

**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Extraordinary Public Health Board meeting
on 15 February 2022 via Zoom conferencing**

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
John Cunliffe	Independent Members
John Gallanders	Independent Members
Sue Hill	Executive Director of Finance
Jaqueline Hughes	Independent Member (Trade Union)
Medwyn Hughes	Independent Member
Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Richard Micklewright	Independent Member
Lucy Reid	Vice Chair
Chris Stockport	Executive Director of Primary and Community Services
Helen Stephens-Jones	Director Of Partnerships/communications And Engagement
Linda Tomos	Independent Members
Jo Whitehead	Chief Executive

In Attendance:

Gareth Evans	Clinical Director Therapy Services, Therapies & Health Science
Jodie Evans	Corporate Governance Officer (<i>for live streaming</i>)
John Morrell	Senior Server & Cloud Infrastructure Engineer, Informatics (<i>for technical support</i>)
Philippa Peake-Jones	Head of Corporate Affairs (<i>for minutes</i>)
Llinos Roberts	Executive Business Manager (<i>for live streaming</i>)
Claire Wilkinson	Deputy Director - Operational Workforce, Workforce & Organisational Development

Agenda Item	Action
22/48 Chairman's Opening Remarks	
22.48.1 The Chair welcomed attendees to the meeting.	
22/49 Apologies for Absence	
22.49.1 Apologies for absence were noted from Nichola Callow, Cheryl Carlisle, Morwena Edwards, Sue Green, Gill Harris, Sue Hill, Adrian Thomas.	
22/50 Declarations of Interest	

22/50.1 Declarations of interest were received

22/51 Vascular Services

22/51.1 The Chair opened the discussions by expressing his significant concerns in light of the two reports produced by the Royal College of Surgeons (RCS). He commented that since the change to the service model, the Board had sought assurance at many points both about the implementation of the new service model and the quality and safety of the services provided to patients. It was noted that on those occasions the Board had been provided with reassurance on these matters from a number of officers.

22/51.2 The Chair noted that in 2020 the Board instructed that an independent review of vascular services be undertaken. This was following the completion of an internal review that was not acceptable to the Board as it did not satisfy the Board's expectation of independence nor was it considered to be sufficiently comprehensive. Consequently concerns have mounted rather than been allayed, reinforced by the patient engagement work and feedback report delivered by the Community Health Council (CHC). This led to the Health Board's instruction for a further and truly independent review to be undertaken, with the RCS asked to undertake this.

22/51.3 The Chair advised that the two reports by the RCS and the range and level of concerns they highlight, showed categorically that the Board and others were right to be concerned and demonstrate significant inadequacies and failures that are completely unacceptable. It was noted that as well as considering the direct responses to the reports and their recommendations there is an immediate need to:

- Demonstrate urgency in all matters concerned with this service
- Determine whether harm has been and/or continues to be caused to patients
- Re-examine the quality and safety of all services and determine whether some services should be provided by a vascular service external to North Wales
- Consider whether any aspects of the service should be suspended
- Examine the basis upon which a number of people sought to reassure the Board
- Examine whether some of the failings highlighted – e.g. in the areas of informed consent, clinical record keeping and multi-disciplinary team working are to be found in other service areas across the Health Board
- Improve the line of sight between the point of service delivery, the Executive team and senior managers and onto the Board

22/51.4 The Chair stated that he knew that the Chief Executive and her team, particularly the new Executive Medical Director shared the significant concerns held by the wider Board. He invited them to share their own observations and the proposed response to the two RCS reports.

22/51.5 The Chief Executive acknowledged the commitment of the Health Board to

improve vascular services as highlighted by the commissioning of the RCS review. The Chief Executive reminded colleagues that the first part of the report had been received in 2021 with the second part of the report being under consideration at the meeting today. It was highlighted that the Health Board accepts the findings of the report in full and reiterates its commitment to learn and improve vascular services. The Chief Executive apologised to the patients and their families, Board colleagues, the CHC and Welsh Government (WG) for the time it had taken to implement the vascular network in North Wales, and committed to the implementation of the improvement plan which the Executive Medical Director would discuss later in the meeting.

22/51.6 The Chief Executive advised that conversations with regulators including with regulators of individual professional practice had commenced and that due processes would be followed on all such matters, should these be regulatory or any other action be required. It was noted that the Health Board would provide monthly monitoring to the Minister for Health and Social Services on progress being made on the implementation of part 1 and part 2 of the RCS review. The Chief Executive reiterated her commitment to improvement and acknowledged and expressed support for the many committed and hardworking clinicians and MDT members who have worked tirelessly within the service as improvement work continues.

22/51.7 The Executive Medical Director acknowledged that the second part of the RCS review describes a clinical service that has not always treated patients in a way that is acceptable or is right. He apologised to those families who have been let down and expressed unwavering commitment to the work to deliver sustainable, reliable and effective improvements.

22/51.8 The Executive Medical Director expressed his sadness as a physician himself at some of the report findings and commented on his own view of the importance of good professional standards and ethics. He gave a personal commitment to making the changes that the RCS recommends. Board members were reminded that the report should be read alongside the first RCS report published in March 2021.

22/51.9 The Executive Medical Director advised that he would summarise how improvements to the safety, quality and patient experience for every patient who entrusted their care to the BCUHB vascular service will be taken forward. He emphasised that in the review, the RCS did support the networked model of care and highlighted that there was no recommendation received around cessation of services due to safety concerns.

22/51.10 The Executive Medical Director advised that the existing vascular services improvement plan would be overseen by the recently reinvigorated Vascular Steering Group. It was noted that this group is already driving some improvements including the recruitment of senior medical staff, one of whom came into post at the end of last month. It was noted that a further three speciality doctors had been appointed and would commence their contracts in the next few months. The Board noted the 'state of the art' vascular hybrid theatre on the Ysbyty Glan Clwyd site and other positive aspects of clinical service, including the support of interventional radiologists.

22/51.11 The Executive Medical Director highlighted the points below which have been undertaken immediately or committed to following receipt of the most recent RCS review:

- The creation of the Vascular Quality Panel which will have an external Chair. The individual would be confirmed within the next few days.
- A review of all cases included within the second RCS report will be undertaken and contact with patients and families will be made to consider whether any further care or clinical action is needed to ensure that the Health Board fulfils its duty of candour. It was noted that importance of this exercise cannot be underestimated.
- Urgent work is already underway with a weekly review of notes in the vascular service with an improvement cycle in place.
- Training is in place to ensure consent standards are well understood and are of the expected standard.
- Closer working with Liverpool University Hospitals NHS Trust has commenced to support MDT decision making as recommended in the RCS report. The MDT will work alongside external clinicians to improve the quality of care, building on discussions that were underway before receipt of the most recent report.
- Changes have been made to support the leadership capacity in the service with additional plans in place to further strengthen the leadership and to give confident internal and external assurance that service improvements are effective.
- The need to ensure that individuals, whatever their role, have worked within the professional standards laid down by their professional regulator. The findings of the report, and current actions, have been discussed in detail with the General Medical Council and the Nursing and Midwifery Council.

22/51.12 The Executive Medical Director acknowledged the need and recognised the commitment of the Health Board, to consider any lessons from the review of the vascular service, both in terms of the implementation of the reconfiguration of clinical services and for our leadership and clinical teams in terms of note keeping, consent and communication with patients

22/51.13 The Executive Medical Director stated that despite the notes of caution shared, he acknowledged the hard work and commitment of so many of BCUHB staff in developing the vascular service, noting that every month patient stories are heard in the Vascular Steering Group sharing the commitment and the compassion of staff.

22/51.14 An Independent Member expressed concerns that in previous background papers that the Board had received, it was noted that there was both

the capacity and capability to establish the facility at Ysbyty Glan Clwyd but that it appeared that neither were in place.

22/51.15 The Executive Medical Director advised that everything possible was being done to recruit and retain the appropriate capacity and capability required for the service and that any issues with this would be reported to the QSE Committee and the Board. The Chief Executive advised that an independent learning review had been commissioned so the organisation could learn from this service reconfiguration and apply to any service changes in the future.

22/51.16 The Chair acknowledged that while the RCS had underwritten the service model as implemented, however queried whether the Executive Team felt confident that it remained the appropriate one.

22/51.15 The Executive Medical Director advised that in his view, the 'hub and spoke model' was the right one and he noted that both RCS and other external colleagues with expertise in this area had concurred unanimously with this view. The RCS had suggested obtaining external expertise to support the development of the MDT and expressed sincere thanks to University Hospitals Liverpool NHS Foundation Trust for providing this support.

22/51.16 A discussion took place around recruitment timelines for full staffing to deliver the model. The national recruitment challenges were highlighted but the Executive Medical Director agreed to keep the Board informed. The Chair noted that he expected this to be part of the regular update the Board would be receiving.

22/51.17 An Independent Member thanked the Chair, Chief Executive and Executive Medical Director for their comments and asked how they intended to keep the Board informed of progress or any deterioration.

22/51.18 The Executive Medical Director advised that the Steering Group would review control mechanisms supported by the external oversight described earlier and this would form the basis for further reporting. It was however acknowledged that challenges would remain within these services. The Chief Executive advised that in addition, a review of how the Board to ward site visits are directed and undertaken would take place and would be accompanied by a review of the clinical audit programme to ensure that there is a stronger link with services such as vascular.

22/51.19 The Vice Chair noted that despite regular reporting to both Board and the QSE Committee, it was concerning to be in the current position and asked what would be different this time around and raised the question whether other services could be in the same position. The Executive Medical Director advised that with the triangulation of the different sources of data, it would take some time to get a fuller picture. An annual clinical audit plan which included a review of clinical notes and consent will support with this and ensure that the organisation prioritises learning. A discussion ensued regarding professional standards with Board members noting that the professional standards and processes are being followed.

22/51.20 An Independent Member queried what support the Vascular Service

Team are receiving to ensure that they have their voice heard. The Executive Medical Director highlighted the professional standard packages and workshops being offered but that more pastoral support was required and would be provided. It was noted that staff are attending a meeting shortly to discuss this issue.

22/51.21 A discussion took place concerning the Vascular Steering Group and the structure and remit. It was noted that at each meeting a patient story is heard, data incidents are shared, complaints are reviewed, quality markers are examined and regular reports are received from the supporting work streams. The CHC are in attendance as is a patient representative. There is a Vascular Oversight Group comprising of senior leaders who are reviewing operational detail, reviewing the action plan and monitoring recruitment. It was restated that the Vascular Panel will be chaired by an external chair. The Chair advised that he and the Vice Chair would like to meet with the Independent Chair prior to appointment so that they could highlight the assurances the Board is seeking.

22/51.22 An Independent Member questioned what support was being offered to patients and their families who used the service. The Executive Medical Director advised that one of the recommendations from the RCS report and the key focus of the Quality Panel would be to contact the relatives, patients, carers of the 44 cases in addition to the 6 cases whose notes were not able to be reviewed. It was noted that complaints and incidents are being reviewed to ensure we are supporting families and patients. It was highlighted that as this understanding develops, it may well be that we need to reach out to more groups and families to ensure that we are discharging our duty of candour. The Chair requested that the vascular reports to QSE Committee should include assurance on safety of previous services, current services and any harm caused once this information is known and understood.

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22/51.23 The Board discussed finance and budget concerning staffing revenue and capital investments. It was noted that there is a vascular component within the IMTP and a recognition that further revenue investment is required. The Executive Medical Director suggested that the limiting factor would not be resource, but rather it would be recruitment and finding the right people to be employed. It was noted that there was no significant capital investment required given the hybrid theatre is already in situ. The Board discussed the level and risks associated with agency staff.

22/51.24 An Independent Member queried the reference to 'missing images' within the report. It was noted that the images were not always available to those reviewing the cases but that imaging would be reviewed in the MDT with the support of University Hospitals Liverpool NHS Foundation Trust.

22/51.25 The Chair concluded that as a Board there is an expectation that progress will be made with significant urgency. It was noted that the Executive Medical Director had demonstrated the appropriate challenge to the services where needed which would continue. The Chair advised that he would report to the Minister and the Board on the matter on a monthly basis.

With no further comment raised, the meeting concluded at 11:27.	
22/52 Date of Next Meeting	
22/52.1 The next Health Board Meeting will take place on 10 March 2022	