



**Betsi Cadwaladr University Health Board (BCUHB)**  
**Minutes of the Health Board meeting livestreamed in public**  
**on 11.3.21 via Zoom**

**Present:**

Mark Polin	Chair
Louise Brereton	Board Secretary
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Chair of Healthcare Professionals Forum
Sue Green	Executive Director of Workforce & Organisational Development
Arpan Guha	Acting Executive Medical Director
Gill Harris	Executive Director of Nursing & Midwifery / Deputy Chief Executive
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
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group

**In Attendance:**

Kate Dunn	Head of Corporate Affairs ( <i>for minutes</i> )
Simon Evans-Evans	Interim Director of Governance
Lowri Gwyn	Translator
Louise Howard-Baker	Assistant Director for Medicines Management – East ( <i>part meeting</i> )
John Morrell	Senior ICT Systems Engineer ( <i>for livestreaming support</i> )
Berwyn Owen	Chief Pharmacist ( <i>part meeting</i> )
Llinos Roberts	Executive Business Manager – Chair's Office ( <i>for livestreaming support</i> )
Sally Thomas	Head of Equality, Diversity & Human Rights ( <i>part meeting</i> )

Agenda Item	Action By
<b>21/31 Chair's Introductory Remarks</b>	
<b>21/31.1</b> The Chair welcomed everyone to the meeting which was being livestreamed. He confirmed that Welsh to English simultaneous translation was available.	
<b>21/31.2</b> The Chair reported that the following Chair's Actions had been agreed since the last meeting:	

<ol style="list-style-type: none"> <li>1. To allow the Health Board Claims Manager to commence negotiation regarding settlement of a high value claim relating to ophthalmology</li> <li>2. To approve recommissioning of General Dental Services in Colwyn Bay and Caernarfon via novation of existing contract</li> <li>3. To approve procurement Haematology and Coagulation Managed Service Contract</li> <li>4. To approve Business Justification Case for Cancer Services CT Simulator</li> </ol>	
<p><b>21/32 Chief Executive Officer Report</b></p> <p><b>21/32.1</b> The Chief Executive presented her written report to members. She highlighted her sincere thanks to staff and partners for their ongoing efforts in the management of the pandemic, and to colleagues who had welcomed her so warmly on her visits to sites across the Health Board area to date.</p>	
<p><b>21/33 Apologies for Absence</b></p> <p><b>21/33.1</b> None received.</p>	
<p><b>21/34 Declarations of Interest</b></p> <p><b>21/34.1</b> Declarations of interest were declared in respect of agenda item 21/48 (Sport North Wales Business Case) as follows:</p> <ul style="list-style-type: none"> <li>• Eifion Jones as Vice Chair of Adra Housing Association who were named within the paper as potential partners.</li> <li>• Ffrancon Williams as Chief Executive of Adra Housing Association who were named within the paper as potential partners.</li> <li>• Cheryl Carlisle and Medwyn Hughes as Council members of Conwy and Gwynedd Local Authorities who were to host staff for the project.</li> </ul>	
<p><b>21/35 Draft Minutes of the Health Board Meeting held in public on 21.1.21 for accuracy and review of Summary Action Log</b></p> <p><b>21/35.1</b> The minutes were approved as an accurate record and updates were provided to the summary action log.</p>	
<p><b>21/36 Committee and Advisory Group Chair's Assurance Reports</b></p> <p><b>21/36.1</b> The Chair stated that whilst the reports were presented as consent items he would wish to offer respective Chairs the opportunity to highlight any key points.</p> <p><b>21/36.2</b> The report of the Covid Cabinet meeting held on 4.2.21 was noted.</p> <p><b>21/36.3</b> The report of the Joint Audit and Quality, Safety &amp; Experience (QSE) Committee held on 24.11.20 was noted. The QSE Chair highlighted that whilst there had been clear progress in respect of the clinical audit programme across the Health Board there remained more work to do around embedding learning. The Chair of the Digital and Information Governance (DIG) Committee noted that the report requested DIG Committee to pick up</p>	

<p>the issue of maintaining GDPR requirements during Covid, but he did not recall having been made aware of this ask. The matter would be clarified outside of the meeting. The Health Board Chair asked whether the stated risk around Clinical Strategy development had been resolved and the QSE Chair indicated that it had not but as the Joint Committee only met annually there was a wider conversation around its role. The Health Board Chair asked the Chief Executive to arrange a conversation with himself outside of the meeting relating to the timeframe, engagement activity and route for the Clinical Strategy development.</p> <p><b>21/36.4</b> The report of the QSE Committee held on 15.1.21 was noted. The QSE Chair highlighted receipt of a report of a comprehensive review of the implementation of actions arising from the Holden report issued in 2013. She flagged that the QSE Committee had concluded that some of the learning had been lost and had supported a proposal for a strengthened governance process around tracking action plans for all future significant quality related reports and to ensure that clear close down reports were provided when actions had been implemented. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that this aspect would also be reflected through the mental health element of the Targeted Intervention and Maturity Matrix approach. The QSE Chair wished to record her thanks to the teams for their work in this review. The Health Board Chair noted a reference to concerns around scrutiny by the Risk Management Group, and the QSE Chair confirmed that matters had improved but there was still work to do.</p> <p><b>21/36.5</b> The report of the meetings of the Finance &amp; Performance (F&amp;P) Committee held on 28.1.21 and 25.2.21 was noted.</p> <p><b>21/36.6</b> The report of the Strategy, Partnerships &amp; Population Health (SPPH) Committee held on 23.2.21 was noted. The SPPH Chair wished to highlight the useful Committee workshop which had been held on the 2021-22 plan, and secondly that the Committee in considering a request to look at its risk appetite as part of the Board Assurance Framework and Corporate Risk Register paper, had felt that this was a task that should be undertaken at Board level. The Board Secretary indicated this view was common amongst other Committees and would be addressed at a Board Workshop towards the end of April. The Health Board Chair noted reference to the monitoring of Cluster Plans and asked the relevant Director to comment. The Executive Director of Primary and Community Services reported there was evidence of positive work and other conversations ongoing to the integration of cluster plans with the broader planning cycle. Finally the Health Board Chair noted the Committee had approved a revised Business Continuity Policy.</p> <p><b>21/36.7</b> The report of the Remuneration &amp; Terms of Service Committee held on 6.10.20 was noted.</p>	<p>LB</p> <p>JW</p>
<p><b>21/37 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</b></p> <p><b>21/37.1 It was resolved that</b> the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	



**21/38 Covid-19 Briefing**

**21/38.1** The Executive Director of Primary and Community Services delivered the presentation slides which reported that:

- Community levels had reduced since the last report and rates were broadly consistent across all Local Authority areas in North Wales, which reflected the impact of lockdown and early benefits of the vaccination programme.
- It would take a while longer before the impact could be seen on weekly hospital admissions.
- The latest figure for inpatients was 233 with the majority of these being within community hospitals.
- A large increase in inpatients at Ysbyty Gwynedd (YG) was reported as a result of the outbreak declared in late February. A range of interventions were in place and the situation was being closely monitored, with a decrease in cases now being seen. Additional infection prevention and control expertise and other required capacity had been secured for the site. A 'human factors' approach was being adopted to ensure that best practice was followed. An external review of the outbreak was being commissioned.
- Overall levels of Covid-19 amongst staff were reducing in line with community levels.
- With regards to operational implications some activity was being reintroduced on the Wrexham Maelor Hospital (WMH) site, however, some planned care activity for YG had been suspended. A triage approach had been adopted for affected patients.
- Pressure on critical care units had decreased slightly although all facilities remained very busy. 12 individuals were currently receiving enhanced critical care within BCU hospitals due to Covid-19.
- In terms of Test Trace Protect there continued to be sufficient capacity across North Wales. There had been a reduction in the total number of positive contacts however an increase in the number of contacts per positive case was starting to be seen and this was being closely monitored. Backward as well as forward contact tracing was being carried out. A lateral flow testing programme for staff continued.
- With regards to the vaccination programme as of 7.3.21 over 270,000 vaccinations had been given including 43,000 second doses. The supply reductions during February had been accommodated and supply was now increasing. BCUHB continued to follow the national plan in terms of milestones with current efforts now focused on achieving priority groups 5 to 9 by mid-April alongside delivery of second doses. Members were assured that anyone who missed their vaccination opportunity at the time that their priority group was being done would always be prioritised to ensure they were not left behind. In addition there was a proactive search process in place to target hard to reach populations. The Board was also following Welsh Government (WG) guidance on the vaccination of eligible unpaid carers.
- In terms of feedback from the Executive Incident Management Team (EIMT) there was a separate narrative paper and the Board were assured that any proposals involving significant change were supported by a risk assessment, were clinically led and had the involvement of infection prevention and safeguarding teams as required.

**21/38.2** A discussion ensued around the YG outbreak specifically. Members acknowledged the worry and concern that patients and relatives would be feeling, and also how disappointing it was for the staff themselves. The question was asked whether there was a connection with the community transmission rates locally and the outbreak, and the Executive Director of Primary Care and Community Services undertook to work with Public

<p>Health Wales (PHW) colleagues outside of the meeting to establish if data was able to confirm this or otherwise. Members were keen to understand how the outbreak had occurred in YG when lessons should have been learned from the WMH outbreak, whether it could have been preventable and whether it was now under control. The Executive Director of Nursing and Midwifery / Deputy Chief Executive confirmed that the Outbreak Control Team (OCT) on site was managing the situation and a number of wards had reopened over the last couple of days with four wards remaining affected. She felt this provided a level of confidence that the measures were beginning to take effect and that the external review would in time set out learning from the outbreak. It was impossible to say that there would never be another outbreak but members were assured that every effort was being made to reduce the impact of the current situation in YG. She added that she had visited the site recently and there was a palpable difference in terms of visibility of controls, and she would wish to commend the teams of volunteers and healthcare support workers who were robustly challenging visitors to the site to ascertain the need for them to be there. In addition all hospital sites were being asked to undertake a self-assessment based on learning from other outbreaks, and the Safe Clean Care brand had been reinvigorated with additional support from corporate communications and estates/facilities teams. The Acting Executive Medical Director had also visited the YG site and noted the benefits of visible medical leadership. A member made reference to the human factors approach being taken and the Executive Director of Primary Care and Community Services responded that broadly this was focused on behaviours and occasions where processes may be being circumvented and that he would be happy to share some further detail outside of the meeting.</p>	<p>CS</p>
<p><b>21/38.3</b> The QSE Committee Chair referred to conversations at QSE around embedding learning and closing the loop on outbreaks and welcomed the assurances that this was being taken on board. The Health Board Chair however recalled a similar conversation following the WMH outbreak and suggested that learning could not have been fully embedded as another outbreak had occurred in YG. In terms of the external review the Chief Executive wished to assure members that it would not only include the circumstances around the YG outbreak but also lessons learnt from the WMH outbreak, communications aspects and expectations for other sites to ensure the maintenance of infection prevention and control. The Chair asked that the terms of reference for the review be shared with all members.</p>	<p>CS</p>
<p><b>21/38.4</b> A discussion took place regarding essential services and the Executive Director of Nursing and Midwifery / Deputy Chief Executive acknowledged the concerns within the local population. She reported that the EIMT was to consider a proposal to reopen some essential day surgery shortly. A member enquired whether other acute sites were able to take some patients from YG and it was confirmed that this was happening with mutual agreement.</p>	<p>JW</p>
<p><b>21/38.5</b> A question was asked around completion of an online form to allow eligible unpaid carers to receive the vaccine and it was confirmed that the issue of accessibility had already been identified and was being worked through with Local Authority colleagues to ensure additional support to those who needed it. A member enquired about the situation within HMP Berwyn and the Executive Director of Primary Care and Community Services reported that there had been some transmission of Covid-19 on the site – as would be expected in such a setting. The Health Board continued to have a clear plan on management of the site and to support any individuals with symptoms.</p>	

<p><b>21/38.6</b> The Chair raised the issue of Long Covid and it was reported that a proposal would be discussed at Executive Team in terms of the support required to coordinate a response, given the national interest. It was noted that BCUHB had seen less referrals than anticipated but that a group of clinicians had been established to localise the wealth of guidance that was coming out centrally. Finally the Executive Director of Nursing and Midwifery / Deputy Chief Executive referred to the vaccination plan which would be shared with Board members once expectations around timeframes for calling people for vaccination had been included.</p> <p><b>21/38.7 It was resolved that</b> the Board:</p> <ol style="list-style-type: none"> <li>1.Note the report and supporting presentation;</li> <li>2.Endorse decisions made by the Executive Incident Management Team (EIMT).</li> </ol>	GH
<p><b>21/39 BCUHB Targeted Intervention &amp; Maturity Matrices</b></p> <p><b>21/39.1</b> The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the paper which set out the approach being developed to enable monitoring of progress of the transformation program and provide robust assurances against the expectations set out within the Targeted Intervention Improvement Framework. She confirmed that as Senior Responsible Officer (SRO) for this piece of work she had met with workstream leads and agreed a set of terms of reference for the newly established Steering Group. Members' attention was drawn to the timeline within the report and the associated milestones. The Board Secretary added that a 'link' Independent Member was being identified to support each domain.</p> <p><b>21/39.2</b> A member enquired whether staff across the organisation would understand what Targeted Intervention meant, and whether there was a communications plan in place. The Executive Director of Nursing and Midwifery / Deputy Chief Executive stated that there had been a related conversation at the first meeting of the Steering Group with each Executive member required to operate an information cascade mechanism. Recognising that engagement with stakeholders is key, the Interim Director of Governance confirmed that to date he had presented to a number of meetings and there was a helpful slide deck that could be utilised by leads to share key messages and raise awareness.</p> <p><b>21/39.3 It was resolved that</b> the Board note:</p> <ol style="list-style-type: none"> <li>1. the Targeted Intervention Improvement Framework for BCUHB;</li> <li>2. the progress to date in developing Maturity Matrices against each of the Domains;</li> <li>3. the progress in development of the governance and assurance processes; and</li> <li>4. the timeline.</li> </ol>	
<p><b>21/40 Operational Plan Monitoring Report</b></p> <p><b>21/40.1</b> The Executive Director of Planning and Performance presented the paper which reported on progress against Q3 and Q4 of the Board-approved plan, whilst outputs and outcomes were reflected in the next agenda item (Quality and Performance Report). He highlighted two areas that were either red or amber. Firstly with regard to stroke services it was acknowledged that performance was not at a level that the Board would wish to see but that a business case had been broadly supported by the Executive Team which would</p>	

be worked up further for submission to F&P Committee on the 25.3.21. Secondly the Executive Director of Planning and Performance confirmed that a business case for the Diagnostic Treatment Centre (DTC) was on track for consideration at the March F&P Committee which would include some options around orthopaedics. He accepted the risk to orthopaedic performance if the DTC did not progress as expected.

**21/40.2** A discussion ensued. The Stakeholder Reference Group (SRG) Chair noted that the SRG had received a presentation on stroke care some time ago and he was pleased to hear that the business case was progressing. He enquired as to the reasons for the current poor stroke performance and the Executive Director of Nursing and Midwifery / Deputy Chief Executive indicated there were multifactorial issues such as the impact of Covid-19 and staffing issues due to redeployment during the pandemic. The Acting Executive Medical Director acknowledged that improvement was required and there was a need to look closely at the clinical model to ensure a clear return on investment. The SRG Chair sought further assurances around staffing, redeployment and access to Stroke Co-ordinators. Clinical Executives would provide an update and timeline to members outside of the meeting.

**21/40.3** A member suggested that it was becoming clear that some of the actions as detailed in the January report were not likely to be achieved by the end of Q4 and asked at what point this would be escalated to ensure that priorities were clear in order to reduce harm. The Executive Director of Planning and Performance indicated that a systematic review would be undertaken of all open actions as part of the planning process for 2021-22. A point was then raised around Plan Ref 2.7 to “develop and implement plans to support patients to actively manage their symptoms” and that the narrative referred to delays due to IT capacity. The Executive Director of Planning and Performance suggested that this was an example of where matters had changed since the plan was agreed; he gave the example in that the implementation of the mass vaccination programme had impacted upon the ability to deliver on other areas from a digital and IT perspective. A member referred to Plan Ref 16.00 regarding assessments and improving performance against the 26 week target within children’s services, and asked for confirmation this had commenced. The Executive Director of Primary Care and Community Services confirmed this was the case and that additional capacity had been secured.

**21/40.4** The QSE Chair reiterated comments she had made on previous occasions that the report did not provide her with assurance on the effective delivery of the plan because the actions were not measurable, there were no outcomes to assess effective implementation and the narrative was not particularly clear. She was concerned that similar feedback provided previously by Board members appeared to remain unaddressed and for that reason the report had not been formally scrutinised by QSE Committee for the last two meetings. In response the Executive Director of Planning and Performance accepted that comments had been made by Board members and he noted that some proposals for presenting the information differently had been circulated at the end of 2020. The next step would be to identify some time at a Board Workshop to further inform and refine those proposals. The Executive Director of Workforce and OD reminded members that this was a monitoring report and the evidence for assurance would come from a range of other sources including the Board Assurance Framework (BAF). She felt that the conversation

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around report format would also be enhanced by the ongoing governance review of committees. The Chair suggested that the ambition should be to agree the new performance reporting arrangements at the late April Board Workshop. He reminded members that the Board setting was not the only place where due diligence was exercised over this report.

**21/40.5** The QSE Committee Chair also referred to Action 2.6 around review of external capacity of key providers which was now reported as complete, however, she felt the supporting narrative did not appear sufficiently robust. The Executive Director of Planning and Performance accepted that there were shortcomings within the narrative, but was aware that the contracting team were taking the lead on this particular action. The Executive Director of Finance added that there was a clear understanding of what capacity was available and contractual arrangements had been made accordingly, however, there were challenges around the ability to use that capacity within the context of Covid-19.

**21/40.6** The QSE Committee Chair then referred to Action 4.30 which mentioned a fresh approach for a Digitally Enabled Clinical Services Strategy and enquired regarding timescales. The Chief Executive confirmed that officers were currently undertaking an engagement stocktake to look at engagement opportunities with partners and seeking advice on best practice from other Health Boards. This would help inform an appropriate timeline for the refresh of Living Healthier Staying Well and the development of the clinical services strategy. The QSE Committee Chair asked for an update regarding Plan Ref 20.70 within the paper which related to a review of the mechanism for raising concerns with a target date of the end of January. The Executive Director of Workforce and OD clarified that the RAG status had been awarded green as being on track with no risks, rather than awarding purple status (implemented) until this had actually been done and tested. She confirmed there was an implementation plan in place and the new software platform was being progressed with a soft launch planned for April.

**21/40.7** The Chair requested an update on ophthalmology and the Executive Director of Planning and Performance confirmed that the eyecare business case had been reviewed by individual Executives and there was strong support although further work to be done. He was confident a proposal would be ready to take formally to Executive Team shortly. The proposals for eyecare had also been included in the plans for 2021-22 as a potential use of the WG allocation for planned care performance but there was a need to be confident in the totality of the business case. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that WG had acknowledged the need for a different approach across the whole of Wales for ophthalmology in the medium to longer term. Therefore there would need to be a read across between BCU plans and All Wales plans to ensure opportunities were not missed.

**21/40.8 It was resolved that** the Health Board note the report.

**21/41 Quality & Performance Report**

<p><b>21/41.1</b> The Chair indicated he would open the discussion straight up to questions from members. A member suggested that the report could be improved by looking ahead more in terms of planned trajectories to where the Board would wish performance to be. The Executive Director of Planning and Performance agreed it would be helpful to develop performance reporting in that manner. Another member commented there was a need to make a distinction between the measure of 'business as usual' and the delivery of actions against a plan for improvement. A general comment was made that the images within the report should reflect the current environment of social distancing and use of Personal Protective Equipment (PPE).</p> <p><b>21/41.2</b> In response to a question regarding waiting list comparisons it was noted that comparable league tables had previously been produced but this had been stepped down during the pandemic. The Executive Director of Planning and Performance suggested that BCUHB would not be an outlier in terms of deterioration during the pandemic however would have had a poorer starting position. He stated the need to ensure that all available capacity was appropriately targeted at those in greatest need, which would require a clinical judgement.</p> <p><b>21/41.3</b> A question was asked around diagnostic waiting times and why the data showed a dip in December 2020. There was a concern that people were just not being referred which would cause a more significant problem in the future. It was explained that the data was now presented differently due to risk stratification and a move away from treating patients chronologically, and whilst there was a reduction in referrals, the rationale for the dip in December was unclear and would be reviewed outside of the meeting. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that potential improvements to theatre capacity were being identified together with a more blended model and insourcing for diagnostics.</p> <p><b>21/41.4</b> The Chair made reference to unscheduled care, noting that many indicators were deteriorating. An improvement proposal had been discussed by the Executive Team which would need to address the whole system and consider the totality of pathways. The development of the Diagnostic Treatment Centre would also be key.</p> <p><b>21/41.5</b> It was resolved that the Health Board scrutinise the report.</p>	<p>MW</p> <p>GH MW</p>
<p><b>21/42 M8 Finance Report</b></p> <p><b>21/42.1</b> It was resolved that the report be noted.</p>	
<p><b>21/43 M9 Finance Report</b></p> <p><b>21/43.1</b> It was resolved that the report be noted.</p>	
<p><b>21/44 M10 Finance Report</b></p> <p><b>21/44.1</b> The Executive Director of Finance presented the report highlighting the context that the Health Board had set a plan for a £40m deficit but in November 2020 strategic support of £51m for 2020-21 was announced by the Minister which now enabled the Board to report a break even position. The other significant point to note was around the</p>	

expenditure incurred in responding to Covid-19 and that the additional support from WG meant that this did not impact upon the Board's reported position. £88m had been received to date with £151.4m being the forecast out-turn for Covid expenditure. In terms of the savings programme £13.7m had been delivered against the target of £45m with a current forecast of £17m, and it was acknowledged that the Board's ability to deliver its savings programme had been significantly impacted by the Covid pandemic. The Executive Director of Finance also reported that the commissioning of contracts were being carefully managed given that a block agreement was in place.

**21/44.2** The Chair referred to a conversation at the F&P Committee around plans for performance funding and the Executive Director of Finance confirmed there had been recent conversations with WG to ensure the Board could do all it can to utilise the funding it had been given in-year to support the response to Covid-19 and performance improvement. An Accountable Officer letter was due to be sent to WG to ensure clarity on how the money would be spent and any risks. The Chair reminded members that the plan and budget would be coming to the Board meeting on 30.3.21.

**21/44.3** It was resolved that the report be noted.

#### **21/46 Welsh Language Standards Investment and Improvement**

*[Agenda item taken out of order at Chair's discretion]*

**21/46.1** The Executive Director of Public Health presented the paper which provided a further update on preparedness and compliance with the Welsh Language Standards, together with any associated challenges. She reported that the work was overseen by a Welsh Language Standards Monitoring Group and supported by a Compliance Officer and there were many examples of positive progress over the past two years. The Executive Director of Public Health felt that a key challenge was achieving mainstreaming and wider ownership in relation to using the Standards positively to improve services and bilingualism, and to improve application of the Standards in terms of the Board's planning agenda.

**21/46.2** In terms of successes the Executive Director of Public Health made reference to a pilot within the Mental Health and Learning Disabilities Division around ensuring a proactive offer of language choice; an increase in demand for Welsh language training amongst staff; and the improvement in bilingualism within Board papers.

**21/46.3** A discussion ensued. A member welcomed the report and acknowledged the evidence of progress but suggested it was not clear as to what more the Board needed to do in order to achieve compliance, particularly against Standard 37 and what resources might be required. The Executive Director of Public Health noted there had been an increase in demand for translation which she felt was a positive indication of a change in approach. She suggested there was a need to monitor this to determine if it was a temporary shift, and whether the demand could continue to be met by the translation team, together with the additional external capacity that had also been procured. In addition she would wish to measure whether the translation of Board papers was helpful and try and ascertain whether it made a positive difference. She suggested that the next six to nine months be taken to maintain awareness of the Standards and to determine whether what the Board was doing was making a difference in our communications with the population. An invitation was extended to any Board Member to attend the Welsh Language Strategic

Forum. A member enquired as to the Welsh Language Commissioner's view as to how the organisation was doing, and the Executive Director of Public Health was aware that the Commissioner was due to meet with the Chief Executive shortly which would allow evidence of progress to be shared. However, it was likely the Commissioner would continue to challenge the organisation on the work remaining in order to fully comply.

**21/46.4** Another member welcomed the increased level of bilingualism within the Board papers and went onto ask about the impact of the Welsh Language Tutor post becoming vacant. She suggested that if central funding was removed for this post that the Board should be thinking about alternatives. The Executive Director of Public Health highlighted the positive difference that the Tutor had made across the Board in terms of increased learning at all levels, and was pleased to confirm that a new Tutor was due to start within a couple of months and would build upon the excellent work of the predecessor.

**21/46.5** The Independent Member champion for Welsh Language wished to acknowledge the priority that the Health Board Chair was awarding to Welsh Language matters which he felt was extremely valuable. He also noted that the report stated that the Commissioner had highlighted BCUHB as an exemplar of good practice for the way it was planning its services. The Chair asked that the Board be sighted on any substantial changes in circumstances, particularly capacity, in terms of the Board's compliance with the Standards.

**21/46.6** It was resolved that the Board note the Health Board's current position in relation to compliance with the Welsh Language Standards and the potential opportunities going forward.

#### **21/45 Medicines Management Annual Report**

*[The Chief Pharmacist and the Assistant Director for Medicines Management (East) joined the meeting]*

**21/45.1** The Chief Pharmacist presented the report which broadly encompassed the review of prescribing performance in Wales; prescribing tendencies in hospitals, care homes and primary care; and high costs drugs associated with new NICE treatments. He highlighted that the key areas of work during 2020-21 included work to standardise an electronic prescribing system and the response to the Covid-19 pandemic including end of life prescriptions, critical care, policy change, sustaining primary care services and the vaccination programme.

**21/45.2** A discussion ensued. The Healthcare Professionals Forum (HPF) Chair referred to a general upward trend within patient safety indicators and that the narrative indicated a UK drive to reduce numbers which was also aligned to a recommendation within the HASCAS report. The Assistant Director for Medicines Management noted that North Wales did have a comparatively elderly population and some quite large EMI (Elderly Mentally Infirm) care homes which might skew the data to some extent. A decision-making tool to support GPs had been developed but due to the amount of remote working currently there had not been sufficient opportunity to audit how well this was being used. She was also aware of a lack of pharmaceutical capacity in mental health services and that other opportunities were being investigated provide more support to care homes. The HPF Chair also sought an update around procurement and potential supply chain delays due to the EU exit and whether there was a residual risk. The Chief Pharmacist acknowledged challenges and

instability within the supply chain (particularly in critical care) during the first wave of the pandemic, alongside EU Exit issues. This was mitigated through mutual aid nationally. In the subsequent wave the deployment of pharmaceuticals was now more robust although there remained some areas to be worked through such as decay during transport. Overall however he felt supply chains were in a steady state at the moment with no significant concerns.

**21/45.3** The Vice Chair wished to record her thanks to medicines management colleagues in terms of their support to the Covid-19 response. She went on to describe her disappointment with the slow progress in the development of an electronic prescribing system for Wales which had been highlighted by WG as a key priority some 6 years ago. She enquired whether the proposal referred to within the paper would encompass primary care as well. The Chief Pharmacist responded that a business case had been presented to WG and their advice was to separate electronic prescribing and medicines administration away from the replacement of a hospital pharmacy system. Therefore a two step approach was being undertaken with the replacement of the hospital pharmacy system in the spring with the support of NHS Wales Informatics Service (NWIS) to be fully implemented by summer when the legacy system would be switched off. This would then enable other systems. He reported that it had now been agreed that Cardiff and Vale could progress a single procurement for Wales that allowed for local implementation. In response to a question from a member, the Chief Pharmacist confirmed that BCU was working closely with Cardiff and Vale in terms of the specification for the new electronic system.

**21/45.4** The Chief Executive wished to add her thanks for the support from pharmacy and medicines management teams in terms of the vaccination programme and Covid-19 preparedness. She noted that she had visited HMP Berwyn recently and wished to record how impressed she had been in terms of the provision of pharmaceutical services in that setting. The Chair noted reference to a loss of focus in primary care prescribing and enquired whether this was of significant concern. The Chief Pharmacist responded that the focus within primary care had understandably been aligned to the pandemic but he was confident that a steady state had been reached where responding to Covid-19 could be moved in parallel to support primary care in other ways. He alluded to modelling of cluster engagement, managing frailty and supporting people out in communities. The Chair also sought assurance around areas of poor performance in terms of patient safety indicators and the Assistant Director for Medicines Management reported that discussions with NWIS to allow GPs to exception report against their patients had been suspended but would need to be picked back up.

**21/45.5** The Chair concluded that the report demonstrated the flexibility and innovation displayed by the pharmaceutical and medicines management teams during a difficult year, and felt that the increase of the delivery of Homecare by 151% since 2013 was commendable. On a separate matter he also wished to thank the Chief Pharmacist for the Welsh language interviews he had undertaken as a representative of the board.

**21/45.6** It was resolved that the Board note:

1. The steps to improve BCUHB's performance and progress with the All Wales Medicines Strategy Group (AWMSG) Prescribing Indicators.
2. Secondary care prescribing trend
3. Actions taken by Pharmacy & Medicines Management to support the response to the COVID pandemic and vaccination programme.

<p><i>[The Chief Pharmacist and the Assistant Director for Medicines Management (East) left the meeting]</i></p>	
<p><b>21/47 Closure of HASCAS &amp; Ockenden Improvement Group</b></p> <p><b>21/47.1</b> The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the paper which provided a status update against the 35 recommendations arising from the HASCAS Independent Investigation and the Ockenden Governance review. She felt the report demonstrated a significant amount of progress and confirmed that the QSE Committee had in January 2021 approved that the Improvement Group be stood down on the basis that ongoing work to address the open recommendations would progress as business as usual through relevant forums, overseen and monitored through existing governance processes. The QSE Committee Chair wished to assure the Board that the purpose of closing down the Improvement Group was not in any way meant to take away the focus or the need to ensure implementation of the remaining recommendations, but was intended to mainstream the actions more sustainably.</p> <p><b>21/47.2</b> Thanks were extended to the Community Health Council for their contribution to the Improvement Group and their support in providing safe space opportunities for engagement. In addition the Chair wished to acknowledge the important role that patients and families had played within the Improvement Group.</p> <p><b>21/47.3</b> The Executive Director of Nursing and Midwifery / Deputy Chief Executive concluded by reminding the Board that engagement, governance and mental health services remained subject to Targeted Intervention by WG through the Executive-led Maturity Matrix approach as set out in the earlier agenda item.</p> <p><b>21.47.4 It was resolved that</b> the Board note:</p> <ol style="list-style-type: none"> <li>1. The current status of the 35 HASCAS &amp; Ockenden recommendations</li> <li>2. Confirmation of the governance arrangements through existing quality assurance routes following the closure of the HASCAS &amp; Ockenden Improvement Group</li> <li>3. Stakeholder engagement plans across wider Mental Health &amp; Learning Disability (MHL) services across the Health Board</li> </ol>	
<p><b>21/48 Socio Economic Duty Briefing</b></p>	
<p><i>[The Head of Equality, Diversity and Human Rights joined the meeting]</i></p>	
<p><b>21/48.1</b> The Executive Director of Workforce and OD presented the report which set out the statutory requirement of the Socio Economic Duty (SED) around the legal responsibility on relevant bodies when undertaking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. The paper sought approval to amend Committee terms of reference to reflect the SED but it was noted that the responsibilities went much wider and would be set out further in a Board Workshop session with members on the 8.4.21. The Head of Equality, Diversity and Human Rights highlighted the scope of the work which was significant and relevant to all functions, and that a suite of helpful guidance had been published by Welsh Government.</p> <p><b>21/48.2</b> The Chief Executive welcomed the SED as an opportunity to raise aspirations across the organisation and as an enabler for improving health and well-being. A member</p>	

<p>wished to acknowledge the amount of preparatory work undertaken to date and the development of resources on the BCU intranet.</p> <p><b>21/48.3 It was resolved that the Board:</b></p> <ol style="list-style-type: none"> <li>1. Note the progress outlined in this report</li> <li>2. Approve the recommendation that the terms of reference of Board Committees are updated to reflect the requirements of the Equality Act 2010 including the Socio-economic Duty</li> </ol> <p><i>[The Head of Equality, Diversity and Human Rights left the meeting]</i></p>	
<p><b>21/49 Sport North Wales (SNW) Business Case</b></p> <p><b>21/49.1</b> Those members who had declared an interest left the meeting. The Executive Director of Public Health presented the paper which had been supported at the SPPH Committee. She highlighted the collective ambition to work together to make a significant change and impact which would benefit the people of North Wales by empowering communities to be more active, leading healthier and happier lives. It was reported that the Health Board had been part of the SNW journey since 2019 and the Executive Director of Public Health welcomed the business case as innovative and an opportunity to bring funding to North Wales.</p> <p><b>21/49.2</b> A discussion ensued. Members were pleased to see the regional approach which was evident within the business case and acknowledged that sport and physical activity was a vital aspect of prevention, rehabilitation and quality of life. A member noted that the paper referred to a focus on outcomes not outputs and suggested that Leisure Centres often relied upon footfall as a measure, and that there would need to be other measures of outcomes. The Executive Director of Public Health accepted there would need to be a broader approach in terms of nurturing and supporting physical activity. A member supported the partnership working opportunities that the business case would offer. She noted the funding commitment was for five years but expressed a concern that potentially some partners would be under greater pressure post-pandemic. The Executive Director of Public Health acknowledged there was a vulnerability within the leisure sector but also many opportunities for regeneration. She accepted the point but felt that working with partners made the business case much stronger.</p> <p><b>21/49.3 It was resolved that the Health Board:</b></p> <ol style="list-style-type: none"> <li>1. Endorse the establishment of the Sport North Wales (SNW) Partnership.</li> <li>2. Agree that Betsi Cadwaladr University Health Board becomes a partner in the Sport North Wales (SNW) Partnership.</li> </ol> <p><b>21/49.4</b> Those members who had declared an interest rejoined the meeting.</p>	
<p><b>21/50 Update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020</b></p> <p><b>21/50.1 It was resolved that the Board note the actions being taken in support of introduction of the Smoke Free Regulations (including the decision not to provide designated smoking areas within hospital grounds, to ensure all hospital sites become smoke-free)</b></p>	

<p><b>21/51 Summary of Private Board business to be reported in public</b></p> <p><b>21/51.1</b> It was resolved that the report be noted</p>	
<p><b>21/52 Date of Next Meeting</b></p> <p>30th March 2021</p>	
<p><b>21/53 Exclusion of Press and Public</b></p> <p><b>21/53.1</b> It was resolved that 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</p>	