

**Betsi Cadwaladr University Health Board (BCUHB)  
Minutes of the Health Board meeting held in public  
on 24 November 2022 via Zoom**

**Board Members Present:**

<b>Name</b>	<b>Title</b>
Mark Polin	Chairman
Lucy Reid	Vice Chair
Nichola Callow	Independent Member
Cllr Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
John Gallanders	Independent Member
Sue Green	Executive Director of Workforce and Organisational Development
Gill Harris	Interim CEO
Jacqueline Hughes	Independent Member
Cllr Medwyn Hughes	Independent Member
Dr Nick Lyons	Executive Medical Director
Molly Marcu	Board Secretary (Interim)
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Rob Nolan	Acting Director of Finance
Chris Stockport	Executive Director Transformation and Planning
Linda Tomos	Independent Member
Angela Wood	Executive Director of Nursing and Midwifery
Jane Wild	Associate Independent Member

**In Attendance:**

David Seabrooke	Interim Assistant Head of Corporate Governance
Nikki Foulkes	Outsourcing And Insourcing Manager
Matthew Joyes	Acting Associate Director of Quality, Patient Safety and Experience
Andrew Kent	Head of Planned Care Improvement (interim)
Rebecca Gerrard	Director of Nursing Infection Prevention And Decontamination
Andrew Oxby	OPD Programme Support Manager
Phil Orwin	Interim Director of Regional Delivery
Steve Probert	Welsh Government – Observer
Helen Stevens-Jones	Director of Partnerships and Stakeholder Engagement
Andrew Doughton	Audit Wales – Observer

Agenda Item	Action
<b>22/242 OPENING BUSINESS</b>	
<p data-bbox="161 277 639 309"><b>22/243 Welcome and Apologies</b></p> <p data-bbox="161 344 1198 416">The Chairman reminded the Board that they were welcome to make their contributions in either Welsh or English.</p> <p data-bbox="161 452 1262 488"><b>22/243.1</b> Apologies were received from: Fôn Roberts, Dylan Roberts, Sue Hill</p>	
<b>22/244 Declarations of Interest</b>	
<b>22/244.1</b> There were no declarations to note.	
<p data-bbox="161 613 1310 748"><b>22/245 Draft Minutes of the Health Board and Annual General Meeting held on 29 September 2022</b></p> <p data-bbox="161 784 1310 931"><b>22/245.1</b> The draft minutes of the Health Board held on 29 September 2022 were received and agreed as an accurate record. The Chairman indicated that he had added some non-material adjustments to the minutes after the agenda papers had been published.</p> <p data-bbox="161 967 1310 1039">An amendment to two job titles shown in the draft was agreed. John Cunliffe confirmed that he had given his apologies to both meetings.</p> <p data-bbox="161 1075 1310 1294"><b>22/245.2</b> The draft minutes of the Annual General Meeting held on 29 September 2022 were received and agreed as an accurate record. The Interim Board Secretary confirmed that the responses to questions submitted to the Annual General Meeting had been provided individually. In view of recent local media coverage, a question was raised about the Health Board's financial position with Flintshire CC which would be picked-up later in the meeting.</p>	
<b>22/246 Matters Arising and Summary Action Log</b>	
<p data-bbox="161 1382 1310 1480"><b>22/246.1</b> The Board reviewed the action log. The following points were highlighted:</p> <p data-bbox="256 1516 1310 1592">22/114.9 – Operating Model – The Chairman requested a progress update from the Acting CEO on progress</p> <p data-bbox="256 1628 1310 1704">22/189.1 - Meeting effectiveness – The Chairman advised that this would be undertaken by Audit Wales; all board members would be interviewed.</p> <p data-bbox="256 1740 1310 1816">22/155 - Mental Health Improvement Plan (QSE) – The Executive Director of Public Health updated on progress with the development of the plan.</p> <p data-bbox="256 1852 1310 1928">22/156 Integrated Quality &amp; Performance Report - The Chairman indicated that work to improve this report was progressing.</p> <p data-bbox="256 1964 1310 1995">22/157 Annual Plan Monitoring Report – agreed to leave this action open</p>	<b>GH</b>

<p><b>22/247 Carer Story</b></p> <p><b>22/247.1</b> The Executive Director of Nursing and Midwifery introduced the patient story, which was then presented by the Acting Associate Director of Quality, Patient Safety and Experience on video.</p> <p><b>22/247.2</b> The story was a carer story told by Sue, a mother of two children with complex disabilities and who were regular visitors to Glan Clywd. The story concerned the availability of Changing Places rooms, hoists/instructions for use, baths on the children’s ward, cleanliness of facilities and use by staff and of hydrotherapy facilities. A hydrotherapy pool had been lost in a previous site refurbishment.</p> <p><b>22/247.3</b> Sue’s story had been shared widely with senior staff. Changes had been made to cleaning schedules and access to the room addressed. Maintenance of equipment had been addressed. Glan Clywd had the only Changing Places facility in the Heath Board.</p> <p><b>22/247.4</b> The Chairman requested the Acting Director of Finance to get in touch with Independent Member John Gallanders about the position on hydrotherapy. It was noted that Sue’s concerns had been picked-up quickly by PALS and the hospital site. The PALS team had followed through on some of the site issues.</p> <p><b>22/248.5</b> In response to an Independent Member concern, the Executive Director of Nursing and Midwifery undertook to lead a piece of work to review the range of accessible toilet and changing facilities provided at the acute hospital sites.</p> <p><b>22/248.6</b> It was resolved that the patient story be received. The Acting Associate Director of Quality, Patient Safety and Experience would pass on the Board’s thanks to Sue for sharing her story.</p>	<p><b>RN</b></p> <p><b>AW</b></p> <p><b>MJ</b></p>
<p><b>22/248 Chairman’s Assurance Report</b></p> <p>The Chairman noted that Gill Harris had stepped into the role of Interim Chief Executive and Nick Lyons as Acting Deputy CEO following the departure of Jo Whitehead.</p>	
<p><b>22/249 Interim Chief Executive’s Report</b></p> <p><b>22/249.1</b> The Board received the report of the Interim Chief Executive. The Interim Chief Executive highlighted the work in relation to preparing for the introduction of Duty of Candour in April.</p> <p><b>22/249.2</b> She thanked staff for providing support to asylum seekers dispersed to north Wales earlier in November. Screening and care had been offered by a multi-disciplinary team.</p>	

<p><b>22/249.3</b> The risk around potential industrial action by the Royal College of Nursing in the UK was highlighted and work was underway to plan and mitigate in line with national guidance. RCN action was mandated and was expected before Christmas and a ballot result was expected from UNISON next week.</p> <p><b>22/249.4</b> In relation to CIW registration, it was noted that this would be required if the Health Board wished to provide services in this area in support of discharge.</p> <p><b>22/249.5</b> The Interim Chief Executive and Linda Tomos would discuss the work around provision of health care in rural localities.</p> <p><b>22/249.6</b> Finally, the success of staff in national and Health Board local awards ceremonies was highlighted, and thanks were given to all those involved in organising.</p>	<b>GH/LT</b>
<b>22/250 STRATEGY AND PLANNING</b>	
<p><b>22/251 Proposals for the Transformation of Informatics into Digital, Data and Technology (DDAT) – people, process and technology</b></p> <p><b>22/251.1</b> The Board received a report presenting the conclusions of the discovery work undertaken by the Chief Digital and Information Officer in relation to the Health Board’s Digital Data and Technology capabilities. The Chairman invited the Executive Director Transformation and Planning to introduce the report.</p> <p><b>22/251.2</b> Benchmarking indicated that the Health Board was under-invested in this area. There were nearly 400 separate systems managed. The pandemic and recent cyber-attacks on healthcare systems had further shown the importance of this area. The PPPH Committee had seen the report and supported the transformation approach; acquiring the specialist skills needed would be a challenge needing further discussion.</p> <p><b>22/251.3</b> The report called for new investment of £1.7m recurrent and the Executive Director Transformation and Planning stated that in order to find this the Health Board would have to dis-invest in other areas. The request would be considered via the IMTP process. It was confirmed that the bid was for future funding. Some ongoing work in 2022/23 was funded by DHCW.</p> <p><b>22/251.4</b> The Independent Member lead for this area expressed his support for the report and its proposals which would support transformation and information and decision-making for patients. He asked that the Chief Digital and Information Officer provide further information about the approach to revenue and capital funding and the possible harm caused to patients by lack of digital information – the benefits realisation associated with this case informed on this. Digital/Data elements needed to be included as part of business cases – a number co-dependencies were considered and digital would be factored in.</p>	<b>DR/CS</b>  <b>CS</b>

<p><b>22/251.5</b> It was confirmed that work was ongoing on other proposals going into the wider financial prioritisation process. The Chairman added that Health Boards could be facing a real terms cut in funding in 2023/24 which could result in some difficult choices. He requested that other options be put forward and it was noted that further alternatives were being developed.</p> <p><b>22/251.6</b> The Board acknowledged that to begin mitigating the risks presented in the BAF, the transformation of Informatics into DDAT proposals would require additional revenue of £1,657,035. This was to bring in the necessary skills and capabilities required for the basic delivery of DDAT and ensure benefits are realised on future projects in line with the Health Board's strategies.</p> <p><b>22/251.7</b> It was recognised that this proposal will be considered alongside other IMTP submissions and bids. In addition, the Board was asked to acknowledge the exponential increase in the consumption and complexity of DDAT over the last three years and increased cyber security risks, as well as the need for more frequent refresh and upgrade cycles of the entirety of the DDAT estate. This required significant capital and revenue investment.</p>	
<p><b>22/252 - QUALITY, SAFETY AND SIGNIFICANT REPORTING</b></p>	
<p><b>22.253 Unscheduled Care Assurance Report</b></p> <p><b>22/253.1</b> The Board received a report from the Interim Chief Executive setting out assurance to the Health Board with the progress of the planned care programme in line with the Welsh Government's programme to modernise these services and decrease waiting lists. Further analysis would be completed in December. The "red bag" initiative with care homes was highlighted. She undertook to provide further information about the effect on diagnostic services, including whether test requests could be reduced.</p> <p><b>22/253.2</b> The Chairman invited the Interim Director of Regional Delivery to introduce the report. The Director emphasised the work around Goal 2 of the Six Goals; with new facilities were going live in coming days at Wrexham. He highlighted a summit with the ambulance service on handovers. A range of factors accounted for performance challenges.</p> <p><b>22/253.3</b> In relation to a question on the admission rate it was noted that this was middle of the pack, comparatively and varied slightly between sites. It tended to increase when sites were under pressure. Category 4 and 5 cases would be streamed to an urgent treatment centre, being a more appropriate setting.</p> <p><b>22/253.4</b> The Executive Medical Director stated that the plan was clinically owned. He reflected that the relationship with Stoke in England remained positive.</p> <p><b>22/253.5</b> The completion of recruitment referred to actions agreed as part of a specific business case for additional investment. Gaps continued to arise due to</p>	<p><b>GH/PO</b></p>

<p>normal turnover. The success of recruitment was enhanced by being able to describe a clear and up to date model of care.</p> <p><b>22/253.6</b> The Interim Director of Regional Delivery confirmed that all sites were using the metrics and dashboard to support monitoring. There was willingness to learn and adopt measures and actions that worked. The Chairman asked about the effect of the measures and activities being reported; it was noted that demand continued but also the urgent treatment centre at Wrexham was four weeks behind.</p> <p><b>22/253.7</b> The Board received the report</p>	
<p><b>22/254 Planned care assurance report</b></p> <p><b>22/254.1</b> The Board received a report providing assurance on the progress of the Planned Care (PC) programme in line with Welsh Government’s programme to modernise PC services and decrease waiting lists. The Chairman invited the Interim Director of Regional Delivery to introduce the report. He highlighted an improvement in long waiters and improvement in patient-initiated follow-up in particular specialties, which were described. Andrew Oxby undertook to provide further information about the impact on follow-up lists. Progress was being made on the Abergele and Llandudno schemes.</p> <p><b>22/254.2</b> The Chairman welcomed Andrew Kent, Andrew Oxby and Nikki Foulkes to add to the presentation of the report. Re-start, recovery and sustainability aspects were described; there was a major transformation of planned care intended to reduce the Covid backlog and bring in new ways of working.</p> <p><b>22/254.3</b> Outpatients was an early focus. Monitoring was in place and a 30% reduction had been achieved August to November and the aim was 52% by 31 December. Treat in turn had been put in place to manage outpatient lists appropriately.</p> <p><b>22/254.4</b> In terms of the pace of the regional treatment centre development to 2027, Andrew Kent described the steps now required including OBC/FBC and public engagement. Meanwhile additional provision was being added where possible.</p> <p><b>22/254.5</b> Therapy services were being used to support patients and further bids to extend schemes were being progressed. The Chairman requested that the IQPR charts clearly showed forecasts and trajectories. In terms of theatre development, a business case was being presented in December. The Llandudno option was being progressed; there were a number of issues in the layout of the Abergele site.</p> <p><b>22/254.6</b> In terms of Ophthalmology and eye care improvement, there was a focus on secondary care to raise throughput starting in January. Simple procedures were being outsourced.</p>	<p><b>AO</b></p>

<p><b>22/254.7</b> The Board received the report.</p>	
<p><b>22.255 Winter Plan Assurance report</b></p> <p><b>22.255.1</b> The Board received a report from the Interim Chief Executive setting out assurance to the Health Board on the development of the Winter Plan. The Interim Director of Regional Delivery informed the Board that, led by the Acting Deputy Chief Executive, the Executive was developing the detailed plan and roadmap in relation to anticipated winter pressures. Feedback from the PPPH Committee had been taken on board and the final version would be agreed in early December.</p> <p><b>22.255.2</b> The Acting Deputy CEO added that the Executive was proceeding with actions ahead of the Wales guidance, looking to provide adequate staffing, minimising emergency department attendances and admissions. The threshold with the EPRR or full-scale emergency approach was being defined.</p> <p><b>22.255.3</b> The current situation around mask wearing for staff was highlighted. The information provided to staff on where to access the vaccine would be reviewed. The role of the 111 service to direct people to the most appropriate service was highlighted.</p> <p><b>22.255.4</b> The Acting Deputy CEO in response to a question said there was more discussion about Community Connections. The winter plans for local authorities had been exchanged, but not so far approved by them. There was confidence about plans to open inpatient beds, but staffing remained a risk. The Workforce and OD directorate were positively engaged.</p> <p><b>22.255.5</b> The Acting Deputy CEO described the work, including on cost, on beds for patients who were medically fit for discharge. The Chairman requested that in the event of any significant deviation from what was described that the Executive update the Board.</p>	<p><b>PO</b></p>
<p><b>22.256 Patient Safety Report</b></p> <p><b>22.256.1</b> The Board received a report from the Executive Director of Nursing &amp; Midwifery with information and analysis on significant quality and patient safety issues arising during the prior two month period, alongside longer-term trend data, and information on the improvements underway.</p> <p><b>22.256.2</b> Following the Chair's assurance report from the Quality, Safety and Experience Committee presented at the 29 September Board, work was underway to strengthen the information provided to the Committee. The Committee had planned a Deep Dive on surgical safety and the WHO checklist. She highlighted other improvements made to this report.</p> <p><b>22.256.3</b> Work to reduce backlogs of complaints and incidents was underway. Improvements around learning from complaints were being made and the turnaround where written responses were required. Monitoring was via peer visits, a new ward accreditation scheme and a new organisational learning forum</p>	

<p>which would feed into clinical audit. The Executive Director of Nursing &amp; Midwifery undertook to ensure any significant issues arising from regulators would be reported to Board members in a timely way.</p> <p><b>22.256.4</b> The following principal points were highlighted:</p> <ul style="list-style-type: none"> <li>• Main incident themes were inpatient falls and pressure ulcers and recognition of deteriorating patients</li> <li>• Four never events reported this year, relating to surgical safety</li> <li>• One Section 28 notice had been received outside the current reporting period</li> <li>• Real time patient feedback continued to be expanded</li> </ul> <p><b>22.256.5</b> In relation to a question about record-keeping, the Executive Director of Nursing &amp; Midwifery said the approach was to support staff, provide training and set clear expectations. A multi-disciplinary approach to this was being taken. The Welsh Care Record was being implemented.</p> <p><b>22.256.6</b> She confirmed that the process and final checking of information requested of the Health Board was being reviewed and improved.</p>	
<p><b>22.257 Vascular Report</b></p> <p><b>22.257.1</b> The Board received a report from the Executive Medical Director updating on progress to secure the ongoing sustainability of the vascular surgical services following escalation measures put in place and ongoing in response to concerns raised by the Vascular Quality Review Panel (VQRP) in July 2022, which were reported to the previous Board meeting. The full report was now expected in January. The HIW review was expected to be published in March.</p> <p><b>22.257.2</b> The Executive Medical Director highlighted the report on the rate of amputations and more information would come to the QSE Committee. The Health Board's submission NVR (National Vascular Registry) was considered to be accurate, but more analysis and validation was required. The definitions of major and minor would be clarified. The Executive Medical Director acknowledged that each amputation was a tragedy for the patient.</p> <p><b>22.257.3</b> Work continued with Stoke-on-Trent. The Gold arrangements managing surgical rotas had been stood down following progress with stabilising the staffing. It was noted that vascular services had been brought into the Surgery and Anaesthetic Quadrant which addressed the issue of a clinical lead.</p> <p><b>22.257.4</b> Work to understand patient experience was ongoing.</p> <p><b>22.257.5</b> The Board received the report and supported the continuing work to ensure sustainability of safe and effective vascular services. The following main points were noted:</p>	<p><b>NL</b></p>



<ul style="list-style-type: none"> <li>• the actions which remain in place following the VQRP concerns including the vascular improvement plan (VIP).</li> <li>• that Health Inspectorate Wales (HIW) will review the service in December 2022.</li> <li>• that clinical outcomes for patients undergoing amputation are in line with peer units.</li> <li>• the National Vascular Registry published its 2022 report on November 10<sup>th</sup> and that BCUHB mortality rates remain within the confidence limits.</li> <li>• that clinical pathway development has started for patients with ischemic lower limbs.</li> <li>• the outcome of the vascular renal access peer review.</li> <li>• the issue of a Prevention of Future Deaths (PFD) report from His Majesty's Coroner (HMC).</li> <li>• that an incident previously categorised as a never event has been downgraded.</li> </ul>	
<p><b>22.258 Infection Prevention and Control</b></p> <p><b>22.258.1</b> The Board received a report from the Executive Director of Nursing &amp; Midwifery and the Chairman welcomed Rebecca Gerrard to speak to the report:</p> <p><b>22.258.2</b> The following principal points were noted:</p> <ul style="list-style-type: none"> <li>• there are currently two Tier 1 infection prevention risks on the risk register.</li> <li>• COVID has continued to dominate the work of the IP team, but contacts no longer have to be tested and isolated and a reduced isolation time supported by LFT testing has enabled closed bays and wards to open more quickly, resulting in enhanced patient flow.</li> <li>• Visiting continues as pre-pandemic however, masks have been re-introduced across the Health Board. Isolating symptomatic and positive patients continues to be a challenge resulting in ongoing outbreaks and bed closures, especially when cohort wards are not available.</li> <li>• Safe Clean Care Harm Free Programme and progress with current campaigns; including the campaign to 'Be Proud of Our Place' with the launch of the 5S methodology, 'clear the clutter' and 'dump the junk'.</li> <li>• Estates and Facilities Infection Prevention Developments including 'forensic search' and ATP testing using the latest technology to highlight areas contaminated with body fluids, and an Air Purification trial taking place on Hebog ward in YG.</li> <li>• Decontamination; a strategic review of the decontamination of medical devices was carried out by the Shared Services Partnership in August and highlighted a number of concerns related to infrastructure, equipment and environment that will require significant investment over the next 10 years to modernise and meet national guidance.</li> <li>• Appropriate use of Antibiotics; BCUHB are on target for WG Improvement Goal to achieve a minimum 25% reduction in antimicrobial usage in the community; at end of 21/22 total reduction was 38.6%</li> </ul>	

<p><b>22.258.3</b> The Chairman observed that the charts showed the Health Board was running close to its trajectories. It was noted that appropriate measures were in place to tackle outbreaks although there were often not enough side rooms to effect timely isolation where required.</p> <p><b>22.258.4</b> In terms of hospital cleaning responsibilities, these were split between nursing and estates staff and there had been staffing issues across both. Progress had been made in reviewing the effectiveness of deep cleans. There was a bid to put in place a dedicated deep clean team.</p> <p><b>22.258.4</b> It was agreed there would be a follow-up report to QSE. The Chairman requested that a walk-round be arranged for him.</p>	<b>AW/RG</b>
<p><b>22.260 Nurse staffing</b></p> <p><b>22.260.1</b> The Board received a report from the Executive Director of Nursing &amp; Midwifery under the Nurse Staffing Levels (Wales) Act 2016, detailing the respective nurse staffing levels for each individual ward pertaining to sections 25B to 25E of the Act and meeting the <i>“duty to calculate and take steps to maintain nurse staffing levels”</i>.</p> <p><b>22.260.2</b> The Executive Director of Nursing &amp; Midwifery informed the Board that the process and the check and challenge have been improved. She expressed confidence in the Health Board’s ability to recruit the required staff. She agreed to include more in the report about the skills required.</p> <p><b>22.260.3</b> The Board received the report and the assurance in relation to the organisation meeting its statutory <i>“duty to calculate and take steps to maintain nurse staffing levels”</i> in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.</p>	<b>AW</b>
<p><b>22.261 Primary Care Report</b></p> <p><b>22.261.1</b> The Board received a report from the Executive Director of Integrated Clinical Services providing an overview of the services and highlighting work to develop a Primary Care plan/ strategy that is aligned to the strategic and clinical approach of the Health Board, and which seeks to provide a clear framework for delivering quality care closer to home.</p> <p><b>2.261.2</b> The Chairman invited the Executive Medical Director to introduce the report. The development of the dental academy was highlighted. There was increased demand on primary care which was being monitored.</p> <p><b>22.261.3</b> In relation to a question about actions to address pressures; it was agreed to take this matter outside the meeting. The different measurement of Managed and GMS practices would be clarified.</p>	

<p><b>22.261.4</b> There had been an issue with community pharmacies providing newly discharged patients with blister packs causing delays. The Executive Medical Director would discuss this outside the meeting.</p> <p><b>22.261.5</b> There was some opportunity to resume face to face consultation. The Executive Medical Director undertook to provide an update on the escalation levels.</p> <p>The Board noted:</p> <ol style="list-style-type: none"> <li>1. The growing demand for primary care services, and the impact this is having on sustainability</li> <li>2. The actions being taken together with primary care contractors and clusters, to manage this demand and best meet the needs of the people of north Wales</li> <li>3. To agree to a separate update report on Accelerated Cluster Development being brought to the Board at a later date</li> </ol>	<p>NL</p> <p>NL</p>
<p><b>22/262 Director of Public Health Annual Report – Mental Health and Wellbeing</b></p> <p><b>22/262.1</b> The Board received the report from the Executive Director of Public Health.</p> <p><b>22/262.3</b> The introduction covered the following as support factors for mental well-being:</p> <p><b>Being in good physical health</b> – Being active is the most protective life course action we can take for good mental health and wellbeing.</p> <p><b>Safe environment for family and friends, now and in the future</b> – Being part of a safe, nurturing neighbourhood is essential for mental wellbeing. Sadly, there are differences in mental wellbeing between affluent, deprived and disadvantaged communities. These are driven by the quality of schools, jobs, housing and neighbourhood.</p> <p><b>Being part of and supported by a community</b> – Strong family and community connections and networks are essential for building self-esteem and confidence to build social relationships that help reduce anxiety and stress.</p> <p><b>Being free of financial stress and being financially secure</b> – Wealth, or the lack of it, has a profound impact on mental wellbeing across all stages of life. Poverty causes stress, anxiety and poor health, and it reduces happiness, wellbeing and shortens lives.</p> <p><b>22/262.3</b> The Executive Director of Public Health reflected on the effect of Covid on people’s mental well-being. She thanked the third sector for their contributions. The purpose of the report was to generate debate about what could be done to improve mental well-being.</p>	

<p><b>22/262.4</b> Board members welcomed the report. The report would be taken out into the community through a range of means.</p>	
<p><b>22/263 Update of Register of Approved Clinicians and of Section 12(2) Doctors</b></p> <p><b>22/263.1</b> The report from the Executive Medical Director detailed an update of the Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.</p> <p><b>22/263.2</b> The Board ratified the updates for this period 25th August– 4th November 2022.</p>	
<p><b>22/264 GOVERNANCE</b></p>	
<p><b>22.265 - Targeted Intervention Report</b></p> <p><b>22.265.1</b> The Board received the report from the Interim Chief Executive, which was addressed by the Acting Deputy CEO who reminded the Board that progress to level 3 was challenging.</p> <p><b>22.265.2</b> The Welsh Government placed the Health Board into Target Intervention in March 2021. Through this process BCUHB evidences sustainable changes and improvements to Welsh Government. The Health Board's Executive and Senior Teams are committed to improve the services and to exit the intervention when this can be evidenced.</p> <p><b>22.265.3</b> The Targeted Intervention framework is based upon a maturity matrix for 6 domain areas. Every six months the Board is required to make a self-assessment of progress and to set a target for the following six months. The report outlined the process to establish a self-assessment position for BCUHB for November 2022 and a target position.</p> <p><b>22.265.4</b> The Board had received comprehensive details of all the maturity matrices, evidence submitted and current progress at the Board Workshop on 13 October 2022. The Workshop asked that the TI Steering Group moderate the self-assessment scores. The Board approved the self-assessments shown below.</p>	

Domain	Board Agreed Target for November 2022 (at May 2022 Board)	Recommended Maturity Matrices point prior to Board Workshop and TI Steering Group Moderation	Recommended Reference Point for November 2022. (Moderated at October TI Steering Group)	Recommended Target for May 2023. (Moderated at October TI Steering Group)	Recommended Target to achieve by November 2023 (Moderated at October TI Steering Group)
All ages Mental Health	3	2	2	2	3
Strategy & Planning	3	2	2	2	3
Leadership	2	2	2	2	3
Engagement	4	2	2	3	3
Performance	N/A	2	1	1	2
Ysbyty Glan Clwyd	N/A	1	1	2	2

**22.266 Chair's Actions Report**

There were no matters to report.

**22/267 Committee and Advisory Group Chair's Assurance Reports**

**22/267.1** The Board received reports and escalations from the following meetings:

Cabinet  
Performance, Finance & Information Governance Committee  
Partnerships, People and Population Health  
Local Partnership Forum  
Mental Health Capacity and Compliance Committee  
Targeted Intervention Improvement Steering Group  
Quality, Safety & Experience Committee

The Chairman invited the leads from these meetings to highlight significant points to the Board:

**22.267 - Cabinet Report**

The report from the Cabinet encompassed 5 meetings that had taken place in July and August 2022. The principal themes related to vascular targeted intervention and make it safe (paediatrics).

**22.268 - Performance, Finance & Information Governance Committee – 27 October**

The discussions around the financial position and recovery were highlighted.

**22/269 Partnerships, People and Population Health – 13 September and 8 November**

The planned Board Workshop on 15 December was highlighted.

<p><b>22/270 Local Partnership Forum – 11 October</b></p> <p>Noted.</p> <p><b>22/271 Mental Health Capacity and Compliance Committee – 4 November</b></p> <p>Noted.</p> <p><b>22.272 Quality, Safety and Experience Committee (QSE) – 1 November</b></p> <p>The Chair confirmed that a response had been received to the Committee's report to the 29 September Board.</p> <p><b>22.273 Targeted Intervention Steering Group – 22 September and 24 October</b></p> <p>Noted.</p>	
<b>PERFORMANCE AND DELIVERY</b>	
<p><b>22/274 Integrated Quality &amp; Performance Report</b></p> <p><b>22.274.1</b> The Board received the report from the Executive Director of Finance. It was noted that a range of performance matters had been discussed already today.</p> <p><b>22.274.2</b> The report highlighted the following matters of concern:</p> <ul style="list-style-type: none"> <li>• Patients waiting more than 8 weeks for a specified diagnostic continues to increase from 7,389 (Aug 2021) to 9,464 (September 2022)</li> <li>• Number of patients waiting over 52 weeks for a new outpatient appointment has started to slowly increase from 23,076 (Jan 2022) to 26,515 (August 2022)</li> <li>• Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% has increased from 55,286 (Aug 2021) to 61,488 (September 2022)</li> <li>• Number of patients waiting more than 36 weeks for referral to treatment has increased from 55,295 (Aug 2021) to 64,871 (July 2022) but looks to be stabilising with 64,788 reported for September 2022</li> <li>• Agency spend as a percentage of the total pay bill had increased from 4.8% (Aug 2021) to 7.2% (July 2022) but is starting to fall at 6.5% in September 2022</li> </ul>	
<p><b>22/275 Annual Plan Monitoring Report</b></p> <p><b>22/275.1</b> The Board received the report from the Executive Director of Finance. It was noted that 49 schemes were monitored, 24 were on track, 19 off-track and mitigated; 6 programmes were on hold/not progressing.</p>	

<p><b>22/275.2</b> It was agreed that further improvements to the report to provide better and information assurance for independent members as to progress. The Chairman suggested that the Director of Executive Director Transformation and Planning meet with committee chairs to re-launch the report for 2023/24.</p> <p><b>22/275.3</b> The Chairman reflected on progress with stroke services. On Radiology, he was concerned about addressing wait times. The Director agreed to pick this up in the next report on Planned Care.</p>	<p><b>CS</b></p> <p><b>PO</b></p>
<p><b>PEOPLE AND RESOURCES</b></p>	
<p><b>22.276 - Finance Report - month 6 and 22.277 Savings and Recovery Report</b></p> <p><b>22.276.1</b> The Board received the reports from the Director of Finance and the Chairman took them together. The Chairman invited the Acting Director of Finance to introduce the reports.</p> <p><b>22.276.2</b> The M6 report confirmed that the cumulative position for the year is a deficit against plan of £3.2m. The Health Board was forecasting a £10m deficit by the end of the financial year. The Executive Team has set up a Financial Recovery Group in order to oversee improvements in the financial position and a financial recovery plan.</p> <p><b>22.276.3</b> Savings delivered in the 6 months to September 2022 was £8.6m against a plan of £9.2m, a shortfall of £0.6m. Non-recurrent savings delivered were £3.4m. The savings forecast is £15.2m, which is £19.8m behind the target of £35m for the year.</p> <p><b>22.276.4</b> The Acting Director of Finance highlighted the inflationary and volume pressures arising from Continuing Health Care (CHC), prescribing and medically fit for discharge. The recovery plan mitigations resulted in the current forecast. There was £8m of slippage on Welsh Government funding – any decision to recover this would affect the Health Board’s position. The Health Board would need to request strategic cash support from the Welsh Government in relation to its forecast deficit position.</p> <p><b>22.276.5</b> Additional support around prescribing pressures had been requested as part of an all Wales initiative. The Recovery Plan mitigations submitted by the Integrated Healthcare Communities were being validated by the Executives. This would be considered by PFIG.</p> <p><b>22.276.6</b> In relation to the Health Board’s position with local authority creditors reported in local media for Flintshire CC, the Acting Director of Finance described the way that CHC packages were managed. He confirmed there was regular dialogue with local authority partners. A member briefing had been requested on this matter.</p> <p><b>22.276.7</b> In terms of the assumptions on the deficit, there was scheme-by-scheme evidence which was continually being tested in conjunction with operational leads. On agency spend, the reported position was deteriorating; the</p>	

<p>PFIG Committee would be receiving further analysis in relation to pre-covid. The release of the annual leave accrual would entail a return to pre covid rule about annual leave carry over.</p> <p><b>22.276.8</b> The Finance Department would present the options to the Executive if it became necessary to make choices that might impinge on quality. There would be very careful scrutiny of any such ideas. The Interim Chief Executive stressed that the approach remained focused on efficiency gains.</p> <p><b>22.276.9</b> The current profile was for £10m deficit at year end. However to comply with the three year rule the aspiration was to break even. It was noted that the Finance Department continued to provide senior presence and capacity supporting the IHCs and a central costing service.</p> <p><b>22.276.10</b> Differences between detailed figures shown on pages 6 and 10 of the report were due to differences in how income was recorded. The Acting Director of Finance undertook to provide a reconciliation in this regard.</p> <p><b>22.276.11</b> There was joint working with the transformation team in relation to the savings plan to re-balance transformational and transactional savings.</p> <p>The Board noted the reports.</p>	<b>RN</b>
<b>CLOSING BUSINESS</b>	
<p><b>22.278 Items to Refer to Committees</b></p> <p>The savings and recovery position would remain escalated until after the next PFIG meeting.</p> <p><b>22.258 Infection Prevention and Control – Report to QSE on cleaning</b></p>	<b>AW</b>
<p><b>22/279.1 Review of Risks Highlighted within the Meeting</b></p> <p>There was nothing to note.</p>	
<p><b>22/280 Summary of Private Board Business to be reported in Public</b></p> <p>The report was noted.</p>	
<p><b>22/281 Date of Next Board Meeting</b></p> <ul style="list-style-type: none"> <li>• 26 January 2023</li> </ul>	
<p><b>22/282 Exclusion of Press and Public</b></p> <p><b>22/282.1 It was resolved that</b> 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</p>	



prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.	
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