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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

DIRECTORATE OF CORPORATE GOVERNANCE

PROTOCOL FOR MANAGING QUESTIONS FROM MEMBERS OF THE PUBLIC TO THE HEALTH BOARD AND BOARD MEMBERS

Purpose

This protocol sets out the arrangements for receiving, logging, triaging, responding to and reporting questions submitted by members of the public to Betsi Cadwaladr University Health Board, the Board, or individual Board Members. It supports open, transparent and accountable engagement while ensuring that questions are managed consistently, fairly, efficiently and within agreed timescales.

Scope

This protocol applies to questions submitted by members of the public to the Health Board, the Board, or individual Board Members, including questions submitted outside formal meetings, ahead of Public Board meetings, or in relation to the Annual General Meeting. It does not replace established processes for complaints, concerns, Freedom of Information requests, Subject Access Requests, patient-specific matters, or other statutory routes.

Principles

Questions will be handled in accordance with the following principles: openness, transparency, fairness, consistency, professionalism, timeliness, confidentiality where required, and appropriate escalation where a question falls outside the remit of this protocol.

Routes for Submitting Questions

Questions may be submitted during the year by email, written correspondence, or other approved channels. Questions for the Annual General Meeting may also be submitted in advance or during the meeting in accordance with meeting arrangements. The email address for questions is bcu.obs@wales.nhs.uk. Written correspondence should be sent to: Directorate of Corporate Governance, Betsi Cadwaladr University Health Board, Carlton Court, St Asaph, Denbighshire, LL17 0JG.

Submission Requirements

Individuals submitting questions should provide their name, contact details, the question being asked, and whether the question is intended for a specific meeting or requires a written response. Questions should be clear, concise and relevant to the remit of the Health Board.



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Receipt, Logging and Triage

All questions received will be recorded by the Corporate Governance Team, acknowledged within three working days where contact details are available, and triaged to determine the appropriate route for response. Where a question relates to another formal process, the individual will be signposted to the correct route.

Members of the Public Questions Log

The Corporate Governance Team will maintain a central Public Questions Log to provide a clear audit trail of questions received, allocation decisions, response deadlines, progress updates and closure.

Date Received	Name of Person Asking Question	Question Raised	Question Allocated To	Date Allocated	Due Date for Response	Date Response Sent to Member of the Public	Comments
Date	Name	Question Summary	Executive Lead	Date	Date	Date	Updates / Closure Notes

The Directorate of Corporate Governance is responsible for maintaining the log, monitoring deadlines, requesting updates, escalating overdue responses, identifying themes and reporting performance to the Director of Corporate Governance.

Preparation and Approval of Responses

Responses will be prepared by the relevant Executive Director, service area, or nominated lead. Draft responses must be accurate, clear, proportionate and approved by the appropriate lead before issue. The Corporate Governance Team will coordinate the process and ensure responses are issued in line with this protocol.

Responding to Questions

Responses will normally be issued within seven working days of receipt, unless the question is complex, requires input from multiple areas, or needs to be redirected to another formal process. Where a response cannot be provided within the standard timeframe, the individual should be advised of the expected response date. A summary of questions received and responses provided will be included in the Corporate Governance Report to the Board, where appropriate.

Governance Tracking, Action Log and Reporting

Each question or related action will have a named owner, target date, progress update and closure record. The Directorate of Corporate Governance



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will monitor progress until the matter is closed and will escalate overdue or unresolved actions to the Director of Corporate Governance where required.

Publication and Transparency

Questions and responses relating to the Annual General Meeting will be appended to the relevant minutes where appropriate. Other questions will be logged and may be summarised within the Corporate Governance Report to the Board to support transparency, subject to confidentiality, data protection and legal considerations.

Questions that Cannot be Considered

The Health Board may decline, redirect or manage through another route questions that relate to individual patient care, complaints, confidential or personal information, legal proceedings, defamatory content, commercially sensitive matters, matters outside the Health Board's remit, or issues already being considered through another formal process.

Monitoring and Assurance

The Directorate of Corporate Governance will oversee implementation of this protocol, maintain the Public Questions Log, monitor timeliness, review themes and trends, and provide assurance through established governance reporting arrangements. The protocol will be reviewed periodically to ensure it remains effective and aligned with Health Board requirements.

Roles and Responsibilities

Role	Responsibility
Directorate of Corporate Governance / nominated Corporate Governance Officer	Own the process; maintain the log; acknowledge and triage questions; coordinate responses; monitor deadlines; escalate overdue actions; and prepare reporting summaries.
Executive Directors, Service Areas or Nominated Leads	Prepare accurate, timely and appropriate responses; provide updates when deadlines are at risk; and confirm closure when the response has been issued.
Director of Corporate Governance	Provide oversight, receive escalations, ensure assurance reporting to the Board as required, and approve any changes to the protocol.