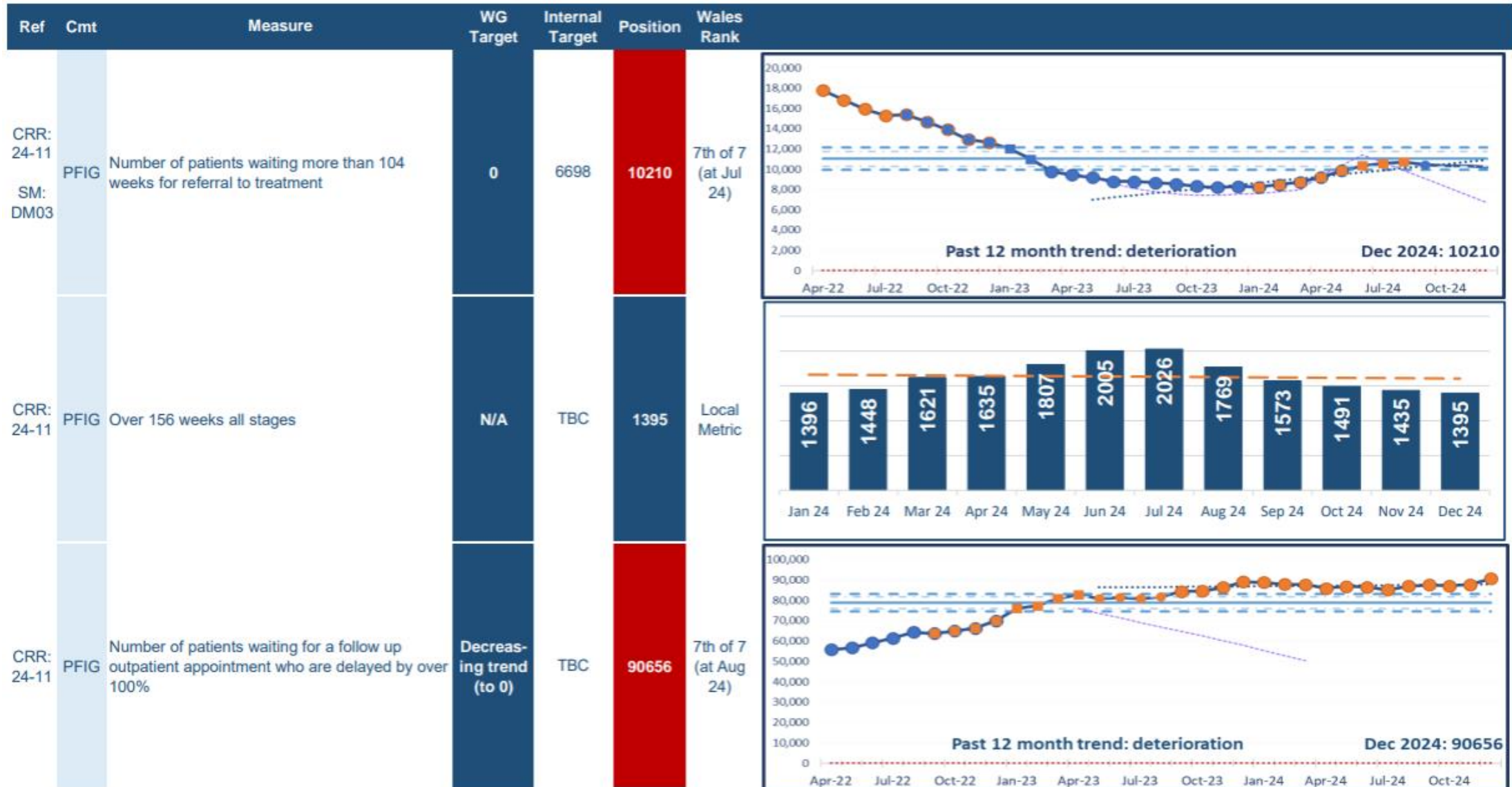
* Wales Ranking may differ as may refer to previous month

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	65.0%	52.0%	5th of 6 (at Jul 24)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	17161	30799	7th of 7 (at Jul 24)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	17161	56148	7th of 7 (at Jul 24)



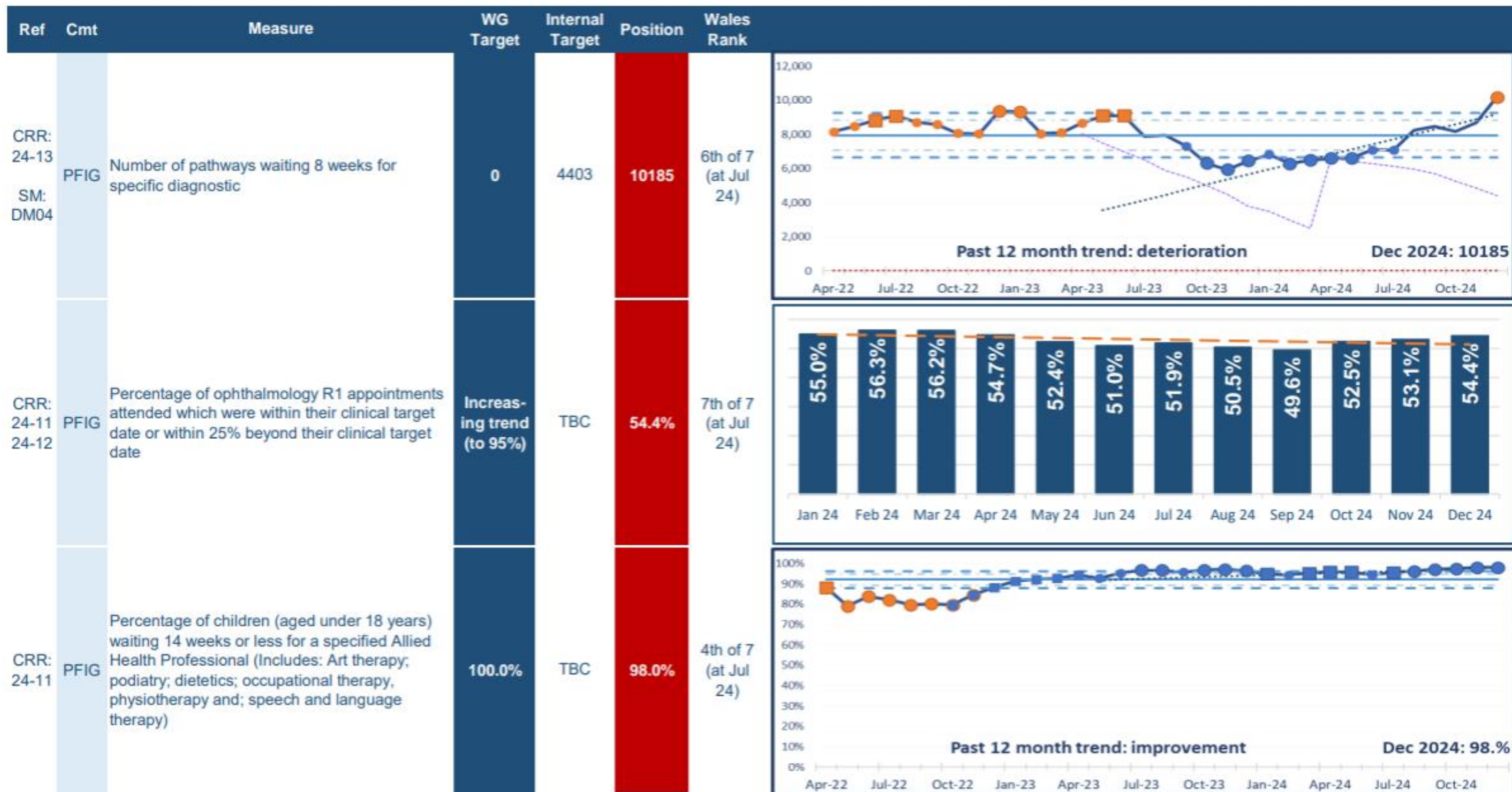
Our Access & Activity: Performance

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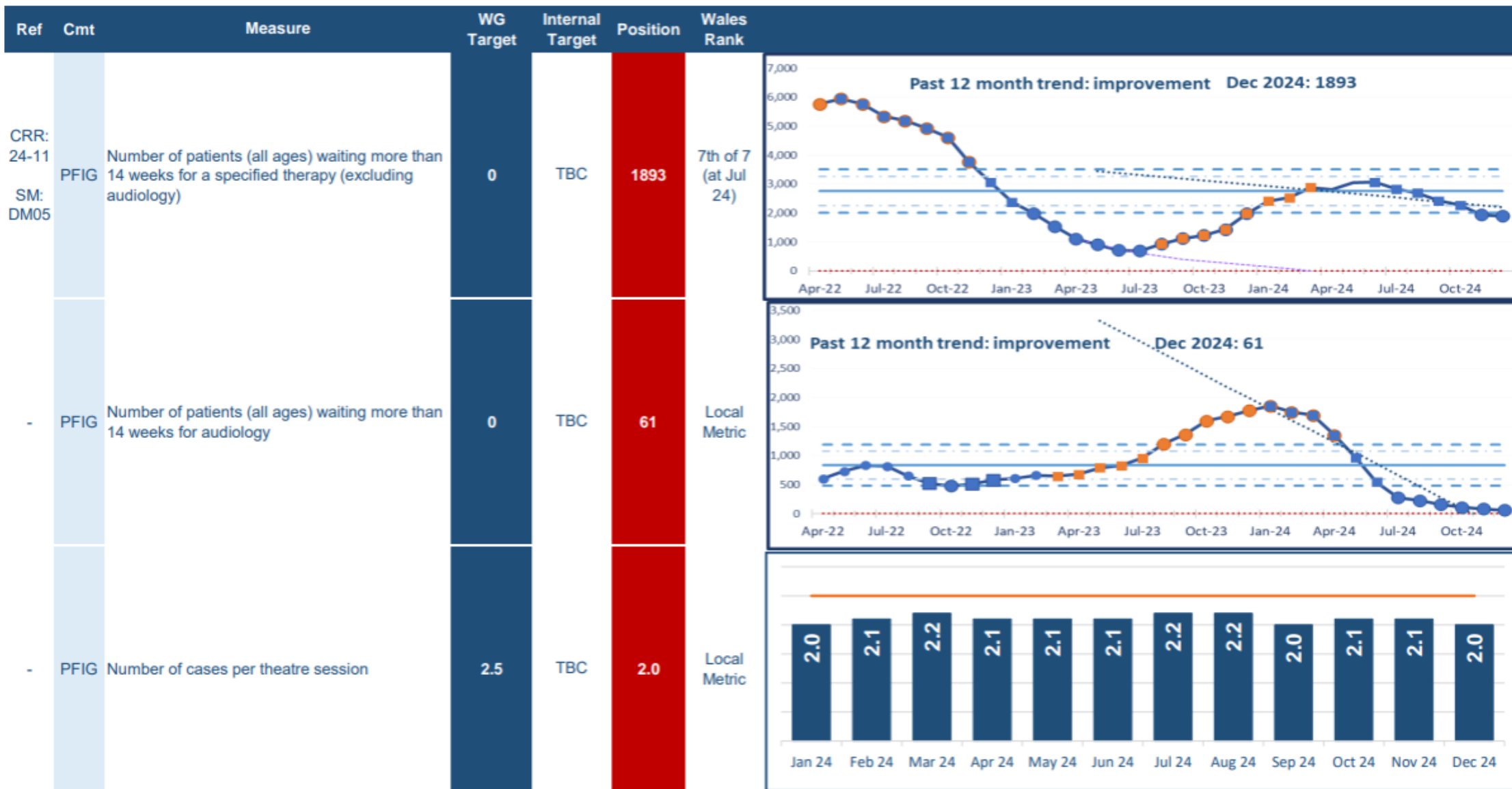
Our Access & Activity: Performance

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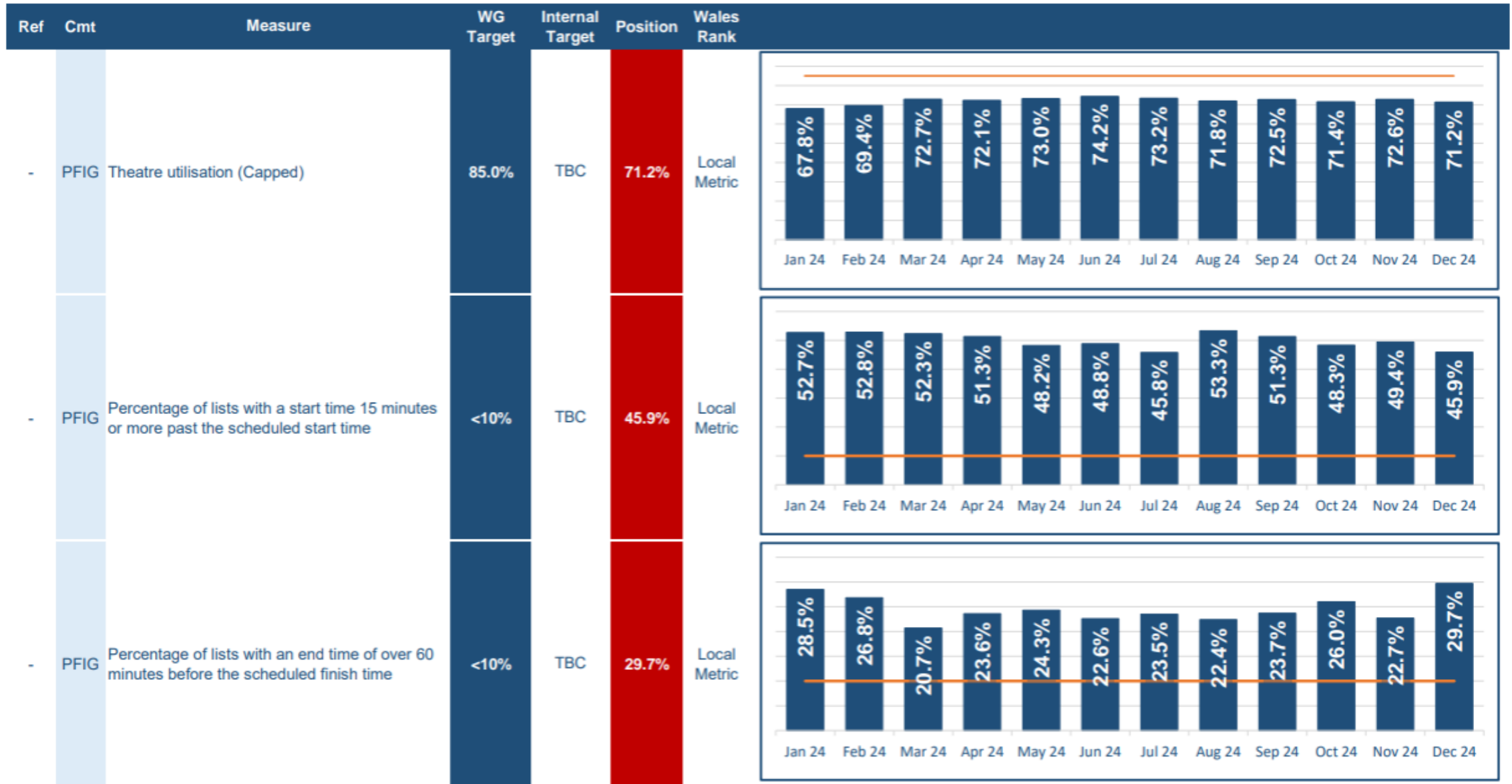
Our Access & Activity: Performance

* Wales Ranking may differ as may refer to previous month



Our Access & Activity: Performance

* Wales Ranking may differ as may refer to previous month



Our Access & Activity: Performance

* Wales Ranking may differ as may refer to previous month

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	8.0%	Local Metric
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	10.7%	Local Metric
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	298	7th of 8 (at Aug 24)

Month	Percentage
Jan 24	9.3%
Feb 24	9.0%
Mar 24	8.8%
Apr 24	8.4%
May 24	9.0%
Jun 24	8.6%
Jul 24	8.0%
Aug 24	7.9%
Sep 24	7.8%
Oct 24	9.5%
Nov 24	9.8%
Dec 24	8.0%

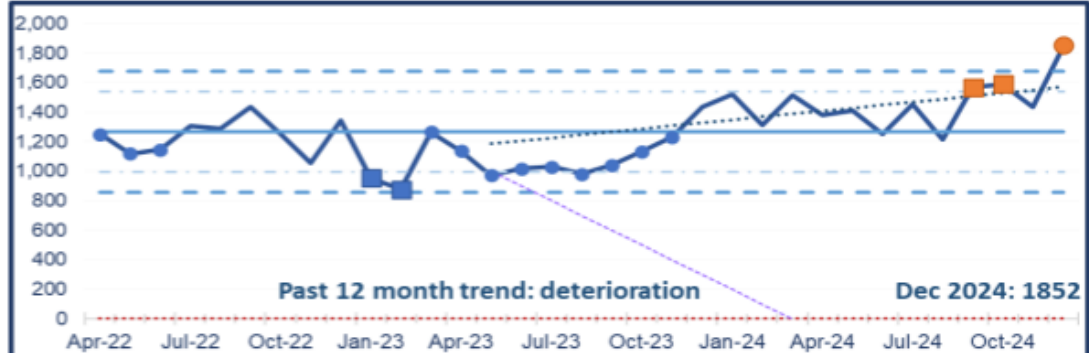
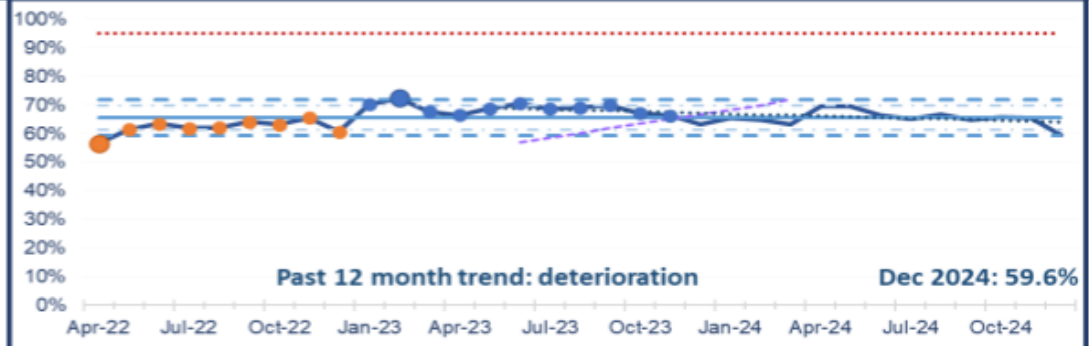
Month	Percentage
Jan 24	15.9%
Feb 24	12.6%
Mar 24	10.8%
Apr 24	11.1%
May 24	12.3%
Jun 24	11.5%
Jul 24	10.3%
Aug 24	10.8%
Sep 24	9.6%
Oct 24	13.1%
Nov 24	12.4%
Dec 24	10.7%

Month	Count
Jan 24	362
Feb 24	324
Mar 24	347
Apr 24	388
May 24	348
Jun 24	316
Jul 24	324
Aug 24	333
Sep 24	297
Oct 24	331
Nov 24	286
Dec 24	298

Our Access & Activity: Performance

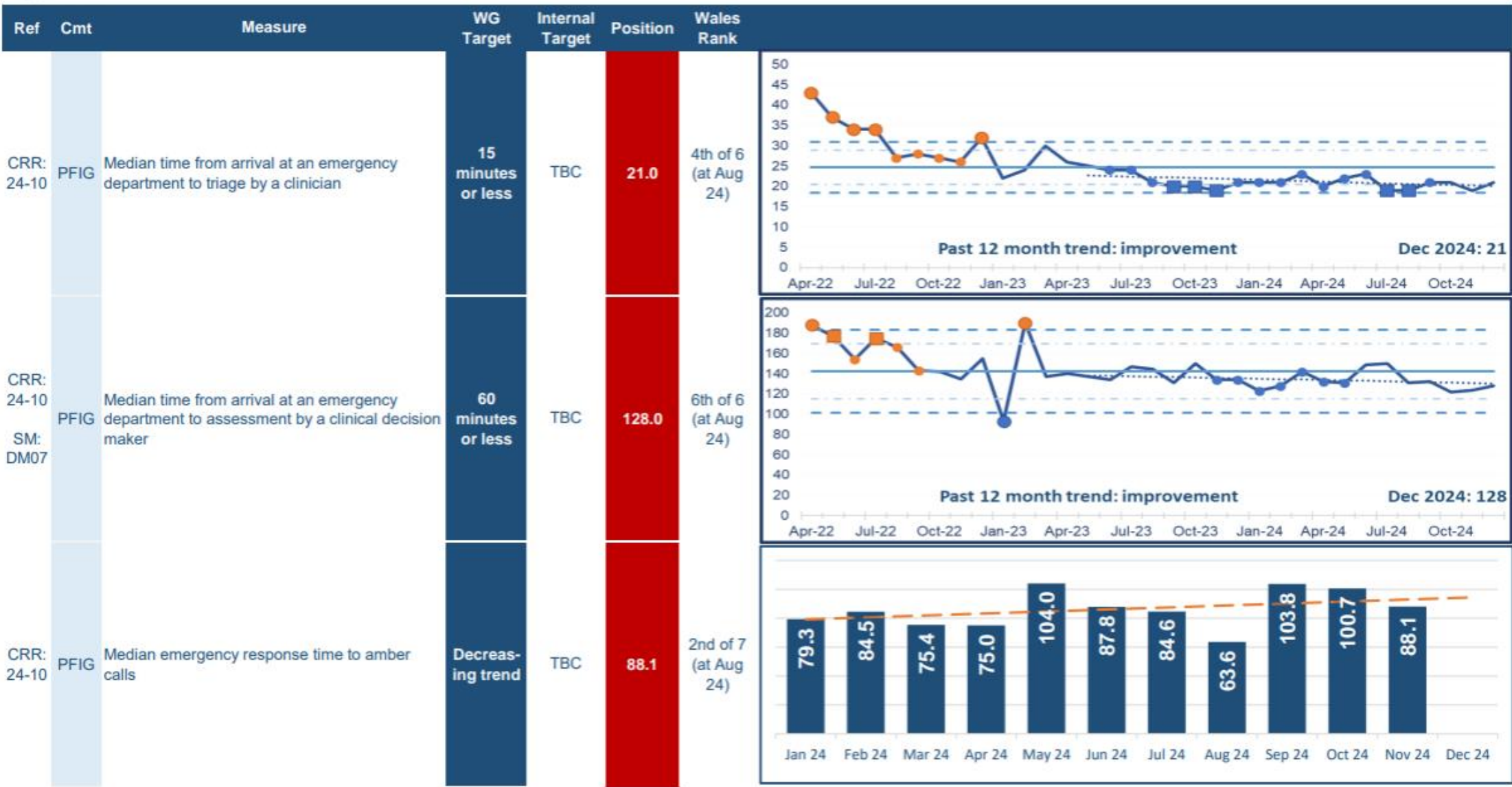
* Wales Ranking may differ as may refer to previous month

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	59.6%	4th of 7 (at Aug 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2409	3598	7th of 7 (at Aug 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1852	Local Metric



Our Access & Activity: Performance

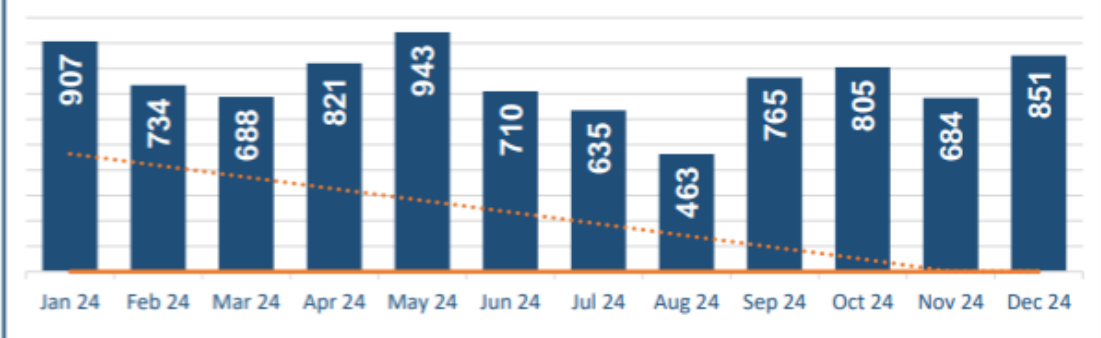
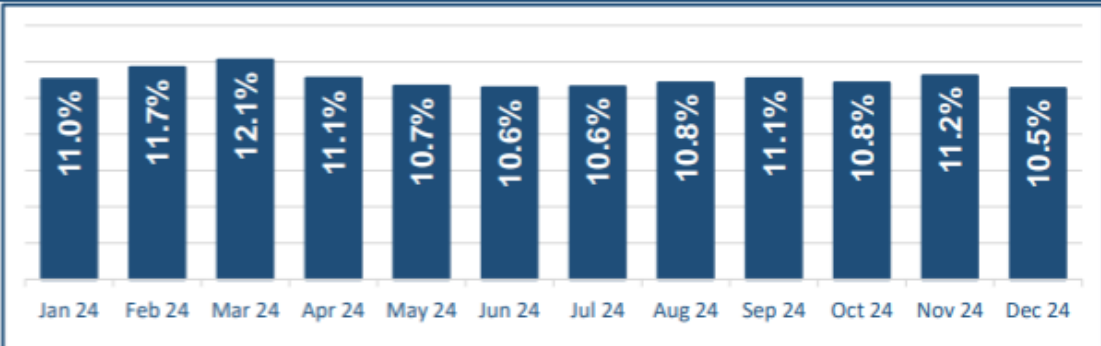
* Wales Ranking may differ as may refer to previous month



Our Access & Activity: Performance

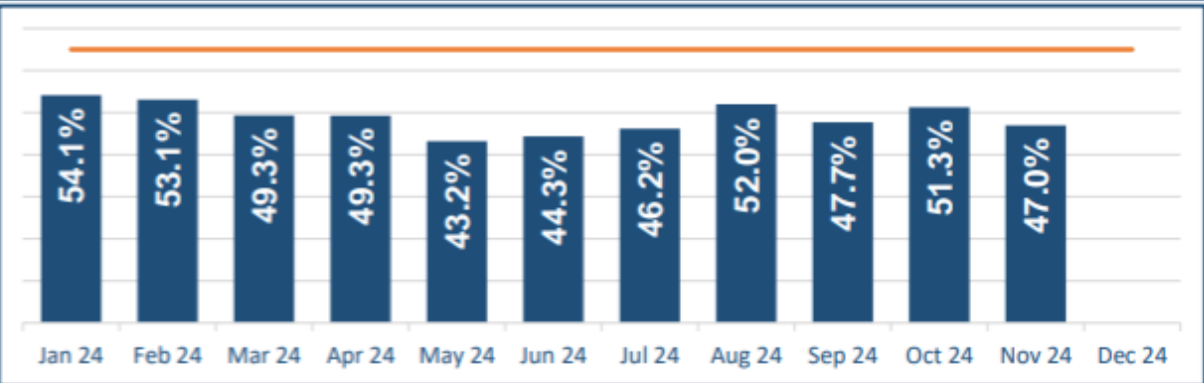
* Wales Ranking may differ as may refer to previous month

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	10.5%	Local Metric
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	1390	2090	6th of 6 (at Aug 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	0	851	Local Metric



Our Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-10	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	0.65	TBC	47.0%	4th of 7 (at Aug 24)



* Wales Ranking may differ as may refer to previous month

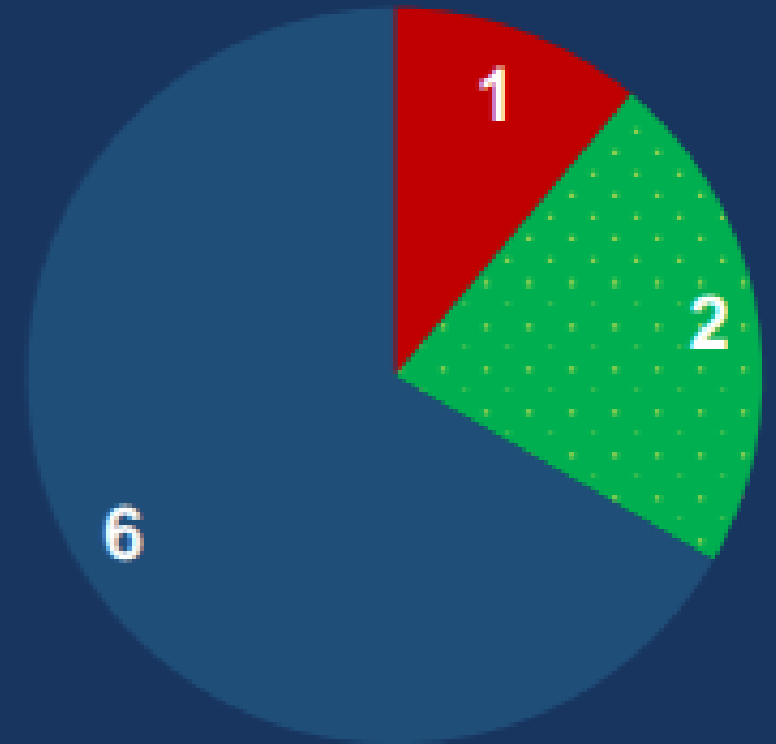
Section 3

People and Organisational Development Performance



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University Health Board



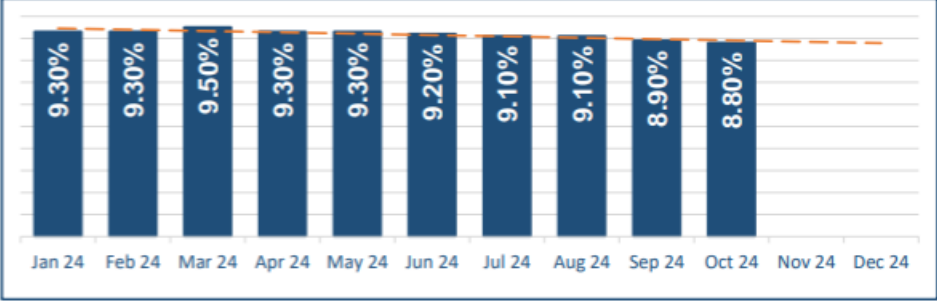
Our People: Performance

* Wales Ranking may differ as may refer to previous month

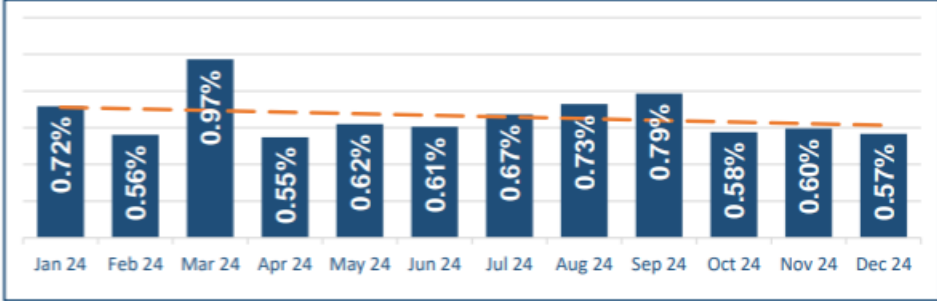


Our People: Performance

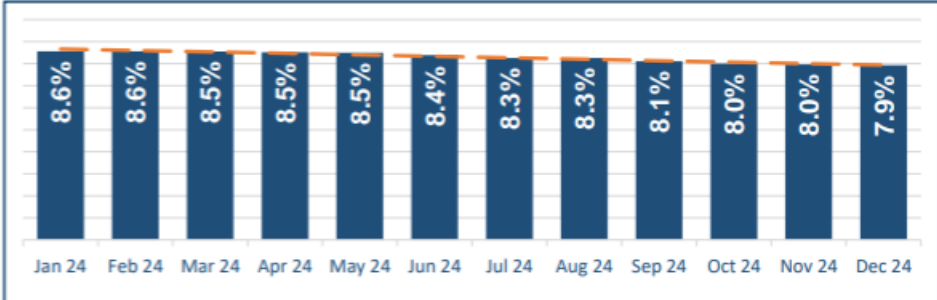
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.8%	Local Metric
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.6%	Local Metric
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.93%	



Month	Turnover Rate
Jan 24	9.30%
Feb 24	9.30%
Mar 24	9.50%
Apr 24	9.30%
May 24	9.30%
Jun 24	9.20%
Jul 24	9.10%
Aug 24	9.10%
Sep 24	8.90%
Oct 24	8.80%
Nov 24	
Dec 24	



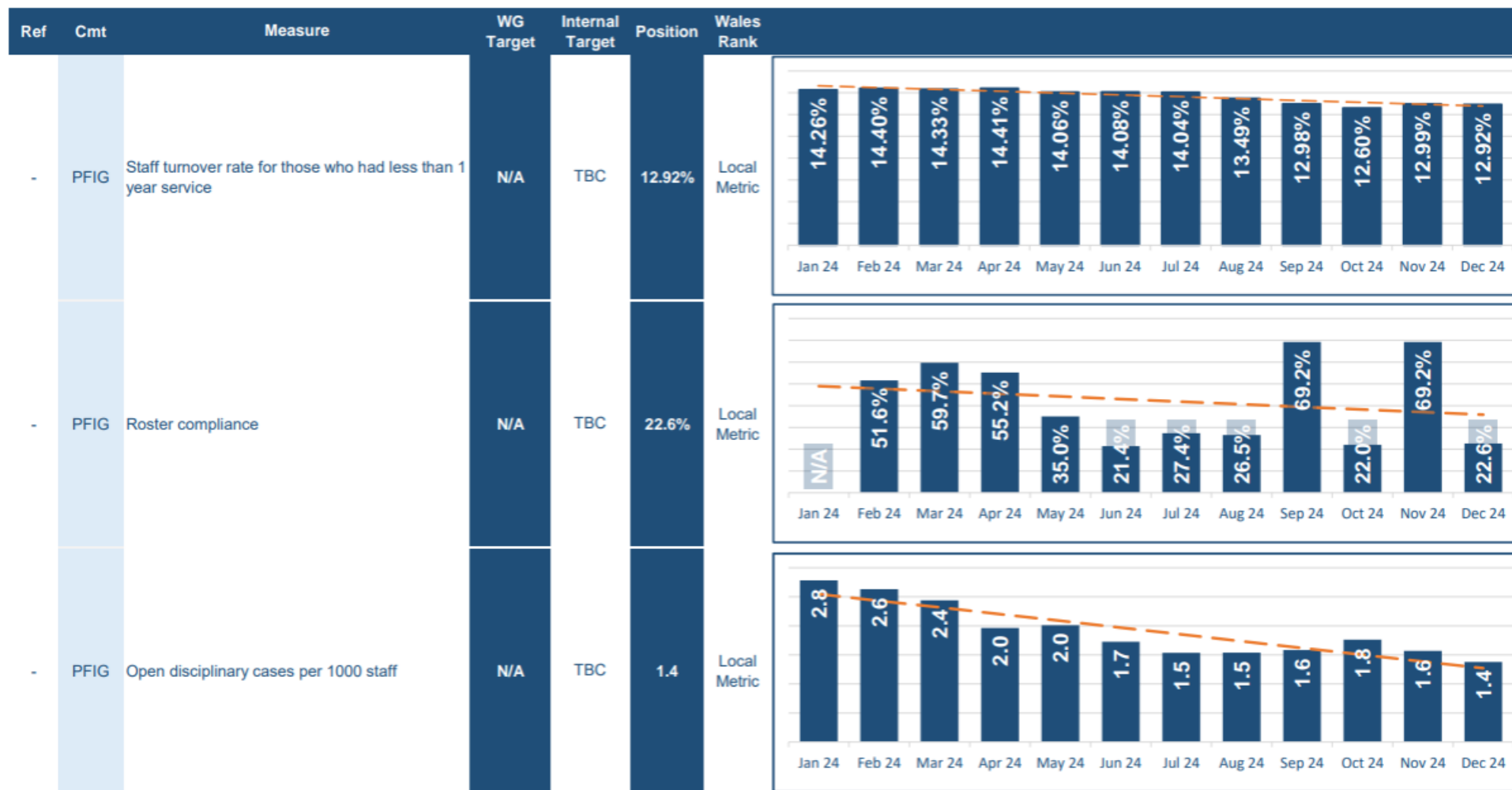
Month	Turnover Rate
Jan 24	0.72%
Feb 24	0.56%
Mar 24	0.97%
Apr 24	0.55%
May 24	0.62%
Jun 24	0.61%
Jul 24	0.67%
Aug 24	0.73%
Sep 24	0.79%
Oct 24	0.58%
Nov 24	0.60%
Dec 24	0.57%



Month	Turnover Rate
Jan 24	8.6%
Feb 24	8.6%
Mar 24	8.5%
Apr 24	8.5%
May 24	8.5%
Jun 24	8.4%
Jul 24	8.3%
Aug 24	8.3%
Sep 24	8.1%
Oct 24	8.0%
Nov 24	8.0%
Dec 24	7.9%

* Wales Ranking may differ as may refer to previous month

Our People: Performance



Section 4

Financial Performance



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6



Finance: Month 9 (December 2024)

(Corporate Risk 24-05 Financial Sustainability)

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	Local Metric
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-3.4	Local Metric
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	8.3	Local Metric

Forecast outturn (£million)

Month	Value
Jan 24	0.0
Feb 24	0.0
Mar 24	0.0
Apr 24	0.0
May 24	0.0
Jun 24	0.0
Jul 24	0.0
Aug 24	0.0
Sep 24	0.0
Oct 24	0.0
Nov 24	0.0
Dec 24	0.0

Year to date savings delivery against target (£million)

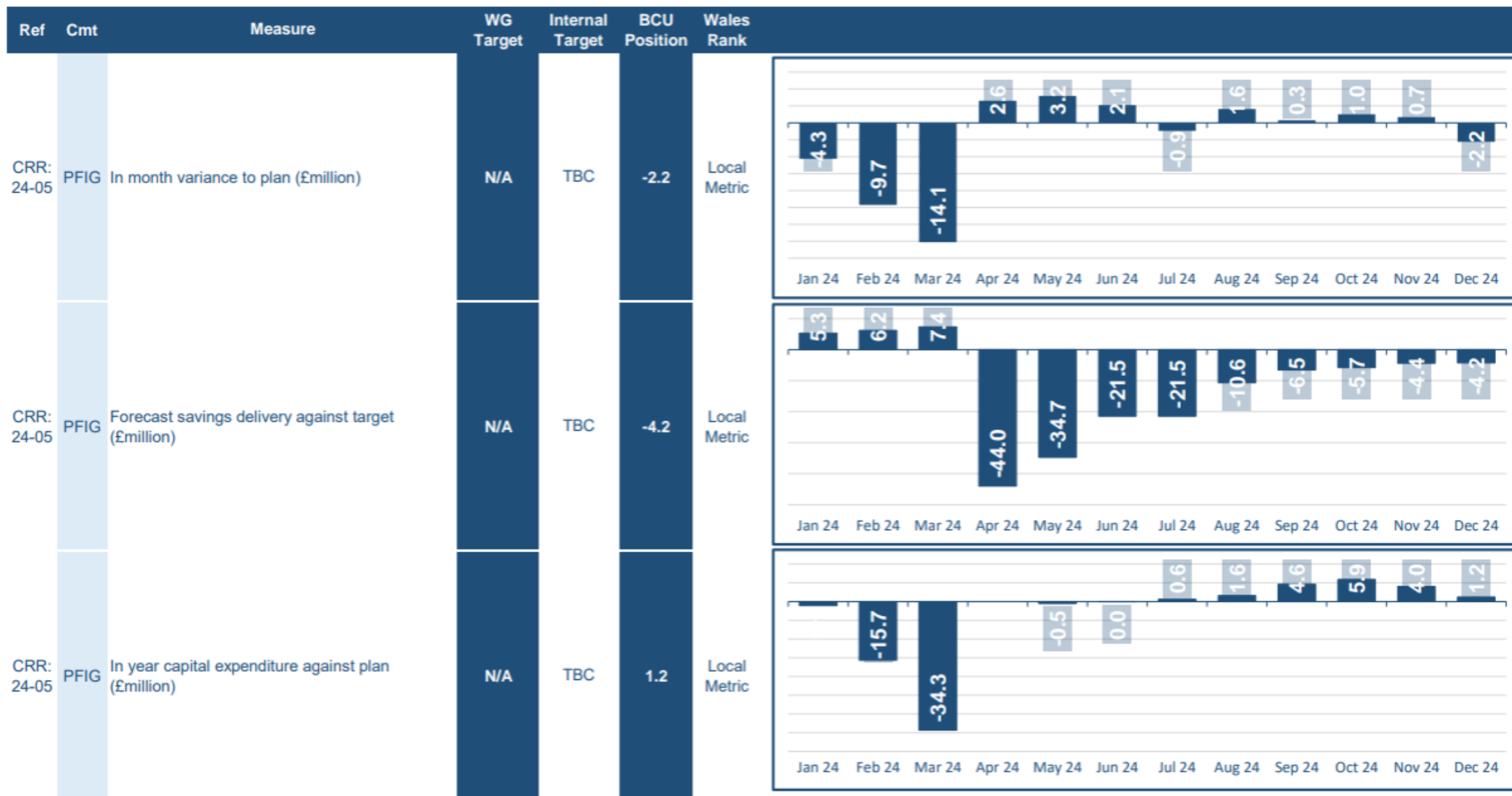
Month	Value
Jan 24	4.9
Feb 24	5.9
Mar 24	7.4
Apr 24	-3.5
May 24	-5.3
Jun 24	-5.9
Jul 24	-6.7
Aug 24	-5.3
Sep 24	-3.8
Oct 24	-3.9
Nov 24	-3.8
Dec 24	3.4

Year to date deficit against plan (£million)

Month	Value
Jan 24	15.1
Feb 24	5.4
Mar 24	8.7
Apr 24	2.6
May 24	5.8
Jun 24	7.9
Jul 24	7.0
Aug 24	8.6
Sep 24	8.9
Oct 24	9.9
Nov 24	10.6
Dec 24	8.3

Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)



Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

BCU Wide and Divisional Positions (Red = overspend against plan)										
	April	May	June	July	August	September	October	November	December	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
West IHC	(1.8)	(1.8)	(1.2)	(1.7)	(1.9)	(1.5)	(0.5)	0.1	(0.5)	(10.6)
Central IHC	(2.9)	(2.9)	(2.9)	(2.2)	(2.1)	(2.5)	0.3	(1.5)	(0.3)	(16.8)
East IHC	(3.3)	(2.7)	(2.6)	(2.6)	(3.4)	(2.5)	(1.2)	(0.7)	(1.1)	(20.1)
Womens	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	0.0	(0.2)	0.0	0.2	(0.6)
MH & LD	(1.6)	(1.7)	(1.6)	(1.8)	(1.6)	(1.5)	(1.8)	(1.4)	(1.7)	(14.8)
Commissioning Contracts	(1.7)	(1.9)	1.0	2.4	(0.7)	(0.2)	0.9	0.7	(0.8)	(0.3)
ICD Primary Care	0.2	0.6	0.3	0.4	0.7	0.3	0.6	0.5	0.3	3.6
ICD Regional Services	(1.3)	(0.2)	(1.0)	(1.7)	0.1	(0.3)	0.6	0.2	0.1	(3.6)
Support Functions & Other Budgets	9.8	7.6	6.2	8.0	7.5	8.0	0.3	1.4	6.0	54.9
BCU Wide	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	(8.3)

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	8.7	7.0	1.6	8.7	6.5	5.3	1.2
Central Integrated Health Community	10.9	8.0	2.9	7.8	8.2	6.3	1.9
East Integrated Health Community	11.2	10.3	0.9	8.6	8.4	7.9	0.6
MHLD	4.2	7.9	-3.7	12.8	3.2	4.4	-1.3
Womens Services	1.4	1.4	-0.1	0.7	1.0	1.1	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.1	1.0	0.2	1.6	0.9	0.7
Cancer Services	1.6	1.3	0.3	1.1	1.2	1.0	0.2
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.1	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	0.9	-0.9
Corporate & Support Services	3.7	4.2	-0.5	1.5	2.8	3.4	-0.6
Reserves	4.0	1.4	2.6	0.0	3.0	1.4	1.6
Saving Total	48.0	43.8	4.2	41.4	36.0	32.6	3.4
Accountancy Gains		8.9	-8.9			8.9	-8.9
Total		52.6	-4.8	41.4	36.0	41.5	-5.5

Finance: Performance

(Corporate Risk 24-05 Financial Sustainability)

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
REF	TYPE	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	49	62	81	70	69	72	95	105	13	136	147	150	616	1,049
2	Medical & Dental	1,489	1,597	1,428	1,766	1,672	1,410	1,900	1,601	1,390	1,798	1,788	1,771	14,253	19,610
3	Nursing & Midwifery Registered	1,912	1,985	1,902	1,904	1,889	1,768	1,765	1,667	1,528	1,757	1,757	1,757	16,320	21,591
4	Prof Scientific & Technical	10	10	12	10	23	14	14	17	7	11	11	11	117	150
5	Additional Clinical Services	19	23	32	9	27	16	27	21	12	25	33	32	186	276
6	Allied Health Professionals	467	449	378	396	485	428	400	454	447	410	410	412	3,904	5,136
7	Healthcare Scientists	25	15	3	9	11	10	12	20	9	112	118	118	114	462
8	Estates & Ancillary	-1	9	8	1	5	16	0	4	6	0	0	0	48	48
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,970	4,150	3,844	4,165	4,181	3,734	4,213	3,889	3,412	4,249	4,264	4,251	35,558	48,322
11	Agency/Locum (premium) % of pay	4.4%	4.6%	4.3%	4.6%	4.6%	3.8%	4.6%	3.1%	3.6%	4.3%	4.4%	4.4%	4.1%	4.2%

Additional Information

What is an Integrated Quality & Performance Report (IQPR)?

The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

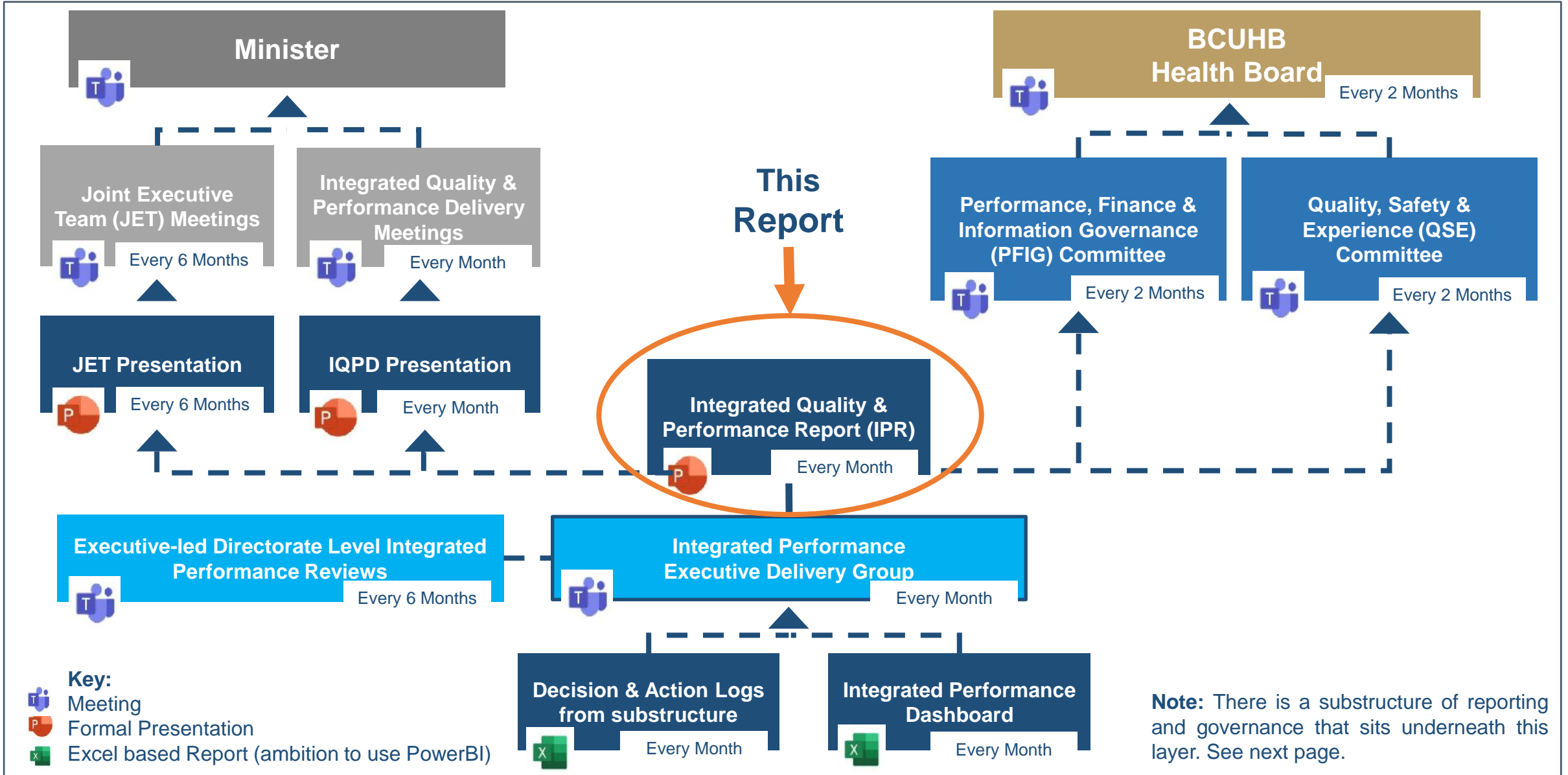
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

Where does the IQPR feature within the Performance Governance Structure

The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

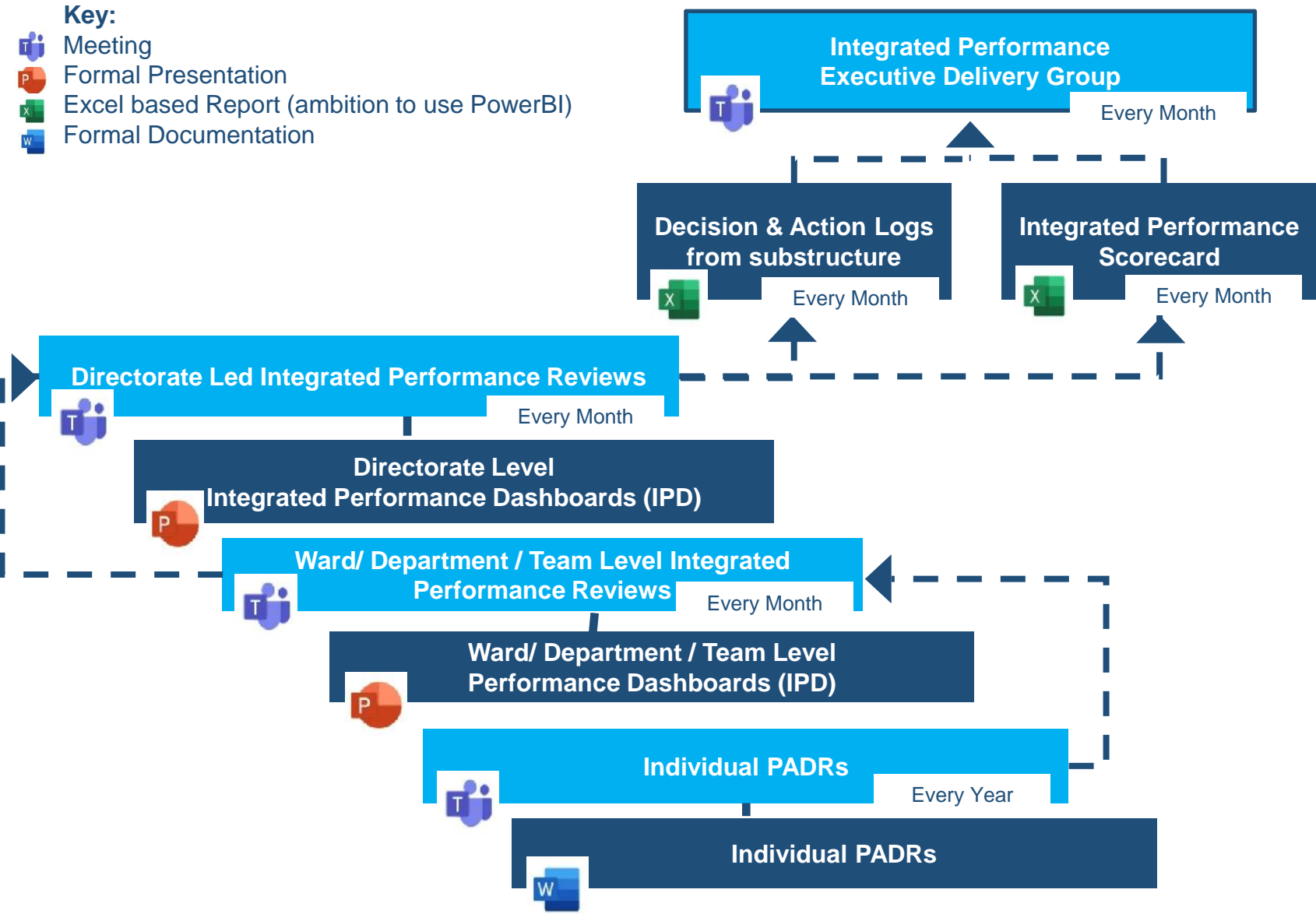
The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

The Integrated Performance Reporting & Governance Superstructure



The Integrated Performance Reporting & Governance Substructure

- Key:**
- Meeting
 - Formal Presentation
 - Excel based Report (ambition to use PowerBI)
 - Formal Documentation



Note: For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.

Note: There is a superstructure of reporting and governance that sits above this layer. See previous page.

Integrated Quality & Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD Welsh Government) and Joint Executive Team (JET).

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance Directorate(PI&AD)

Deep Dive Reports



Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, i.e. to support escalation, de-escalation.

Ad-hoc Reports



Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

Common Acronyms and Abbreviations

Please see below a list of abbreviations commonly found within the report:

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR	Corporate Risk Register reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	SM	Special Measures
GP	General Practitioner	WAST	Welsh Ambulance Services NHS Trust
HDda	Hywel Dda University Health Board	WG	Welsh Government
HEIW	Health Education and Improvement Wales	YTD	year to date
IHC	Integrated Health Community		

This report has been produced on behalf of the **Health Board** by the **Performance & Commissioning Directorate** in partnership with:

- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- Workforce & Organisational Development Directorate (WOD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Corporate Risk Management Team
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS

Our Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

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



follow @bcuhb



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



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	30/01/2025		
Date of Committee	16/01/2025	Report of:	Audit Committee
Quoracy met:	Yes		
1	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: Audit Committee - BCUHB	
2a	Alert	The Audit Committee wish to alert members of the Board that: <ol style="list-style-type: none">1. The Consultant Job Planning Internal Audit Report was received. The audit received an unsatisfactory opinion. It was noted that this was an issue that was being monitored within other Health Boards but that considerable work was required to move this forward within the Health Board2. The Audit Committee received an update on overdue Learning from Events Report (LfER) forms alongside recovery plans. Concern was raised in relation to the number and the cost implication which was increasing. This will now be included in the Conformance Report.3. Internal Audit raised concerns that there had been a couple of issues with Internal Audit receiving timely information from the organisation and that the management response rate to audit reports had gone from green to amber.	
2b	Assurance	The Audit Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. The Committee received positive assurance in relation to the Final Audit Report on Effective Governance for the Central IHC team, with significant improvement on complaint handling.2. The 57 overdue policies will be prioritised over the next 12 months for approval, noting that mitigations were in place where policies were out of date.	
2c	Advise	The Audit Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. The minor updates on the Standard of Business Conduct Policy were approved.2. That there have been findings as part of the Audit of Charitable Funds where funds have been categorised as unrestricted and should be restricted. The adjustments are being made in the accounts.	
2d	Review of Risks	The Committee noted that due to the high number overdue Learning from Events Report (LfER) highlighted, there was a financial risk associated that was increasing.	

2e	Sharing of learning	It was requested that the learning from addressing the Final Audit Report on Effective Governance (IHC Central) be shared.
3	Actions to be considered by the People and Culture Committee & Charitable Funds Committee	<p>Consultant Job Planning – Internal Audit Report for Progress and Oversight include at the next People and Culture Committee and update the Audit Committee on progress in four or five months</p> <p>Share the Internal Audit Report on Charitable funds with the CF Chair and with Charitable Funds Committee.</p>



Teitl adroddiad: <i>Report title:</i>	Corporate Governance Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 30 January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The objective of this report is to provide the Board with an update on key Corporate Governance matters and to provide an update to the Board on a range of corporate governance matters as well as assurance. As this report develops, a regular Corporate Governance Report will be reported through the Audit Committee and key updates directly to the Board.			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report; • NOTE the affixing of the common seal as outlined in this report; • RATIFY the Chair’s Action dated 10 January 2025; • NOTE the matters considered in the Private Board meeting on 28 November 2024; and • APPROVE the Terms of Reference for the two sub committees of the Joint Committee; and • RATIFY the approved Clinicians and Section 12(2) Doctors across Wales. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Affairs			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau /	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>				
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p>	<p>The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-</p>			

<i>Financial implications as a result of implementing the recommendations</i>	making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to have effective Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	CRR-16 – Leadership/Special Measures
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps:</i>	
<ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
<i>List of Appendices:</i>	
Appendix A – Board Business Cycle	
Supporting Pack	
Appendix 1 – Approved Clinicians and Section 12(2) Doctors	
Appendix 2 – Section 12(2) Doctors (All Wales).	
Appendix 3 – Planning, Performance and Finance Sub-Committee Terms of Reference	
Appendix 4 – Quality, Safety and Outcomes Committee	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Board with an update on key corporate governance matters.

2. ANNUAL BUSINESS CYCLE

The Business Cycle for the Board is attached for information (**Appendix A**).

The Corporate Governance Directorate has been working to finalise the Board and Committee dates for 2025/26. The calendar is attached at (**Appendix B**).

3. URGENT ACTION

The Health Board Standing Order 2.1 allows for urgent action to be taken whereby it would not be practical to call an urgent meeting of the Board.

Since the last meeting, there has been one Chair's Action as follows:

Date	Subject	Financial Implications	Additional Information	Supported by								
10.01.25	High Value Claim	Non-disclosable – business sensitive	Request for authority to settle liability costs and authority to make an interim payment on account.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Karen Balmer</td></tr> <tr><td style="padding: 2px;">Clare Budden</td></tr> <tr><td style="padding: 2px;">Urtha Felda</td></tr> <tr><td style="padding: 2px;">Dyfed Jones</td></tr> <tr><td style="padding: 2px;">Christopher Lothian-Field</td></tr> <tr><td style="padding: 2px;">William Nichols</td></tr> <tr><td style="padding: 2px;">Caroline Turner</td></tr> <tr><td style="padding: 2px;">Rhian Watcyn Jones</td></tr> </table>	Karen Balmer	Clare Budden	Urtha Felda	Dyfed Jones	Christopher Lothian-Field	William Nichols	Caroline Turner	Rhian Watcyn Jones
Karen Balmer												
Clare Budden												
Urtha Felda												
Dyfed Jones												
Christopher Lothian-Field												
William Nichols												
Caroline Turner												
Rhian Watcyn Jones												

4. SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 28TH NOVEMBER 2024

In accordance with Standing Orders 7.5.3 the Health Board is required to report any decisions made in private session, to the next available public meeting of the board.

The following items were discussed during the private board meeting held on 28th November 2024:

Agenda Item	Subject (including narrative)	Financial Implications	Board Resolution
24/254	Quality report	None	<ul style="list-style-type: none"> • Noted the report • Agreed that further details of evidence of learning would be provided on a link within future papers to enable Board members to access.

Agenda Item	Subject (including narrative)	Financial Implications	Board Resolution
24/255	Helipad	£2.5m	<ul style="list-style-type: none"> • Noted the ongoing risk to current facilities for helicopter landings across BCUHB sites; • Noted the sites with access to helipad service provision; • Supported option 3 and the next steps to seek approval from Welsh Government (WG) to proceed with the tender process as the project costs are expected to exceed £2.5m (In total)
24/256	Emergency Medical Retrieval and Transfer Service (EMRTS) update	None	<ul style="list-style-type: none"> • Noted the report and • Agreed that the Director of Corporate Governance and Deputy Director for Legal Services would work closely with partners across Wales in preparation for the hearing with oversight of the Chief Executive and Chair.
24/257	Health and Safety Executive (HSE) prosecution	Non-disclosable – business sensitive	Non-disclosable – business sensitive
24/258	High Value Claim C19-524-CN	Non-disclosable – business sensitive	<ul style="list-style-type: none"> • Approved an interim payment on account of damages (plus the Compensation Recovery Unit (CRU) payment). • Approved authority for the settlement of damages as per the quantum assessment. • Approved authority for further interim payments on account of costs to be made as required and authority to negotiate reasonable settlement of costs, with each individual payment to be authorised under the delegated authority levels.
Agenda Item	Subject (including narrative)	Financial Implications	Board Resolution
24/259	High Value Claim P16-765-CN	Non-disclosable – business sensitive	<ul style="list-style-type: none"> • Approved an interim payment on account of damages (plus any Compensation Recovery Unit (CRU) payment).
24/260	Closure of Dyfi Ward at Tywyn Hospital	None	<ul style="list-style-type: none"> • Noted the position on Dyfi Ward, Tywyn hospital and the intention for further discussion on an

			engagement approach at the January Board meeting
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5. LEGAL UPDATE

The Legal Services Department has now transferred to the Corporate Governance Directorate and the service is developing and implementing a Transforming Legal Services Plan to strengthen the access to, and the quality of, legal advice and functions.

This update provides a detailed overview of some of the areas of focus. As the reporting develops, there will be a great oversight on legal claims at the Quality and Safety Committee.

5.1 Training

Legal Services continue to work with the local Senior Coroners to offer training for staff. A session was held in November 2024, led by the Senior Coroner for North Wales (East and Central) covering the inquest process and giving evidence. Over 300 staff attended from across the Health Board. A number of “Meet the Coroner” sessions are planned for the forthcoming year, as is a “Mock Inquest.” **Board Members are welcome to attend this training.**

Other training provided in recent months include a **Court of Protection** virtual study day in September 2024 and a **Personal Injury Claims** virtual study morning in October 2024.

5.2 Claims

The Health Board was successful in a clinical negligence trial in December 2024. The trial related to an incident in 2017 and was listed for 5 days, however the claimant withdrew their claim on day 2 after the Health Board presented its evidence demonstrating the correct standard of care was provided. The outcome resulted in savings of around £450,000.

Legal Services estimate that £272,235 was saved during November and December 2024 as a result of effective personal injury claims management. This included three claims withdrawn/discontinued by the claimant and two claims settled for a value less than the estimate. In the financial year to date, it is estimated personal injury claim savings of £2,948,314 have been achieved.

5.3 Judicial Review - Emergency Medical Retrieval and Transfer Service

The Health Board, along with all other health boards in Wales, have been subject to a Judicial Review regarding the decision to support changes in the Emergency Medical Retrieval and Transfer Service (EMRTS) being delivered in partnership with the Welsh Air Ambulance Charity. The decision was taken by the Joint Commissioning Committee, which is legally a joint committee of the health boards in Wales hence each organisation being a defendant in the Judicial Review. A court hearing is listed for January 2025.

5.4 New Legislation

- **Putting Things Right (PTR) Regulations**

In December 2024, the Welsh Government released its response to the [public consultation](#) concerning changes to the Putting Things Right (PTR) Regulations. The Health Board will engage with national workshops to understand the possible impact, however we continue

to await specific details on the new Regulations and standards. The changes will result in a concerns process intended to be more patient/family and learning focussed, while increasing the scope of financial redress.

6. APPROVED CLINICIANS AND SECTION 12(2) DOCTORS – DECEMBER 2024

The Board is asked to **note** and **ratify** the approvals in line with the requirements of the Welsh Government Guidance Document “Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians”, the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the “All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals” document. The following appendices are included in the **supporting pack**.

- **Appendix 1:** Approved Clinicians (All Wales)
- **Appendix 2:** Section 12(2) Doctors (All Wales).

7. AFFIXING THE COMMON SEAL

In-line with standing orders, a routine report on documents to which the common seal has been affixed is required. The Board is asked to note that the Health Board Seal has been affixed on the documents listed below.

No	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal No
209	Sale of Ala Road Clinic Site in Pwllheli	PFIG	11/12/2024	697
210	Lease of Accommodation - Hafan Menai (St David's Hospice)	Approved at PFIG Jan 2023	11/12/2024	698
211	Llandudno Orthopaedics Hub - Main Works Contract	Board Approval September 2023	Dec-24	699
212	Llandudno Orthopaedics Hub - Enabling Works Contract	Board Approval September 2023	Dec-24	700
213	AOPMHU Cost Consultancy Services	F&P Committee	Dec-24	701

8. JOINT COMMISSIONING COMMITTEE - PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE (PPFSC) TERMS OF REFERENCE

In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually two sub-committees to be known as the **Planning, Performance and Finance Sub-Committee** and the **Quality, Safety and Outcomes Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out in **Appendix 3** and **Appendix 4**.

Once approved by all the Health Boards, the updated Joint Committee Governance Framework will be available on the Health Board Website.

9. RECOMMENDATIONS

The Board is asked to:

- **NOTE** the contents of the report;
- **NOTE** the affixing of the common seal as outlined in this report;
- **RATIFY** the Chair's Action dated 10 January 2025;
- **NOTE** the matters considered in the Private Board meeting on 28 November 2024;
and
- **APPROVE** the Terms of Reference for the two sub committees of the Joint Committee; and
- **RATIFY** the approved Clinicians and Section 12(2) Doctors across Wales.



Teitl adroddiad: <i>Report title:</i>	Board Assurance Framework (BAF)-			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 30 January 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides the first 2024 iteration of the Board Assurance Framework following the approval of the Three-Year Plan and Strategic Objectives. To note, this remains to be a 'live' and the BAF will be re-aligned once the new plan is approved.</p> <p>The Board is asked to consider the Board Assurance Framework for approval.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> To receive and consider the contents of the BAF for approval. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input checked="" type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input checked="" type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Detailed in the BAF report and how the CRR aligns to the revised BAF			

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>Not applicable for this report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Board Assurance Framework paper</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Reviewed by Equality and Human Rights corporate team. 20/11/24 Review at Risk Scrutiny Group and onward to Dec Committees private agenda for comment. 15/01/25 Executive Team final comments from Audit Committee 16/01/25 (feedback incorporated). Following the Structured Assessment report to note the BAF will be re-aligned once the new plan is approved.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Board Assurance Framework risks linked to corporate risks</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	



Reason for submission of report to confidential board (where relevant)

Camau Nesaf:

Next Steps:

1. Presentation of the BAF to January 2025 Board meeting.
2. Following approval of risks, indicative assurance ratings to be suggested by the Executive Team for the committees to review at the next cycle of meetings.
3. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Team meeting, monitoring of actions within risks. Reporting to Committee quarterly and Board Bi-Annually.
4. To be re-aligned to the new plan once approved.

Rhestr o Atodiadau:

List of Appendices:

Appendix 1 – Board Assurance Framework



Board Assurance Framework





Board Assurance Framework Report

Purpose

The Board Assurance Framework (BAF) serves as a strategic tool, designed to support the Health Board (BCUHB) in achieving its overarching goals and objectives. The BAF provides a structured approach for identifying, managing, and mitigating risks that may impact the successful delivery of our strategic priorities. Through clear alignment with our organisational strategy and key initiatives, the BAF enables us to maintain an accountable, transparent, and proactive approach to risk management.

The purpose of this BAF is threefold:

- To provide assurance that effective controls are in place to manage risks to our strategic objectives.
- To support informed decision-making by presenting clear, current risk insights to the Board and stakeholders.
- To align risk management efforts across the organisation, ensuring consistency with our vision of delivering high-quality, accessible healthcare services.

By integrating the BAF with our strategic priorities and operational plans, we can ensure that our risk management efforts directly support our mission to improve health outcomes, enhance patient safety, and foster a culture of accountability within BCUHB.

Introduction

Board Assurance risks were developed by the Executive Team based on the Health Board's 5 strategic objectives. This report presents the first iteration of the BAF risks which align with the Health Board's approved Three-Year Plan and Strategic Objectives. The Risk Scrutiny Group (RSG), Individual Executives and Executive Team meeting (30 October 2024) and Audit Committee as private agenda item (5 November 2024) have reviewed the working draft BAF (prior presentation to the Board). This remains to be a 'Working Draft' and the BAF will be re-aligned once the new plan is approved.

Next Steps

- The Board Assurance Framework is recommended for approval at the Executive Team Audit Committee prior to January Board Meeting.
- Committees will be asked to score level of assurance in relation to risks.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Team (bi-monthly) and Committees (quarterly) and Board (bi-annually) as per the Risk Management Framework on an on-going basis.
- Re-aligned to the new plan once approved.

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the HBs risk framework (with corresponding corporate and operational risks)
- Risk ratings – current (residual), tolerable and target levels. Risks are scored in line with the HB approved scoring matrix.
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (Averse = aim to avoid the risk entirely; Minimal = insistence on low-risk options; Cautious = preference for low risk options; Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment identified for each threat and opportunity, each assigned to an Risk Lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate: (1) Management (those responsible for the area reported on); (2) Risk and compliance functions (internal but independent of the area reported on); and (3) Independent assurance (Internal audit and other external assurance providers).
- Unlike corporate risks where target dates are key for mitigation, risks will remain reported as the Board seeks assurance accordingly until the risk is sufficiently mitigated. Actions are based on quarters for the year.
- Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating.
- The RACI clarifies roles and responsibilities for tasks and deliverables and is utilised for sub-risks however the responsibility of the overall BAF risks of the lies with the **Executive Team** and accountability lies with the lead committee.

Likelihood score and descriptor					
	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Key to lead committee assurance ratings:

- Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity no gaps in assurance or control AND current exposure risk rating = target OR gaps in control and assurance are being addressed
- Amber = Insufficient assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy
- Red = Negative assurance: the Committee is unsatisfied and there is insufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the threat or opportunity. This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and to identify any further action required to improve the management of those risks.

Board Assurance Framework (BAF): January 2025

This BAF includes the following Risks to the HBs strategic priorities:

Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive Team	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	15/12/2025	0x 0= *	4x 3= 12	2x 2= 4
BAF24-02	Ineffective Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	15/12/2025	0x 0= *	5x 4= 20	3x 3= 9
BAF24-03	Ineffectively Achieving Long Term Financial Sustainable	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	15/12/2025	0x 0= *	5x 4= 20	3x 3= 9
BAF24-04	Ineffectively Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Deputy Director of People Services	People & Culture	20/10/2024	15/12/2025	0x 0= *	4x 4= 16	3x 3= 9
BAF24-05	Ineffectively Engaging with Citizens, Partners and Communities	Director of Partnerships/Communications and Engagement	Planning, Population Health & Partnership	20/10/2024	15/12/2025	0x 0= *	2x 3= 6	2x 2= 4
BAF24-06	Ineffectively Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing Acting Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnership	20/10/2024	15/12/2025	0x 0= *	5x 4= 20	5x 2= 10
BAF24-07	Ineffectively Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	15/12/2025	0x 0= *	4x 4= 16	4x 2= 8
BAF24-08	Ineffectively Implementing Evidenced Based Improvement and Innovation	Executive Director of Nursing & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	15/12/2025	0x 0= *	4x 3= 12	3x 2= 6

1: Building an effective organisation

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-01: Not Fully Building an Effective and Accountable Organisation			Strategic objective	1. To Build an Effective Organisation (1A & 1B: Governance (Board Effectiveness / Risk Management) 1C Operating Model; 1D Performance and Accountability Framework; 1F: Legislative Improvements)
Lead Committee	Performance, Finance and Information Governance Committee	Risk type	Compliance/Regulatory		
Risk Lead	Director of Corporate Governance/Executive Team Oversight	Risk appetite	Open 15-19		
Related Corporate Risks:	CRR24-15 Health and Safety				
Risk rating	Current exposure	Tolerable	Target		
Consequence	4. Major	2. Minor	2. Minor	Initial date of assessment	20/10/2024
Likelihood	3. Possible	2. Unlikely	2. Unlikely	Last reviewed by Committee:	23/12/2024 (Private)
Risk rating	12. Moderate	4. Low	4. Low	Last updated by Executive:	28/11/2024
N.B. Tolerable and Target score lines stacked as both are 4.					

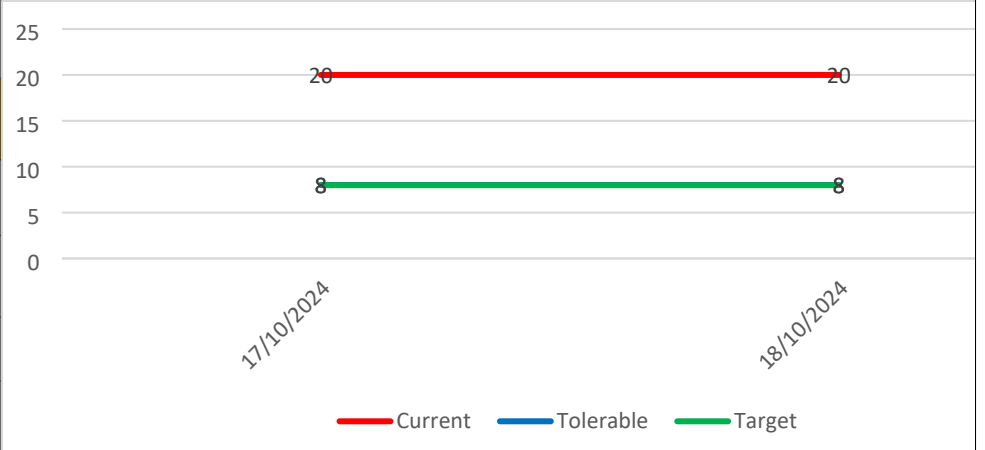
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Head of Covid-19 Inquiry and Thirlwall Inquiry/Assistant Director of Occupational Health, Safety And Security/ EPRR Lead	Accountable:	Executive Team			

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Threat: Non-compliance with legislative requirements	<ul style="list-style-type: none"> Health and Safety Policy HS03 General Risk Assessment Procedure HSG65 Plan, Do, Check, Act process for continuous improvement Service Sector Health and Safety Self-Assessment and Health and Safety Reviews Security Assessment of Premises Some Civil Contingencies and Emergency Preparedness plans Annual emergency preparedness evaluations improvement 	<ul style="list-style-type: none"> Remaining gaps in civil contingency planning post-pandemic Incomplete integration of HSE recommendations into operational plans Incomplete integration of HSE recommendations into operational plans 	<ul style="list-style-type: none"> Approval and progression of the gap analysis for health and safety measures as set out in the updated Health and Safety Strategy and Plan 2024-2026 dated September 2024. New approach for Health and Safety Management System being developed aligned to NHS Employers Health and Safety Standards, to include Violence Prevention and Reduction Standards <p>Timescale: Q4 2024</p>	<p>Management: Health and Safety compliance reporting to Strategic Occupational Safety and Health Group (SOSHG) and People and Culture Committee</p> <p>Monthly reviews of Health, Safety and Security KPIs</p> <p>Risk and compliance: Risk Register reporting but noted gap on the Gap analysis reporting for compliance and gaps of general legislative gap analysis</p> <p>Independent assurance: HSE audit and compliance checks</p> <ul style="list-style-type: none"> Civil Contingencies Act compliance review 	<ul style="list-style-type: none"> Gap analysis reporting general legislative gap analysis Limited Assurance Internal Audit report for Health and Safety & Corporate Legislative Compliance. Improvement action plan in place and monitored at SOSHG. 	Committee to decide
Responsible:	Director of Performance and Commissioning		Accountable:	Director of Corporate Governance/CEO		
Threat: the Performance and Accountability Framework may not effectively establish clear lines of accountability and provide consistent, real-time performance monitoring. This could lead to poor decision-making, unaddressed performance gaps, and a lack of ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.	<ul style="list-style-type: none"> Integrated Performance Framework Integrated Performance reports aligned Clear accountability matrix and escalation for senior and mid-level management Performance scorecards for service delivery units 	<ul style="list-style-type: none"> Inconsistent application of performance tools across departments Review Integrated Performance Framework to re-align with new strategic objectives Triangulation with risk management 	<ul style="list-style-type: none"> Implement full alignment of team objectives with strategic objectives Finalise the redesign of reporting structures/timings to enhance transparency Improved Risk triangulation with concerning trajectories 	<p>Management:</p> <ul style="list-style-type: none"> Reviews of performance metrics at Executive Team level Regular reporting to Committees <p>Risk and compliance:</p> <ul style="list-style-type: none"> Monthly accountability reviews if in escalation for services SLT Performance Reviews held by the CEO Monthly performance reviews by Welsh Government <p>Independent assurance:</p> <ul style="list-style-type: none"> External NHS Wales and Health Boards performance benchmarking and NHS benchmarking network 	Reports on performance at IHC Commissioning reports on out of area	Committee to decide
Responsible:	Director of Corporate Governance		Accountable:	CEO		
Threat: the Health Board's operating model may become inefficient or fragmented, leading to unclear roles, duplication of efforts, and siloed working. This could result in reduced operational effectiveness, slower decision-making, and diminished quality of care,	<ul style="list-style-type: none"> Current definitions of operating model roles and structures in place Business Partnering approach for clinical and corporate leadership Staff co-producing a new Operating Model 	<ul style="list-style-type: none"> Delays in decision-making due to leadership duplication Lack of integrated systems reducing efficiency Service reconfiguration plans based on population health needs 	<ul style="list-style-type: none"> Completion of the discovery phase reviewing of the operating model based on stakeholder feedback Implement a streamlined decision-making protocol by Q3 and looking a re-design phase Review of the Scheme of Delegation and establishment of a formal Executive 	<p>Management:</p> <ul style="list-style-type: none"> Service-level performance audits <p>Risk and compliance:</p> <ul style="list-style-type: none"> Assessments of operating model efficiency and insight reports <p>Independent assurance:</p>	<ul style="list-style-type: none"> Limited Assurance Internal Audit report for Operating Model & Effective Governance (IHC) Central 	Committee to decide

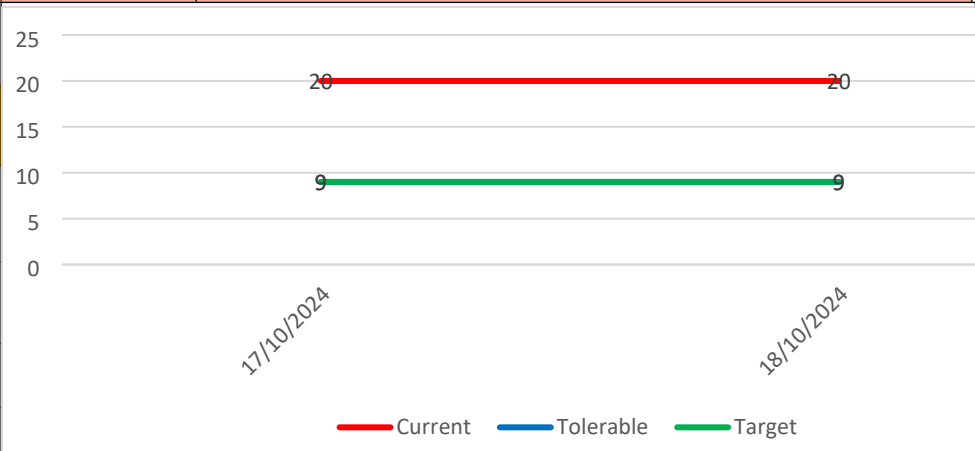
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
		<ul style="list-style-type: none"> Digital tools (Microsoft 365) to streamline operations 	<p>Committee with reporting groups with clear delegations</p>	<ul style="list-style-type: none"> Operating model effectiveness review by internal and external stakeholders Internal Audit report on duplication of roles and decision-making timelines 		
Responsible:	Head Of Corporate Affairs/Head of Risk Management		Accountable:	Director of Corporate Governance		
<p>Threat: the Health Board's has weak Governance and Ineffective Risk Management Practices</p>	<ul style="list-style-type: none"> Risk Management Framework updated for improved escalation pathway to Risk Scrutiny Group. Risk Appetite set 24/25 Board Development Programme Internal Audit Tracking of Recommendations Board committee structure now all in place 	<ul style="list-style-type: none"> Gaps in risk governance maturity, with some areas requiring support and more training to integrate the Risk Framework and Procedures. Policy Management system and overdue policies. Self-assessment of board effectiveness Robust Internal Audit Tracking software and systems. Incomplete recruitment of executive roles. Equality Impact Assessment Process integrated within Impact Assessment Impact Screening Tool to ensure compliance 	<ul style="list-style-type: none"> Improved Scrutiny of Corporate Risks. Development of the BAF Improved Data Analytics of Governance around Risk (Dashboard) and driving improvement of metrics. Review of the current system once progress has been made on the overdue policies. Planned assessment to take place in February/March 2025 Reviewing current systems to have a more effective way of tracking and reporting audit recommendations Executive Team recruitment ongoing with some progress made on appointments. 	<p>Management:</p> <ul style="list-style-type: none"> Risk reporting at local level and strategic level. <p>Risk and compliance:</p> <ul style="list-style-type: none"> Risk reporting to the Executive Team and Committees Key Performance Indicators (KPIs) on risk management performance to Audit Committee Internal Audit Reporting to Audit Committee <p>Independent assurance:</p> <ul style="list-style-type: none"> Audit Wales Structured Assessment Report and other Audit Wales Reports 	<ul style="list-style-type: none"> Limited Assurance Internal Audit reports for: Review of Board Effectiveness & Standards of Business Conduct - Declarations of Interest, Gifts and Hospitality & Risk Management Audit Wales governance recommendations 	

2: Developing strategy and long-lasting change

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-02: Ineffective Strategic Development and Digital Transformation				Strategic objective	2. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;)
	Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change.					
Lead Committee	Planning, Population Health & Partnership Committee		Risk type	Quality		
Risk Lead	Executive Director of Strategy and Transformation/ Chief Digital & Information Officer		Risk appetite	Open 15-19		
Related Corporate Risks:	CRR24-07 Fragmented Patient Care Record/CRR24-17 ICT Failure and Cyber					
Risk rating				Review Dates		
	Current exposure	Tolerable	Target			
Consequence	5. Catastrophic	4. Major	4. Major	Initial date of assessment	20/10/2024	
Likelihood	4. Somewhat likely	2. Unlikely	2. Unlikely	Last reviewed by Committee:	10/12/2024 (Private)	
Risk rating	20. High	8. Medium	8. Medium	Last updated by Executive:	28/11/2024	
	 <p>N.B. Tolerable and Target score lines stacked as both are 8.</p>					

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Assistant Director of Compliance and Business Management	Accountable:		Chief Digital & Information Officer	
<p>Threat: threat that the organisation may struggle to keep pace with the rapid evolution of digital, data, and technology innovations and have outdated systems, inefficiencies, and an inability to fully harness data for informed decision-making and personalised patient care by lack of investment in DDaT infrastructure due to competing priorities</p>	<ul style="list-style-type: none"> Digital strategy and roadmap Information Standards aligned with NHS Wales' standards Some investment in digital tools to improve service delivery and data analytics Internal Audit Report substantial cyber process Electronic Health Record Board including Corporate Risk and Action Plan Reasonable Internal Audit report for Digital Operating Model Fragmented Care Records 	<ul style="list-style-type: none"> Delays in digital transformation due to lack of reoccurring investment Gaps in the integration of data systems across different service areas Insufficient data on service reconfiguration effectiveness Effectiveness of Clinical Coding and target review 	<ul style="list-style-type: none"> Senior Posts for reviewing Digital architecture and EHR. Roll-out of key priority digital transformation projects. System integration Transformation of the DDaT Operating Model. <p>Timescale: Q4 2024</p>	<p>Management:</p> <ul style="list-style-type: none"> Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team Performance and accountability meetings for Annual Plan objectives <p>Risk and compliance:</p> <ul style="list-style-type: none"> Annual audit of data governance and cyber security measures <p>Independent assurance:</p> <ul style="list-style-type: none"> Internal and external audits of data governance and technology Information Commissioners office Audit Committee Reporting and Corporate Risk in place 		Committee to decide
<p>Strategic threat (what might cause this to happen)</p>	<p>Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</p>	<p>Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)</p>	<p>Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)</p>	<p>Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)</p>	<p>Gaps in assurance / actions to address gaps and issues</p>	<p>Assurance rating</p>
Responsible:		Assistant Director of Health Strategy & Planning	Accountable:		Executive Director of Strategy and Transformation	
<p>Threat: Lack of Long-Term Strategic Alignment and development and implementation of the 10-year strategy undermining align short-term actions with long-term objectives the strategy's goals and long-term impact.</p>	<ul style="list-style-type: none"> Strategic alignment with population needs assessments Comprehensive stakeholder engagement framework Integrated planning framework with multi-year objectives Regular planning reviews aligned with financial and performance data Collaboration and coproduction with external stakeholders to inform planning decisions 	<ul style="list-style-type: none"> Limited public consultation and stakeholder input at early stages. Unclear prioritisation of strategic initiatives. Delayed integration of planning with performance data. Gaps in external stakeholder engagement in the planning process also includes diverse and inclusive stakeholders 	<ul style="list-style-type: none"> Establish a systematic approach to developing the 10-year strategy Inclusive engagement with stakeholders for 'what matters' discussions Quarterly performance reviews of planning outcomes Annual audit of planning and resource alignment Strengthen planning integration with performance and financial data Meaningful and more frequent engagement with external stakeholders for planning insights <p>Timescale: Q4 2024</p>	<p>Management:</p> <ul style="list-style-type: none"> Quarterly strategic planning reviews Progress reports on strategy development milestones Quarterly planning reviews by the Executive Team <p>Risk and compliance:</p> <ul style="list-style-type: none"> External benchmarking of planning effectiveness <p>Independent assurance:</p> <ul style="list-style-type: none"> Annual external audit of strategic alignment with population needs External validation of strategic priorities by key stakeholders 	<ul style="list-style-type: none"> Public consultation and external engagement 	Committee to decide

Principal risk (what could prevent us achieving this strategic objective)	BAF24-03: Ineffectively Achieving Long Term Financial Sustainable			Strategic objective	2. Developing strategy and long-lasting change (2I Finance Governance Environment; 2D Capital Priorities: Supporting Change)
Lead Committee	Performance, Finance and Information Governance Committee	Risk type	Finance	 <p>25 20 15 10 5 0</p> <p>17/10/2024 18/10/2024</p> <p>— Current — Tolerable — Target</p>	
Risk Lead	Executive Director of Finance	Risk appetite	Open 15-19		
Related Corporate Risks:	CRR24-05 Financial Sustainability /CRR24-06 Suitability and Safety of Sites				
Risk rating					
	Current exposure	Tolerable	Target	Review Dates	
Consequence	5. Catastrophic	3. Moderate	3. Moderate	Initial date of assessment	20/10/2024
Likelihood	4. Somewhat likely	3. Possible	3. Possible	Last reviewed by Committee:	23/12/2024 (Private)
Risk rating	20. High	9. Medium	9. Medium	Last updated by Executive:	24/11/2024
N.B. Tolerable and Target score lines stacked as both are 9.					

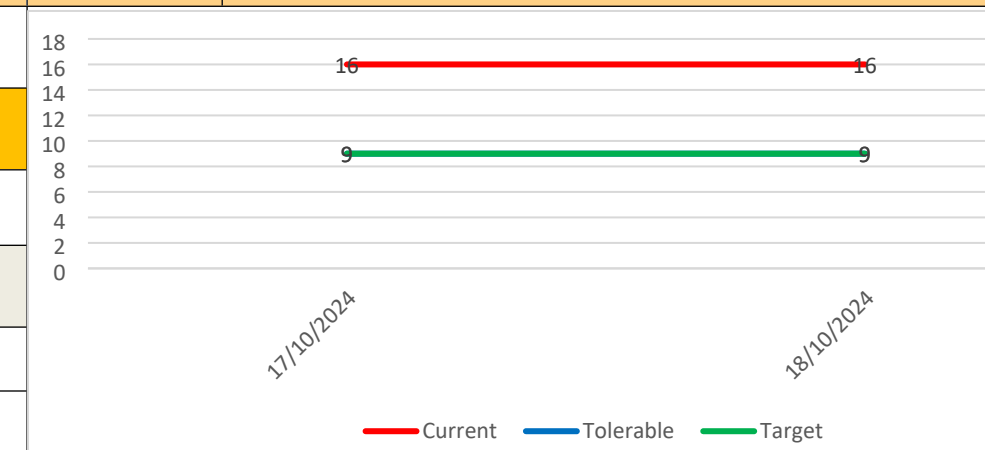
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps	Assurance rating
Responsible:		Interim Director of Finance	Accountable:		Executive Director of Finance	
<p>Threat: Health Board key financial duty is to attain a break-even financial position. Failure to achieve the key duty results in cash depletion and a lack of ability to pay employees and suppliers of goods and services.</p> <p>A reduction in funding or change in financial trajectory or unexpected event resulting in an increased Financial Improvement Plan (FIP) requirement to reduce the scale of the financial deficit, without having an adverse impact on quality and safety</p>	<ul style="list-style-type: none"> Annual Plan details requirements for further controls and required controls detailed in 'Gaps in controls' Monthly reporting of financial performance, articulating risk to delivery, drivers of any financial risk and suggested actions in place to mitigate risk Monthly reporting to Welsh Government financial performance each month, again articulating drivers of risk to delivery and mitigating actions Corporate risk for shorter term sustainability in place 	<ul style="list-style-type: none"> Financial governance framework aligned with the organisation's strategic priorities. An endorsed Clinical Strategy that articulates demand and capacity modelling by speciality. Financial capital resource availability Integration of financial planning with performance and risk management processes The Health Board has a planned deficit in year, not achieving the key 1st duty to attain break-even. This presents a current unmitigated risk to balancing financial allocations with spending in year. Inconsistent alignment between financial planning and strategic service goals 	<ul style="list-style-type: none"> Implementation of Value Based Healthcare and a Value and Sustainability approach to savings development Strengthen financial forecasting and integrate financial risks into operational planning. Develop further the control environment for addressing planned position and implementation of any corrective actions. Enhanced Accountability & Performance framework to hold officers to account for delivery 	<p>Management:</p> <ul style="list-style-type: none"> Monthly financial reporting and budgetary controls <p>Risk and compliance:</p> <ul style="list-style-type: none"> Oversight by Audit Committee Annual audit of financial governance effectiveness Regular financial performance reviews <p>Independent assurance:</p> <ul style="list-style-type: none"> Internal and external audit reports on financial controls Annual review of compliance with Welsh Government financial guidelines Monthly oversight of financial performance by Welsh Government 	<ul style="list-style-type: none"> Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings & Budgetary Control Limited assurance report on budgetary control environment Head of Internal Control Opinion articulating limited assurance over systems of internal control Qualification of accounts 2022/23 and Qualification for regulatory breach 2024/25 All containing actions to address gaps 	Committee to decide
Responsible:		Head Of Capital Development	Accountable:		Executive Director of Finance	

<p>Threat: Inadequate Capital Investment to Support Organisational Change</p>	<ul style="list-style-type: none"> • Estates Strategy • Capital prioritisation programme aligned with strategic objectives that involves operational and clinical teams in prioritisation of limited resources • Project management for capital investments, the Health Board having substantial material schemes in train • Prioritisation of investments in infrastructure to support clinical services and statutory requirements • Capital Manual • Capital prioritisation for urgent projects • Six facet survey being completed for all provider infrastructure 	<ul style="list-style-type: none"> • Delays in capital project approvals and implementation. • End of year wrap up report on overheads and programme progress. • Implement stronger project management controls to track capital investments. • Discretionary capital use in prioritisation between medical equipment, IM&T and Estates works (relative prioritisation between asset classes not undertaken) • Prioritisation of substantial business cases within the plans of the Health Board that aligns to Clinical Strategy 	<ul style="list-style-type: none"> • Decarbonisation Board reporting of key objectives through to Committee (PPHP), articulating goals and objectives through to Health Board • Ongoing development of Estates strategy to be informed by completion of six facet survey • Monthly reporting of this year's expenditure verse plans in order to ensure delivery of this year's capital programme • Prioritisation of major capital works within the strategy for the Health Board in completion of the three-year IMTP. <p>Timescale: Q4 2024</p>	<p>Management:</p> <ul style="list-style-type: none"> • Monthly financial reporting of plan verse actual expenditure and budgetary controls <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Oversight by Audit Committee • Some reviews to assess the alignment of capital investments with strategic goals Board <p>Independent assurance:</p> <ul style="list-style-type: none"> • Internal Governance of capital project progress and expenditure and reporting up to Committee and Welsh Government. • Welsh Government monthly reviews of plans for expenditure in year verse allocated resources. 	<ul style="list-style-type: none"> • Reports on alignment of capital investments with strategic goals Board • Prioritisation plans being endorsed through Executive for inclusion within the IMTP endorsed through Health Board and Committees. • External support secured to service major capital developments. • Capital Investment Group formed, reporting into Executive on Capital works. 	
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3: Creating compassionate culture, leadership and engagement

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-04: Ineffectively Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.			Strategic objective	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
Lead Committee	People & Culture Committee		Risk type	Quality	
Risk Lead	Deputy Director of People's Services		Risk appetite	Seek 15-19	
Related Corporate Risks:	CRR24-01 People, Culture and Wellbeing /CRR24-16 Leadership/Special Measures				
Risk rating				Review Dates	
	Current exposure	Tolerable	Target		
Consequence	4. Major	3. Moderate	3. Moderate	Initial date of assessment	20/10/2024
Likelihood	4. Somewhat likely	3. Possible	3. Possible	Last reviewed by Committee:	19/12/2024 (Private)
Risk rating	16. High	9. Medium	9. Medium	Last updated by Executive:	23/10/2024

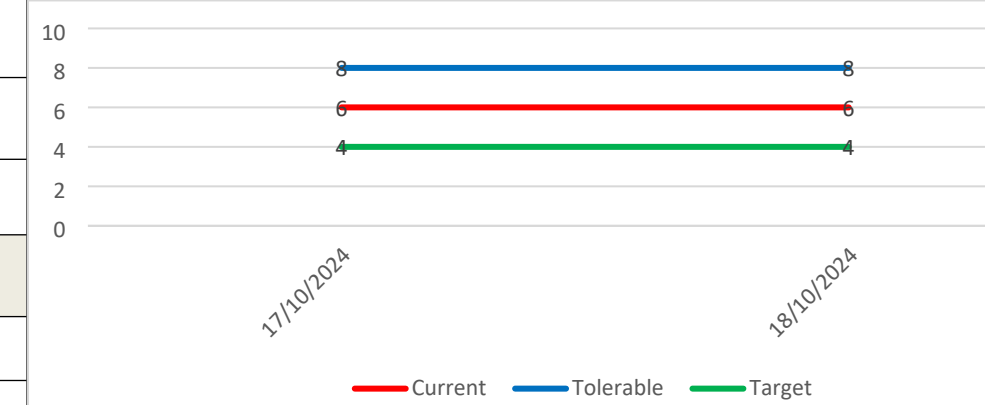


The chart displays a scorecard for the risk. The vertical axis represents the score, ranging from 0 to 18. The horizontal axis shows dates: 17/10/2024 and 18/10/2024. Three data series are shown: Current (red line), Tolerable (blue line), and Target (green line). The Current score is 16, the Tolerable score is 9, and the Target score is 9. The Tolerable and Target lines are stacked at the score of 9.

N.B. Tolerable and Target score lines stacked as both are 9.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Head Of Policy, Practice & Compliance-WOD	Accountable:		Deputy Director of People's Services	
<p>Threat: that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.</p>	<ul style="list-style-type: none"> • Workforce Planning Framework in collaboration with HEIW • Skill-mix review and capacity-building programmes • Strategic partnership with Bangor University • Integrated Leadership Development Framework • Staff Engagement Plan • Continuous feedback loops for leadership performance • All Wales International Recruitment programme for nurses and doctors. • Improved Internal Audit Assurance with recruitment of senior and interim staff • Staff counselling / Occupational Health support • Strategic Equality Plan key driver in the culture change required for a compassionate and inclusive culture. 	<ul style="list-style-type: none"> • Critical vacancies, particularly in clinical and leadership roles • Underdeveloped retention and progression pathways • Further embedding of Integrated Leadership Development Framework • Further leadership development initiatives • Current Equality governance arrangements require strengthening 	<ul style="list-style-type: none"> • Prioritise workforce plans for 'challenged services' • Continue reducing agency usage and improve value and sustainability of workforce • Digital Enablers for workforce skill-mix, recruitment and retention • Further development of develop local training opportunities <p>Timescale: Q4</p>	<p>Management:</p> <ul style="list-style-type: none"> • Service Led skill-mix efficiency and commissioning requirements • Annual staff engagement surveys and reports to Committee and Board • People & Culture Dashboard to Committee <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Corporate risks CRR24-01 People, Culture and Wellbeing CRR24-16 Leadership/Special Measures reported to committee. • Review of all Organisational Development risks reported. Local Workforce and Organisational Development risk meeting. • Quarterly performance reviews to CEO of Directorates/ Divisions • Freedom to Speak Up Guardian report <p>Independent assurance:</p> <ul style="list-style-type: none"> • Annual workforce plan reviews with HEIW • Internal Audit reports 	<ul style="list-style-type: none"> • Limited Assurance Internal Audit report for Review of Workforce Planning Arrangements 	<p>Committee to decide</p>

Principal risk <small>(what could prevent us achieving this strategic objective)</small>	BAF24-05: Ineffectively Engaging with Citizens, Partners and Communities Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.			Strategic objective	3: To have a compassionate culture, leadership & engagement encompassing 3B: Citizen Engagement & 3C: Being a Good Partner
Lead Committee	Planning, Population Health & Partnership Committee		Risk type	Reputation	
Risk Lead	Director of Partnerships/Communications and Engagement		Risk appetite	Seek 20-25	
Related Corporate Risks:					
Risk rating				Review Dates	
	Current exposure	Tolerable	Target		
Consequence	2. Minor	2. Minor	2. Minor	Initial date of assessment	20/10/2024
Likelihood	3. Possible	4. Possible	2. Unlikely	Last reviewed by Committee:	10/12/2024 (Private)
Risk rating	6. Low	8. Medium	4. Low	Last updated by Executive:	18/10/2024

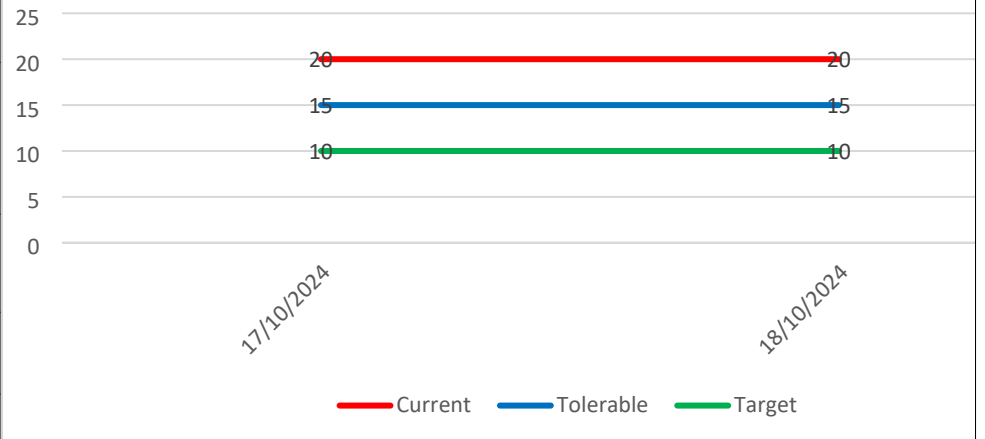


Date	Current	Tolerable	Target
17/10/2024	6	8	4
18/10/2024	6	8	4

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Director Of Partnerships/communications And Engagement	Accountable:	Director Of Partnerships/communications And Engagement			
<p>Threat: of ineffective engagement with citizens and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.</p>	<ul style="list-style-type: none"> • Collaboration with key stakeholders • Strategic partnerships with local authorities and community organisations • Partnership governance frameworks • Comprehensive inclusive and diverse citizen engagement strategy • Accessible feedback mechanisms such as surveys and public engagement activity • Regular updates to the public on strategic priorities • Survey of engagement across the Health Board • Collaboration on complaint's process 	<p>Communication back to the public on their influence from feedback</p> <p>Lack of structured feedback from key partners</p> <p>Limited cross-sector collaboration in specific service areas Anchor Institute Framework</p>	<p>Perception Survey Timescale: Q4 2024 Developing Anchor Institute Framework Timescale: Q4 2024</p> <p>Citizen Engagement Plan being reviewed Timescale: Q4 2024</p> <p>Improve the feedback loop to ensure timely action on public input Timescale: Q4 2024</p>	<p>Management:</p> <ul style="list-style-type: none"> • Citizen experience reports to Board • Feedback from engagement and where required public consultations. <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Partnership feedback sessions • Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health & Partnership Committee <p>Independent assurance:</p> <ul style="list-style-type: none"> • Perception survey with partners • Independent Advisor for external perspective on engagement approach 	<p>Risk Register for Partnerships/Communications and Engagement.</p>	<p>Committee to decide</p>

4: Improving quality, outcomes and experience

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

Principal risk <small>(what could prevent us achieving this strategic objective)</small>	BAF24-06: Ineffectively Delivering the Required Improvements to Transform Care and Enhance Outcomes			Strategic objective	4. To Improve Quality, Outcomes and Experience (4A Patient Experience; 4B Prevention; 4I Adult Mental Health, Learning Disability)
	Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm.				
Lead Committee	Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee		Risk type	Quality	
Risk Lead	Executive Director of Nursing Acting Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science		Risk appetite	Open 15-19	
Related Corporate Risks:	CRR24-02 Patient Safety /CRR24-04 Failure to Embed Learning/ CRR24-08 Delivering a population health approach to health and wellbeing/ CRR24-18 Managing Outbreaks				
Risk rating					
	Current exposure	Tolerable	Target	Review Dates	
Consequence	5. Catastrophic	5. Catastrophic	5. Catastrophic	Initial date of assessment	20/10/2024
Likelihood	4. Somewhat likely	3. Possible	2. Unlikely	Last reviewed by Committee:	17/12/2024 (Private)
Risk rating	20. High	15. High	10. Medium	Last updated by Executive:	06/01/2025

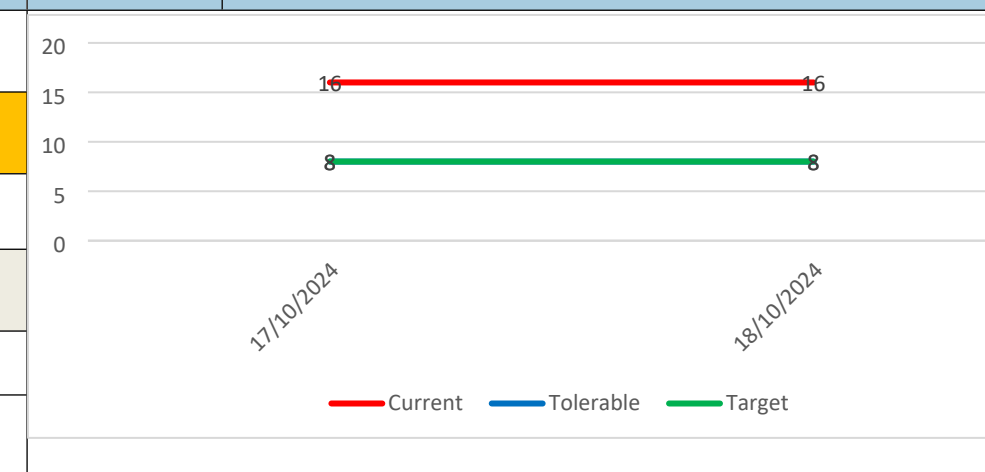
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Deputy Executive Director of Nursing	Accountable:	Executive Director of Nursing	Responsible Committee	Quality, Safety and Experience Committee	
<p>Threat: A loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction</p>	<ul style="list-style-type: none"> • Patient incident/feedback systems and policies • Data analysis and learning at service level • Datix Reporting • Staff training - falls, HAPU, etc • Quality governance arrangements at Health Board, IHC/division & service levels including: <ul style="list-style-type: none"> ○ Local and Exec PSE Groups ○ Local and Exec Quality Delivery Groups ○ Clinical audit programme & monitoring arrangements ○ Ward accreditation/ metrics and programme • Integrated Concerns Policy and Toolkit • Concerns Hub • 72 hr incident reviews • Sign-off process for incidents and Nationally Reported Incidents • Executive Led Oversight Group • Quality assurance visits • Internal Reviews against External National Reports • Getting it Right First Time (GIRFT) • Localised deep dives, reports and action plans • Operational grip on workforce gaps • Patient Advice and Liaison Service Activity • Comprehensive Cultural Competence training and awareness 	<ul style="list-style-type: none"> • Inconsistent collection of real-time patient feedback • Delays in addressing patient concerns or complaints. • Operational oversight of sustainable change, evidence of learning and improvement measures 	<ul style="list-style-type: none"> • Civica mapping of services to improve consistency of levels of feedback Timescale: Q4 2024 • Expand real-time feedback systems across all services (SMS texting for priority areas e.g. ED) Timescale: Q3 2024 • QMS in development. – pilots in urology and vascular • Reduced response times for addressing patient complaints. Timescale: Q4 2024 • Learning Repository Development Timescale: Q3 2024 	<p>Management:</p> <ul style="list-style-type: none"> • Learning from deaths Report to QC and Board • Quarterly Strategic Priority Report to Board; • Divisional risk reports to SRG bi-annually; • Guardian of Safe Working report to Board • Quality and Governance Reporting Pathway; <p>Quality Safety and Experience Committee reports include:</p> <ul style="list-style-type: none"> ○ Safeguarding Annual Report to QSE ○ Infection Control Annual Report ○ Health and Safety Annual Report ○ Bi monthly Quality Report ○ Deep dive Reports ○ Risk Management Report ○ Integrated Performance Report <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Quality Dashboard • Annual Quality Report & Duty of Candour • Corporate Risks • Ombudsman Annual Letter <p>Independent assurance:</p> <ul style="list-style-type: none"> • Health Inspectorate Wales Reports • Care Inspectorate Wales Reports • Coroners reports: • Internal Audit reports. • Royal College Reports • Llais Reports <p>Screening Quality Assurance Services assessments and reports of:</p> <ul style="list-style-type: none"> • Antenatal and New-born screening • Breast Cancer Screening Services • Bowel Cancer Screening Services 	<p>Limited Assurance Internal Audit report for Limited Assurance: Lessons Learnt, Falls, Deprivation of Liberty</p> <p>Ombudsman recommendations to be managed.</p> <p>Services maintaining a proactive for complaint management and strategic oversight.</p> <ul style="list-style-type: none"> • Nursing & Midwifery Vision • Allied Health Professional Strategy • Clinical services plan 	<p>Committee to decide</p>

				<ul style="list-style-type: none"> Cervical Screening Services <p>External Accreditation/Regulation annual assessments and reports of;</p> <ul style="list-style-type: none"> Pathology (UKAS) Endoscopy Services (JAG) Medical Equipment and Medical Devices (BSI) Blood Transfusion Annual Compliance Report (MHRA) Ionising Radiation (Medical Exposure) Regulations 		
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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Head Of Public Health Assurance & Development	Accountable:	Acting Executive Director of Public Health	Responsible Committee	Population Health & Partnership Committee	
<p>Threat: A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing</p>	<ul style="list-style-type: none"> Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities 	<ul style="list-style-type: none"> Limited access to timely integrated data supporting prevention activity. Insufficient integration between prevention and clinical services Services fail to prioritise prevention as part of the delivery of effective services and outcomes. Large proportion of budget is non-recurrent grant funding 	<ul style="list-style-type: none"> Increase collaboration with community partners Strengthen the integration of prevention into service and Health Board planning. <p>Timescale: Q4 2024</p>	<p>Management:</p> <ul style="list-style-type: none"> Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health & Partnership Committee <p>Risk and compliance:</p> <ul style="list-style-type: none"> CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health & Partnership Committee. Operational Risk Register maintained. <p>Independent assurance:</p> <ul style="list-style-type: none"> Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards & Welsh Government 	<ul style="list-style-type: none"> Limited assurance of effective models - based on availability of data, intelligence, evidence and evaluation of impact of current prevention approaches within the Health Board and wider partner networks. 	<p>Committee to decide</p>

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Director of Mental Health & Learning Disabilities	Accountable:	Executive Director of Allied Health Professionals and Health Science	Responsible Committee	Quality, Safety and Experience Committee	
<p>Threat: Risk of insufficient focus on Mental Health, wellbeing and Learning Disabilities in the Health Board strategy, planning and operations leading to sub optimal patient outcomes, lack of an holistic approach, regulatory non-compliance and reputational harm.</p>	<ul style="list-style-type: none"> Alignment with Welsh Government National strategies for Mental Health and wellbeing, Learning Disabilities and Substance Misuse Adherence to Royal College and Clinical standards National NHS Executive Mental Health and Learning Disabilities (MHL) Strategic Improvement Programme Established Royal College Psychiatry Improvement programme with Health Board wide reporting and governance Established reporting through existing HB Governance Frameworks, Oversight committees and routine audits to ensure compliance and monitor progress. Inclusion in Health Board Annual Plan and monitoring mechanisms Inclusion in organisational Major change programme, oversight and reporting Clinically led Physical health work stream in MHL Primary care pathways Crisis Care Concordat in place 	<ul style="list-style-type: none"> Recruitment and Retention challenges impacting on workforce including interim posts Engagement and collaboration with physical health services 'Foundations for the Future' programme maturity Insufficient focus on health inequalities Lack of integrated Electronic Health Record and other digital systems Limited visibility of Mental health and Learning disabilities data at Board level Current risk to balanced financial position Greater focus on community and earlier intervention services 	<ul style="list-style-type: none"> Recruitment plans for substantive workforce Increased pathways with Primary care Active engagement with the Foundations for the future programme Electronic Health Record programme with MHL as early adopter Increased prominence of MH in governance and reporting frameworks (integrated performance dashboard) Enhanced Savings plans Responsive annual plan Implementation of Communication strategy Alignment with Learning Disabilities national programme- Improving Care Improving lives review 	<p>Management:</p> <ul style="list-style-type: none"> External reviews in 2023-24, undertaken as part of Special Measures all recommendations completed and managed. Performance Management and reporting Civica and patient reporting metrics <p>Risk and compliance:</p> <ul style="list-style-type: none"> Compliance with Royal College Standards Audit Reports Committee reports e.g. QSE <p>Independent assurance:</p> <ul style="list-style-type: none"> Development of co-produced Patient Carer engagement work Expert advisory group External reviews National and Local performance reporting Together 4 Mental Health Partnership Board in place 	<ul style="list-style-type: none"> Lack of integrated patient care records impacting on care, planning and reporting Increasing the scope of performance reviews focusing on patient pathways. Improving our real time patient data Visibility of community mental health activity 	<p>Committee to decide</p>

Principal risk (what could prevent us achieving this strategic objective)	BAF24-07: Ineffectively Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk			Strategic objective	4. To Improve Quality, Outcomes and Experience 4E: Planned Care; 4F: Cancer Care; 4G: Urgent and Emergency Care; 4H: Diagnostics; 4ICAMHS and Neurodevelopment)
	Risk of ineffectively delivering timely access to care resulting in potential clinical harm, poor delivery of performance targets and reputational risk				
Lead Committee	Performance, Finance and Information Governance Committee		Risk type	Quality	
Risk Lead	Interim Chief Operating Officer		Risk appetite	Open 15-19	
Related Corporate Risks:	CRR24-10 Urgent Emergency Care/ CRR24-11 Planned Care/ CRR24-12 Areas of Clinical Concern /CRR24-13 Timely Diagnostics				
Risk rating					
	Current exposure	Tolerable	Target	Review Dates	
Consequence	4. Major	4. Major	4. Major	Initial date of assessment	20/10/2024
Likelihood	4. Somewhat likely	2. Unlikely	2. Unlikely	Last reviewed by Committee:	23/12/2024 (Private)
Risk rating	16. High	8. Medium	8. Medium	Last updated by Executive:	06/01/2025



N.B. Tolerable and Target score lines stacked as both are 8.

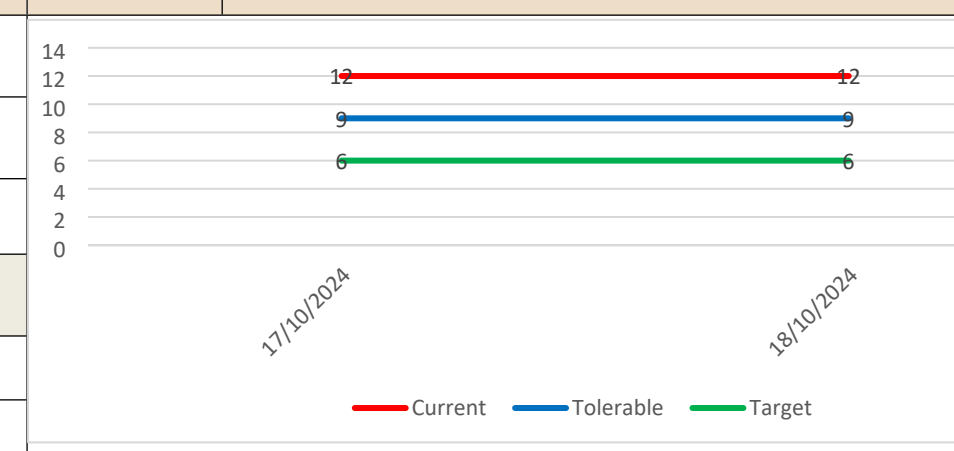
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Interim Associate Director for Emergency Care/ Associate Director of Planned Care/ Professional Service Manager Radiography/ Assistant Area Director – Children	Accountable:	Interim Chief Operating Officer	Responsible Committee	Performance, Finance and Information Governance Committee	
Threat: The Health Board faces significant risks related to the ability to meet national and local performance targets related to access to timely care. The increased patient acuity, backlog of long waiting times, lack of standardised processes and robust demand and capacity planning at service level may negatively impact the delivery of consistent quality of care. Without strategic planning and robust controls, these risks could lead to reduced public confidence, increased colleague fatigue, ineffective use of resources and failure to achieve regulatory compliance or national standards.	<ul style="list-style-type: none"> Initiation of demand capacity plans at specialty/service level Improved planning including the Winter Resilience Plan with clear principles to protect urgent and planned care pathways Major change programmes for Urgent and Emergency Care (UEC) and Planned Care Strengthening preventative support through integrating services such as SICAT and GP out of hours with active community pathways Strengthening capability and capacity to lead and deliver services with clear executive Senior Responsible Officers (SRO) in place supported by clinical and operational leads Cancer recovery plan Planned care delivery plan against the agreed trajectories supported with resource allocations 	<ul style="list-style-type: none"> Clinical variations and lack of standardised operational processes across the Health Board Limited integration of pathways and care processes between primary, community and secondary care Insufficient capacity in challenged services and Neurodevelopment Strategic approach for equipment replacement scheme to ensure service efficiency and sustainability Estates strategy to address service needs Challenges in workforce retention and gaps in critical roles affecting service delivery Need for enhanced digital infrastructure to support predictive analytics and proactive planning 	<ul style="list-style-type: none"> Major change programmes for UEC and planned care aligned to the Six Goals for Urgent and Emergency Care (UEC) framework and national objectives (such as timely access to care and building community capacity) Quality Management System (QMS) for supporting challenged services Regional approach for services such as Child and Adolescent Mental Health (CAMHS) Workforce planning to include targeted recruitment efforts for clinical posts <p>Technology and Data-Driven Approaches:</p> <ul style="list-style-type: none"> Deployment of live dashboards for real-time monitoring of performance and governance metrics 	<p>Management: Integrated Quality Performance Delivery Tracking referrals and waiting times Performance tracking on ambulance handovers Monthly Performance monitoring Strategic Improvement Development Groups. Reviewing consistency in triage processes</p> <p>Risk and compliance: Performance reports to Integrated Performance Executive Delivery Group & Board Corporate Risk reporting to Performance and finance committee Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) data</p>	<ul style="list-style-type: none"> Independent reviews (focused on areas of concern) Daily Health Board wide oversight grip in control for UEC performance and reporting Health Board resource plan for seven-day UEC care model Health Board workforce plan to align demand and capacity on a seven-day basis Clear structure and delivery for pathways of care delays for North Wales as a system Ensuring compliance with Joint Advisory Group on 	Committee to decide

	<ul style="list-style-type: none"> • Diagnostics delivery plan against the agreed trajectories supported with resource allocations • Governance framework for accountability including weekly executive led progress reviews for UEC and Planned Care • Chief Operating Officer and Director of Performance and commissioning collective leadership oversight for operational performance with support from the executive team • Clear workstreams (4) for UEC incorporated into operational planning and delivery as a framework aligned to the national 6 goals for UEC • Optimised hospital flow through SAFER programmes and discharge protocols ensuring resilience to protect planned care pathways • Access to care based on clinical urgency and then chronological wait across all programmes of care • Developing close partnership working with the 6 Local Authorities, Welsh Ambulance Service Trust (WAST), third sector and other providers to maximise care outcomes • Effective utilisation through planning and robust governance for use of nationally allocated resources for planned care and UEC • Regional approach in strategic planning through the Regional Partnership Board ensuring a North Wales approach for delivering services for our citizens 		<ul style="list-style-type: none"> • Use of data analytics to identify high-risk populations and optimise resource allocation • Telehealth care to strengthen out of hospital care including home systems and video facilitated care • Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board • Standardising care pathways across the Health Board • Revised Access policy to ensure standardised practice across the Health Board • Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models • Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services) • Strengthened workforce planning for key areas linked to challenged services • Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists) • Standardise data collection and reporting processes to reduce variability in decision-making. • Winter Resilience Plan milestones and adherence to ministerial requirements for capacity building 	<p>Independent assurance: Internal Audit findings demonstrating substantial assurance Welsh Government Targets Joint Executive Team WG UEC Programme Board with WG attendance NHS Executive touch points Significant guidance and steer with National Imaging Programme CAMHS & Neurodevelopment National Programme links established. National Specification being worked towards. Regional ND, CAMHS meetings for improvement. CAMHS & Neurodevelopment Enhanced Monthly NHS Exec meeting with performance leads.</p>	<p>Gastrointestinal Endoscopy (JAG) accreditation.</p> <ul style="list-style-type: none"> • Lack of consistent and reliable performance data at daily and weekly level. • Health Board workforce plan at modality level. • Specific diagnostics assurance process to delivery national patient standard for wait levels. • CAMHS & Neurodevelopment Improvement programme reporting to be defined and governance structure 	
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5: Establishing an effective environment for Learning

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-08: Ineffectively Implementing Evidenced Based Improvement and Innovation			Strategic objective	5: Effective Environment for Learning 5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers)
	Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care				
Lead Committee	Planning, Population Health & Partnership Committee		Risk type	Quality	
Risk Lead	Executive Director of Nursing /Chief Digital & Information Officer		Risk appetite	Open 15-19	
Related Corporate Risks:	CRR24-04 Failure to Embed Learning				
Risk rating				Review Dates	
	Current exposure	Tolerable	Target		
Consequence	4. Major	3. Moderate	3. Moderate	Initial date of assessment	20/10/2024
Likelihood	3. Possible	3. Possible	2. Unlikely	Last reviewed by Committee:	10/12/2024 (Private)
Risk rating	12. Medium	9. Medium	6. Low	Last updated by Executive:	28/11/2024



Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Assistant Director Data, Intelligence & Insight		Accountable:	Chief Digital & Information Officer		
Threat: Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	<ul style="list-style-type: none"> Data collated and available through various systems and software (IRIS/RTT Hub) Information account Managers to ensure data is interpreted correctly Some Integrated data analytics and reporting in place Integrated Leadership Framework & Performance Appraisal and Development 	<ul style="list-style-type: none"> Regular data analytics reviews and intelligence reports for further assurances More Assurance on evidence of being intelligence-led Insufficient integration of data analytics consistently across all service areas Data driven decision-making framework for services Limited use of real-time data in clinical decision-making 	<ul style="list-style-type: none"> Develop BCU's data warehouse, broadening the range of datasets available Improve integration of data analytics into operational processes Standardise access to leadership, apprenticeship and learning opportunities Quality Management System redesign <p>Timescale: Q4 2024</p>	<p>Management:</p> <ul style="list-style-type: none"> Monthly data governance reviews Progress against annual plan to committees <p>Risk and compliance:</p> <ul style="list-style-type: none"> Annual reviews of the effectiveness of learning initiatives <p>Independent assurance:</p> <ul style="list-style-type: none"> Clinical body reporting on external evaluations of learning and development programmes 		Committee to decide

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
	<ul style="list-style-type: none"> Review (PADR) policy, staff development toolkit. Continuous professional development opportunities for staff 	<ul style="list-style-type: none"> Inconsistent access to learning opportunities across different service areas Limited evaluation of the impact of training on service delivery Limited collaboration on research projects 				
Responsible:		Associate Director Research & Development		Accountable:		Executive Director Nursing
<p>Threat: Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning.</p>	<ul style="list-style-type: none"> Some strategic partnerships with academic institutions Memorandum of Understanding in place with Bangor University Dedicated governance structure for North Wales Medical School and related projects Research governance structure Collaboration with external research bodies and innovation hubs All Wales Innovation Pathway deployed 	<ul style="list-style-type: none"> Inconsistent engagement with academic partners across all healthcare services Lack of investment in healthcare innovation projects Limited career progression opportunities in academia for clinical and non-clinical staff No Memorandum of Understanding in place with Wrexham University at present 	<ul style="list-style-type: none"> Strengthen collaborative research projects with university partners Strengthen academic career pathways with universities Increase student placements and healthcare training initiatives through partnerships Increase R&D collaboration with industry and academic institutions Secure additional funding for healthcare innovation projects Increase the number of joint appointments between the Health Board and academic institutions <p>Timescale: 2025/26 (next update provided will be quarterly milestones based off annual plan)</p>	<p>Management:</p> <ul style="list-style-type: none"> Clinical Effectiveness Group reporting <p>Risk and compliance:</p> <ul style="list-style-type: none"> Regular joint project reviews and risk register for projects maintained <p>Independent assurance:</p> <ul style="list-style-type: none"> External evaluations of projects Welsh Government Annual review of university designation criteria 	<ul style="list-style-type: none"> Strategic partnership with Wrexham University to be established with a supporting Memorandum of Understanding Internal governance arrangements and reporting to Clinical Effectiveness Group to be strengthened. Reporting and monitoring of academic career pathways, assessments of joint academic roles and impact on healthcare delivery Commitment to joint investment in research and innovation Partnership reviews with universities. Further review of independent assurance requirements 	



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date	30/01/2025		
Date of Committee	19/12/2024	Report of:	People and Culture Committee
Quoracy met:	Yes		
1	Agenda	The People and Culture (P&C) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: People & Culture Committee - BCUHB	
2a	Alert	There were no items to be referred.	
2b	Assurance	The P&C Committee wish to assure members of the Board that: <ol style="list-style-type: none">1. An introductory paper was received relating to Welsh Language Services highlighting that the next phase will focus on the ambition for Welsh language and culture within the organisation including the importance of being able to deliver high quality, language appropriate care.2. Staff Survey to return to Committee along with a wider discussion around Staff Engagement.3. The Speaking Up Safely framework has been embedded to provide staff with an anonymous approach to raise concerns.	
2c	Advise	The P&C Committee wish to advise members of the Board that: <ol style="list-style-type: none">1. The first Staff Story was shared, the ambition going forward is to align the Staff Story with the focus of the Committee.2. The Workforce Race Equality Scheme (WRES) will be shared with the wider Board and will be brought back to the Committee in due course for assurance.3. The Strategic Equalities Plan has been signed off by the Board and an update will come to the Committee for assurance.	
2d	Review of Risks	The Committee reviewed the three corporate risks that has oversight, Workforce Planning was raised as a risk in the Committee. It was noted that the Health and Safety operational risks were being reviewed.	
2e	Sharing of learning	It was agreed to share the learning relating to fixed term contracts via the People & Culture Sub Groups within the Integrated Health Communities (IHCs). It was also highlighted that improvement in the management of complaints was due to a real focus and collaborative working and by the correct member of staff reviewing the issue and identifying issues that were able to be dealt with quickly.	

3	Actions to be considered by the	There were no items to be referred.
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Reporting Committee:	Remuneration Committee
Committee Chair:	Dyfed Edwards, BCUHB Chair
Date of meetings since the last Board meeting:	10 th December 2024
Paper prepared by:	Llinos Roberts
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters below were discussed at the Committee meeting held in private session on 10th December 2024, and to ratify the appointment of Dr Jane Moore, Executive Director of Public Health.</p> <ul style="list-style-type: none"> • Executive and senior management updates were reported, approving actions to progress where required. • Noted work to review the Terms of Reference, Cycle of Business and Forward Work Plan prior to submission to the Board meeting in March 2025. • Update on senior agency and interim appointments and extensions. • Noted the application of the 07/2024 WG Pay Circular to all eligible salaried GPs. • Received an update regarding the Chief Executive, and Executive Director performance / annual appraisal. 	
ITEMS TO BE ESCALATED TO THE BOARD	
<p>Recommendations:</p> <ul style="list-style-type: none"> • To seek ratification from the Board on the appointment of Dr Jane Moore as Executive Director of Public Health. • To note the report. 	
NEXT MEETING	
11 th February 2025	

Reporting Committee:	Healthcare Professionals Forum (HPF)
Committee Chair:	Jane Wild
Date of last meetings:	6 th December 2024
Paper prepared by:	Secretariat HPF

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Healthcare Professionals Forum on 6th December 2024:

Primary Care Strategy

The HPF were pleased to welcome Rachael Page, Assistant Director of Primary Care, who updated the group on progress of the Accelerated Cluster Development and opened a discussion about the role of Clusters in supporting the 'shift left'.

The Forum supported the concept of collaboration through Clusters and Professional Collaboratives and advised of the potential additional value of training and a network for Collaborative Leads.

However, members were unclear about the value, outcomes and impact of the current Clusters and system. Forum members highlighted the current challenges associated with moving successful services from pilot and proof of concept at Cluster level, to be core funded and Health Board wide. Members advised that there needs to be a clearer system for the evaluation and consideration of temporary funded pilot schemes, aligned with the planning process, that considers the outcomes, the value of the scheme and a decision related to either core funding and wider Health Board roll-out or exit strategy. It was recognised that the new Primary Care Board would have a key role in supporting the governance and impact of Clusters and the Forum look forward to seeing this develop.

Overall, the Forum supports the concept to 'shift left' and urge the HB to increase their focus on primary care and PC major change programmes in support of this.

Quality Management System

Angela Wood, Executive Director of Nursing and Midwifery and Sam Watson, Improvement and Business Manager, were welcomed to the Forum to update the group on the Health Board's Quality Management System (QMS).

Members were encouraged by the approach being taken to develop a system and practical tools that add value and support staff to build on existing systems and approaches and share good practice, whilst avoiding replication and tick box exercises. Members appreciated the plan to test the approach with some services before bringing others online and were keen to be able to start to use. Members who had been involved in early roll out were encouraged by the system.

The Forum were pleased to hear that the QMS would extend to primary care and provide the opportunity to link across primary and secondary care services for specific health conditions.

Members' reports

Members' reports led to a discussion about the impact of major IT, data, and digital projects on clinical staff and core services. The HB are advised to ensure that sufficient consideration is given to the impact on, and resources require by, clinical teams, to ensure the effective training, testing, learning, implementing and embedding of new systems, whilst continuing to maintain core services.

The community nursing and midwifery representative informed the Forum about the Women's Health Plan for Wales, published in December 2024, outlining a 10-year vision to improve health care for women that has been developed following the publication of the Women's Health in Wales Discovery Report: Foundations for a Women's Health Plan and The Quality Statement for women and girls' health, both in 2022. The plan includes 8 priority areas which will involve short-, medium- and long-term actions both nationally and locally, across all specialities. Members were keen to highlight the need for a health board wide approach to the delivery of the recommendations within the Women's Health Plan for Wales, which impacts all services and requires the support of transformation, planning and public health.

Membership update

The Chair thanked Steve Grayston for his significant contribution to the Forum during his tenure as Therapies and Allied Health Professions representative covering Gareth Evans. Following Gareth's end of tenure, the role has been advertised and expressions of interest are being processed. The Specialist and Tertiary Medical role remains unfilled and a representative is being sought.

The Forum were informed that the Chair's tenure was due to expire on 9th March 2025 and the process to secure a new Chair before the next Forum meeting would be instigated. Whilst the current Chair will remain as a member of the HPF as the Scientific representative, their three-year maximum term as Chair will end.

Planning - Annual Workshop

HPF members were pleased to be able to provide feedback to planning team colleagues on the planning process at a dedicated workshop following the HPF meeting.

The Forum were pleased to hear how their previous feedback had been incorporated into development of new processes and were encouraged by the aims.

However, experiences of Members varied, indicating that engagement remained patchy and that there are still gaps or a lack of clarity in some of the processes, for example, the process for business case escalation and decision, including prioritisation criteria. The HPF reiterated their commitment to support the design of the planning process and in providing advice on how future plans can be implemented.

ITEMS TO BE ESCALATED TO THE BOARD

None

NEXT MEETING

The next meeting of the Healthcare Professionals Forum will be held on 7th March 2025.

Reporting Committee:	Stakeholder Reference Group
Committee Chair:	Mike Parry
Date of last meeting:	2 nd December 2024
Paper prepared by:	Fiona Lewis (Corporate Business Officer)

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Stakeholder Reference Group, held on 2nd December 2024:

Update on Special Measures

Members were assured that there had been reductions in the most extreme waits within Planned Care; that positive feedback had been received from Welsh Government with regards to the Health Board's Governance and that there continued to be a strong focus on providing compassionate cultures and behaviours.

Partner Update

St David's Hospice provided an insight into its work and the financial challenges it is facing, due to the increase in National Insurance and the raising of the minimum wage. Members were advised that there is a National Commission currently looking into Hospice funding. The Head of Charitable Funds and Charitable Partnerships: Awyr Las offered to meet with the Hospice, to discuss possible new partnerships and ways in which the Health Board could work more collaboratively.

Update on Royal Alexandra Hospital and the Llandudno Hub Business Cases.

Members received the report and were assured that through ongoing engagements with both front-line staff and community stakeholders, much care had been taken to ensure that the building would be fit for purpose as a Health and Wellbeing Centre, with revised design standards being incorporated following on from the Pandemic. Members were also assured that as the project was being seen as a Health and Wellbeing Centre, it was anticipated that some of the capital to support the scheme would come through a Partnership Capital Funding request from both the Health Board and Denbighshire Council.

A verbal update was also provided regarding the ongoing construction work taking place at Llandudno Hospital and Members were pleased to note that both the construction and refurbishment work were continuing apace and that it was anticipated that the facilities would be open later in 2025. Concern was raised however about the impact on the workforce regarding the transition involved in moving sites and questions were asked as to whether this had been added to the Risk Register

Update regarding Volunteering within the Health Board

Members were taken through the various recommendations from the recent scoping exercise and noted that the Executive Director of Nursing and Midwifery had been



designated as the lead executive for Volunteering within the Health Board. Members were assured that a Volunteering Strategy Planning Document had been created in conjunction with the Reaffirming Our Commitment with the Third Sector Group, to ensure that when implementing the key recommendations, partners will be involved.

Process of Appointments to the SRG

Members were invited to comment on the current Terms of Reference and Expression of Interest form, to ensure that there was agreement on the role of the Chair and the SRG. However Members were reminded that the Terms of Reference were set down by Welsh Government, but that there was some flexibility.

Update on Culture Change Programme

Members were assured of the progress made in relation to the Culture Change Framework, noting that the third and final iteration had been approved at the last Board meeting. Since approval, work had started on embedding the new values and behaviours. Methods of embedding the new Culture will be a topic at the February workshop.

Director's Report

Members were assured that the Well North Wales work was very important and gathering momentum and would be another topic for the next Workshop. By ensuring there will be Public Health representation at the workshop, this would provide the perfect space to discuss the work and how best to take it forward.

A discussion took place regarding the need to review the Board Engagement work which had taken place during the previous 12 months. This would be added as a topic to the next Workshop agenda.

KEY ADVICE / FEEDBACK FOR THE BOARD

Members were very positive, with all attendees appreciative of the encouraging changes taking place in the Organisation – both by staff and management alike. There was also acknowledgement and appreciation of the continued hard work involved in creating the Culture Change Framework.

ITEMS TO BE ESCALATED TO THE BOARD

There was none.

NEXT MEETING

The next meeting of the Stakeholder Reference Group will be held on 3rd March 2025.



**Health Board
Key Issues Report**
(this report should be a maximum of 2 sides of A4 paper)

Board Date		29/11/2024	
Date of Committee		07/11/2024	Report of: Mental Health Legislation Committee
Quoracy met:		Yes	
1	Agenda	The Mental Health Legislation Committee (MHLc) continues to meet quarterly. The Committee considered an agenda which is attached: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/board-committees/mental-health-legislation-capacity-and-compliance-committee/311024-mhlc-bundle-v10pdf/	
2a	Alert	The MHL Committee wish to alert members of the Board that: <ul style="list-style-type: none"> 1. Because of significant capacity pressures in the MHA Team, some data within the Mental Health Act (MHA) Assurance Report in this report could not be produced for this quarter. The quarterly audit report also cannot be provided. Subject to capacity being restored to the team, the aim would be to include this in the next report. 	
2b	Assurance	The MHL Committee wish to assure members of the Board that: <ul style="list-style-type: none"> 1. Compliance with the Mental Health Act continues to be monitored and reported 2. Compliance with the Mental Capacity Act continues to be monitored and reported 	
2c	Advise	The MHL Committee wish to advise members of the Board that: <ul style="list-style-type: none"> 1. Importance of good police liaison was appreciated and the police were being invited to discuss this relationship at a future meeting 2. There are ongoing issues at national level in terms of Deprivation of Liberties and what is able to be done whilst waiting for the new legislation 3. The Associate Hospital Managers work is valued and very important by reviewing detention or Community Treatment Orders for possible discharge 4. The Committee will receive a report at a future meeting on issues concerning the Court of Protection. It recognises that these issues go wider than the Committee's remit but does not believe there is current oversight from any other Committee. 	
2d	Review of Risks	<ul style="list-style-type: none"> 1. The Committee noted Risk CRR 24-03. "There is a risk that the increased level of Deprivation of Liberty Safeguards activity may result in the unlawful detention of patients" 2 as scored at 	

		12 was but was being reported into the Executive Group at the request of the Chief Executive.
2e	Sharing of learning	No specific areas of learning were asked to be shared.
3	Actions to be considered by the Board	Nothing to note.