



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Annual General Meeting held in public on 29th July 2021

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
Clare Budden	Chair of Stakeholder Reference Group
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services
Gareth Evans	Chair of Healthcare Professionals Forum
Sue Green	Executive Director of Workforce & Organisational Development
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Eifion Jones	Independent Member
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive

In Attendance:

Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Jody Evans	Corporate Governance Officer (<i>for livestreaming support</i>)
Sioned Jones	Translator
Dylan Owen	Informatics (<i>for livestreaming support</i>)
Llinos Roberts	Executive Business Manager (<i>for livestreaming support</i>)

Agenda Item Discussed	Action By
<p>A21.1 Welcome and Introduction</p> <p>A21.1.1 The Chair welcomed all attendees and observers to the Annual General Meeting of the Health Board which was being live streamed. He reminded members that they were welcome to contribute in the language of their choice as simultaneous translation was available.</p> <p>A21.1.2 The Chair noted that apologies had been received from Prof Arpan Guha and Mr Mark Wilkinson. He welcomed the following members who had joined the Board in recent</p>	

months to their first Annual General Meeting - Jo Whitehead, Linda Tomos and Clare Budden.

A21.2 Annual Report and Accounts 2020/21

The Chief Executive noted that the Annual Report had been shared with the papers and was available on the external website. She indicated that its presentation would be covered as part of the ensuing slide sets.

A21.2.1 Annual Report

A21.2.1.1 The Chief Executive introduced a short video which had been developed to highlight the challenges and successes of 2020-21. She then delivered a presentation which encompassed:

- Reflections on an exceptionally challenging year;
- Key achievements
- The organisation's response to Covid-19
- Looking to the future in terms of patients, partners, staff and systems

A21.2.1.2 The Chair wished to acknowledge the work that the Chief Executive had highlighted, particularly the commitment and dedication shown by staff during the pandemic. He commended the vaccination programme which had successfully been delivered as a result of excellent partnership working and he looked forward to building upon those improved relationships.

A21.2.2 Annual Financial Accounts

A21.2.2.1 The Executive Director of Finance delivered a presentation which encompassed:

- Performance against the statutory financial targets to break even and to prepare an Integrated Medium Term Plan;
- Performance against other financial targets around payment of non-NHS invoices and closing cash balances;
- Revenue expenditure;
- Expenditure by division and by category;
- Agency staff use;
- Capital investments;
- Covid-19 funding including expenditure on field hospitals;
- Welsh Government strategic support;
- Confirmation from Audit Wales that there were no material misstatements or reporting inconsistencies identified;
- That the Auditor General had issued an unqualified audit opinion on the financial statements and a qualified opinion on regularity.

A21.2.2.2 The Chair referred to the matter of staff vacancies and indicated that on a recent visit to the Emergency Department in Wrexham Maelor Hospital senior staff there

had been complimentary around the progress being achieved in terms of nurse recruitment. The Executive Director of Workforce and OD welcomed this positive feedback and also reiterated the importance of retention as well as recruitment. She commented on the agency expenditure and that the challenges of the pandemic had required the organisation to be able to recruit quickly and in an agile way which had resulted in a significant increase of both registered and unregistered colleagues.

A21.3 Forward Look

A21.3.1 The Chief Executive delivered a presentation which encompassed:

- A return to 'business as usual' shaped by the learning of the last 18 months;
- A stronger emphasis for the organisation on transformation, appropriate use of digital options and improved citizen engagement;
- Key priorities of planned care, prehabilitation, diagnostic treatment centres, mental health including children's services, urgent unscheduled care, digital healthcare options, robotic assisted surgery, stroke care, care pathways, refresh of Living Healthier Staying Well Strategy and Targeted Improvement.

A21.3.2 The Vice Chair wished to record her thanks to all the primary care providers for their flexibility during the pandemic and to acknowledge that face to face consultations had continued to be provided where necessary. She welcomed the area of work around patient care pathways and suggested that this area could have a significant impact on patient safety and patient experience. She noted that new ways of delivering care had been explored and implemented as a result of the pandemic and that some of these could appropriately continue but that effective communications and engagement processes would be essential to manage public and patient expectations. The Chief Executive echoed her thanks to primary care colleagues and felt there were opportunities to review a whole system pathway approach to self care and prevention to avoid unnecessary secondary care interventions, and to embed innovative challenges that had been utilised during pandemic.

A21.3.3 The Chair of the Finance & Performance Committee noted there was currently a more positive outlook in terms of confirmation of financial support from Welsh Government, the work around pathways and the use of digital technology. He felt that the Board was much better placed to achieve its transformation goals.

A21.3.4 The Chair indicated that the Board was committed to refreshing its Living Healthier Staying Well Strategy to ensure it was clear on its ambition and priorities for the medium to long term. In addition the planning process for the Annual Plan and the Integrated Medium Term Plan (IMTP) had been determined and it was expected that the Board would see the first version of the IMTP in December 2021. He also acknowledged that the Board had received additional in-year funding for the next three years plus specific Covid related financial support and that it was important to ensure that these resources were directed towards not only the immediate pressures but also to enable transformation and the delivery of service improvement. He referred to an update that the

<p>Executive Director of Primary Care and Community Services had provided regarding moving ahead with the transformation agenda and he asked that this be shared with Board members. Finally the Chair noted that work continued against the Targeted Intervention Improvement Framework with a positive tri-partite meeting recently showing signs of increased confidence with the organisation.</p>	CS
<p>A21.4 Q&A Session</p> <p>A21.4.1 The Chair stated that advance questions had been invited from members of the public and following discussion at the AGM would also be responded to in writing. He noted that any questions that pertained to an individual patient or staff member would be responded to outside of the meeting.</p> <p>A21.4.2 The first question had been submitted by Mr Derek Browne of the Royal College of Nursing (RCN) and read <i>“How has the Health Board complied with the Nurse Staffing (Wales) act 2016 legislation throughout the pandemic and what preparations are in place for the extension of section 25b of the act to paediatrics?”</i> The Executive Director of Nursing and Midwifery responded that staffing reviews continued to be undertaken in line with the Act as referenced in the Health Board’s Nurse Staffing Policy, noting the deferral of acuity audits as an all Wales decision. During the pandemic these reviews were dynamic due to the repurposing nature required of wards to meet the needs of the pandemic. Daily Health Board Nurse Staffing Deployment Meetings were convened as an incident management response to support staffing escalation requirements. Significant recruitment had been undertaken (both substantive and temporary) as part of the organisational response to the Covid-19 pandemic preparation and also the Covid-19 vaccination programme. In preparation the Health Board had also provided a range of upskilling opportunities for nursing teams, non-clinical staff, allied health professionals and public volunteers which further facilitated the Health Board’s response to the first wave of the unprecedented COVID 19 pandemic which has then continued throughout with support from University colleagues. Surge plans were developed in response to the Covid-19 pandemic data modelling issued by Welsh Government, these were monitored alongside actual data and amended accordingly reflecting the staffing position in the Health Board. The Paediatric Service were progressing work to meet the legislative requirements of the Act due to come in to force in October 2021 with actions being closely tracked to ensure readiness and that national milestones are met. Staff had been familiarising themselves with the methodology as the Paediatric Welsh Levels of Care were already well embedded. Both acuity and staffing data was collected on a daily basis with a validation exercises underway to ensure consistency of use across the three inpatient units. The Executive Director of Nursing and Midwifery concluded by adding her personal thanks to staff who were redeployed outside of their usual work area, for their flexibility and commitment.</p> <p>A21.4.3 The next question had also been submitted by Mr Derek Browne of the RCN and read <i>“What is the compliance with PADR and mandatory training? I’m aware manual handling compliance is identified as a risk, it would be reassuring to know there is immediate action being taken to address this.”</i></p>	Execs

The Executive Director of Workforce and OD responded that the organisational appraisal rate was currently 71% which was an improving position although she accepted it was not where the organisation would wish to be. She indicated that part of the Stronger Together approach would be to identify alternative ways that individuals could be empowered to have meaningful conversations around performance and objectives. In terms of mandatory training compliance this had also been impacted by the pandemic but every effort was made to ensure staff could still access and participate. The manual handling training was one element that ideally required face to face delivery for clinical staff and had been significantly impacted both in terms of availability of staff to deliver the training and the ability to deliver the training in a Covid-safe manner. She wished to record her gratitude to trade union partners for their support in developing a programme for manual handling training which had been well supported and noted that a further proposal in development. Interim measures ensured that risk assessments were undertaken on an individual and service basis.

A21.4.4 The next question had also been submitted by Mr Derek Browne of the RCN and read *“What has been the staff turnover during the pandemic and what strategies are the Health Board putting in place for recruitment and retention?”* The Executive Director of Workforce and OD responded that turnover had dropped in BCU, in line with the rest of Wales and other parts of the UK, during the 2020 pandemic but had now increased again. There was recognition that the organisation needed to do things differently around recruitment pathways. She acknowledged the importance of retention as well as recruitment, to ensure that valuable skills and experience were retained within the organisation. In addition the exit process had been enhanced.

A21.4.5 The next question had also been submitted by Mr Derek Browne of the RCN and read *“What are the top three priorities within the recovery plan?”* The Executive Director of Nursing responded that these were:

- Re-starting all planned cares services post pandemic. This was now complete (from mid-July) and the Board was building towards previous capacity levels notwithstanding that social distancing had reduced some capacity.
- Whilst treating this year’s activity the organisation would also treat the cohort of patients that were not treated either before the pandemic or during the pandemic. These had been broken down by specialty and calculations made on how long it will take. The capacity required would be delivered through additional clinical sessions, outsourcing with the independent sector and insourcing.
- Transform services to improve patient outcomes and reduce waiting times. This would be achieved via a six-point recovery plan but would also include new pathways, straight to test for patients who are waiting longer for their treatment, modernising out-patient services and pursuing a diagnostic and treatment centre approach.

A21.4.6 The final question was submitted by Mr Phil Jones, on behalf of Hanmer Surgery Patient Action Group and read *“Does the Health Board agree with Welsh Government that the future-proofing of its primary care premises is essential for sustainability? GPs currently working in your premises, designed and built as recently as 2017, report as not having space to house community health staff. This situation will be made more acute by*

the current trend in migration from urban into rural areas together with the increased ability to work from home. How will the Board ensure that flexibility for the future is included in all new primary care builds?" The Executive Director of Primary Care and Community Services assured those present that the Board fully acknowledged the importance of ensuring primary care premises could support the sustainability of primary care services. He stated that the delivery of more care closer to home was the clear intention but this could only happen if the primary and community care estate was fit for purpose and to achieve this, transformation was required. The Welsh Government had recently commissioned a review of all GP practice facilities in Wales. The outcome of this review is awaited which will then inform an improved patient focused estates strategy to facilitate timely care in a modern, fit-for-purpose environment. There were currently two new primary care builds underway in Ruthin and Waunfawr together with a range of improvements to existing buildings. The pandemic had highlighted that many of the buildings were not designed to cope with such challenging situations. Flexibility would be key and the Health Board would work closely with NHS Wales Shared Services to maximise this whilst working within best practice and funding rules. As part of this, opportunities were being taken to improve services in Hanmer to ensure more sustainable services. The Chair enquired whether subject to the nature of premises and contract there were limitations in terms of the nature of investment that could be offered and it was confirmed there were rules in terms of what the primary care estate should look like and the Board had only ever built within those rules. However there was an ongoing conversation as to whether those rules remained fit for purpose.

A21.5 Concluding Remarks

A21.5.1 The Chair extended his thanks to the Executive Team for their work and the delivery of the presentations to the AGM. He also wished to record that this was Mr Eifion Jones' last full Board meeting before he left to take up another role. The Chair noted that Mr Jones had joined the Board in August 2019 and had provided a valuable input to Board and Committee discussions in particular the Finance and Performance Committee. He also wished to thank him for his support personally to himself as Chair.

A21.5.2 Finally the Chair reported that the Board was currently recruiting to three Independent Member vacancies and he would be pleased to receive any interest from members of the public wishing to represent their communities.