



**Betsi Cadwaladr University Health Board (BCUHB)  
Minutes of the Health Board meeting held in public  
on 12<sup>th</sup> November 2020 via Webex Conferencing**

**Present:**

Mark Polin	Chair
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 (OD)
Arpan Guha	Acting Executive Medical Director
Gill Harris	Acting Chief Executive
Debra Hickman	Acting Executive Director of Nursing & Midwifery
Sue Hill	Acting 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 / Interim Deputy CEO
Lucy Reid	Vice Chair
Dawn Sharp	Acting Board Secretary
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences ( <i>part meeting</i> )
Linda Tomos	Independent Member
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group (SRG)

**In Attendance:**

Ruth Coombs	Head of Wales Equality & Human Rights Commission ( <i>part meeting</i> )
Kate Dunn	Head of Corporate Affairs ( <i>for minutes</i> )
Simon Evans-Evans	Interim Director of Governance
Ffion Johnstone	Area Director West ( <i>part meeting</i> )
Gavin MacDonald	Interim Chief Operating Officer
Sally Thomas	Head of Equality and Human Rights ( <i>part meeting</i> )

Agenda Item Discussed	Action By
<p><b>20.122 Chair's Introductory Remarks</b></p> <p><b>20.122.1</b> The Chair welcomed everyone to the meeting which was again being live streamed to enable members of the public to observe in real time. In terms of simultaneous Welsh to English translation he was pleased to report that testing of an alternative system was ongoing which should enable the Board to hold fully bilingual</p>	

meetings once again from January 2021 onwards. In the interim he encouraged any member who wished to contribute through the medium of Welsh to do so, but asked that they be kind enough to provide a summary translation of their comment or question in English.

**20.122.2** The Chair introduced Linda Tomos as a newly appointed Independent Member who had taken up a four year tenure with the Health Board.

**20.122.3** The Chair reported that Health Board Chair's action had been taken to approve the automated blood sciences contract following approval at the Finance & Performance (F&P) Committee, and also that joint Board and Audit Committee Chairs' action had been taken to approve refreshed Terms of Reference for the Covid-19 Cabinet which was now meeting again on a monthly basis.

**20.122.4** The Chair welcomed the recently announced financial support package from Welsh Government (WG) which would enable the Board to address the financial deficit and focus on improvements to planned care and mental health over the coming year, in addition to making further investment in planned care and unscheduled care over the next three years. He confirmed the Board was in dialogue with WG regarding opportunities to further improve progress against Special Measures also.

**20.122.5** The Chair asked that a general update be provided on the Covid-19 pandemic. The Acting Chief Executive confirmed that there were currently 128 patients with a Covid-19 diagnosis being cared for within North Wales hospitals and the decision had been taken to open Deeside Enfyys hospital to support surge plans and increase capacity. This had been achieved with the support of partners. The Executive Director of Primary and Community Services added that it continued to be very busy in both hospital and community settings although there were some cautious signs of optimism in that positive community tests and overall numbers per 100,000 were reducing. On average around 2500 tests were being completed per day and the broad age profile of positive diagnosis remained stable. He noted that older people were more likely to experience complications as a result of Covid-19 and that admissions had increased over recent weeks and it was expected that this would continue. There were currently six patients receiving enhanced critical care which was a lower proportion than in the first wave and reflected that treatments available for Covid-19 patients had changed. It was stated that there were difficulties in terms of accommodating the current levels of in-patients in terms of keeping patients separated and meeting the additional social distancing requirements and that this added complexity had contributed to the decision to open one of the Enfyys hospitals. The Executive Director of Primary and Community Services also referred to activity outside of a hospital environment in terms of the additional support being provided to care homes to enhance the provision of care for residents. In terms of mass vaccination and recent media coverage he confirmed that plans were well-advanced in North Wales and the Board would be in a position to deliver a vaccination on a risk-based approach as soon as it became available. He indicated that this would be a highly complex process. In response to a question from the Chair regarding other pressures and winter preparedness the Executive Director of Primary and Community Services indicated that the organisation was generally managing well in terms of multiple pressures on the system, and sites continued to deliver as much planned care as possible. The Acting Chief Executive acknowledged the hard work being undertaken by staff and partners to maintain services but there were known constraints in terms of workforce availability. She noted that the work ongoing regarding

<p>winter plans included the need to maximise opportunities around digital care to reduce footfall across the organisation. The Executive Director of Public Health indicated that all elements of Test, Trace and Protect (TTP) were busier now than before the two week Welsh firebreak, but there was a reduction in numbers coming through for tracing. She assured members there were plenty of opportunities for testing and that the support of members of the public was sought in terms of responding to requests for tracing information.</p>	
<p><b>20.123 Apologies for Absence</b></p> <p>Recorded for Andy Roach and Helen Wilkinson.</p>	
<p><b>20.124 Declarations of Interest</b></p> <p>Gareth Evans declared an interest in item 20.131 Royal Alexandra (North Denbighshire) Community Hospital, in terms of his role as Project Director for the business case.</p>	
<p><b>20.125 Draft Minutes of the Health Board Meeting held in public on 24.9.20 for accuracy and review of Summary Action Log</b></p> <p><b>20.125.1</b> The minutes were approved as an accurate record and updates were provided to the summary action log.</p> <p><b>20.125.2</b> Since publication of the agenda, members had received further updates from the Executive Director of Public Health as follows</p> <p><b>Action 20/73.5</b> Confirmed that all laboratory kit now in place including the utilisation of the Starlet and Nimbus machines. Current throughput based on current routine workload was noted.</p> <p><b>Action 20/73.6</b> A Sit Rep approach had been requested from Public Health Wales (PHW). The Board was in weekly dialogue with WG on the Test and Trace (TAT) for the system. The focus in recent weeks had been on operational actions giving testing requirements across the region, and nationally. TAT data had become clearer and the TTP lead received a weekly TAT overview for the system (Light House Laboratory and PHW). Given the changing work patterns and run schedules on the three sites, PHW had advised that the maximum testing capacity (laboratory) was 1800 routine samples per day and 105 rapids per day across the Health Board. As new staff were integrated into the laboratory this would be reviewed. Current workflows across the three sites were provided. It was reported that PHW had started 24/7 working in Ysbyty Glan Clwyd (YGC) supported initially by one Biomedical Scientist, which was to increase to a team of four by the end of November to support the anticipated increase in workload.</p> <p><b>Action 20.107.2</b> Agreed with the Vice Chair that a report on the issue of the discharge of a large number of patients to the Local Primary Care Mental Health Services would be discussed at the divisional quality and safety meeting on the</p>	

<p>19.11.20 and then by the Patient, Safety and Quality Group before being presented to the Quality, Safety &amp; Experience (QSE) Committee in January. It was reported that the Mental Health &amp; Learning Disabilities (MHL) division was committed to working with primary care colleagues and partners to ensure the recommendations were progressed.</p> <p><b>20.125.3</b> The Chair invited the QSE Chair to update the Board regarding the Holden report action which was closed on the action log. The QSE Chair reported that the Committee had received an update on 3.11.20 as a full report of the review being undertaken against the Holden recommendations had been delayed due to personnel changes within the Division. She reminded members that the purpose of the review was to map out the recommendations from the Holden report to ensure they had been embedded in terms of progress of the service, and to provide assurance to the QSE Committee that there were plans in place to address any outstanding issues. She added that an update on the raising concerns work had been provided to the Remuneration and Terms of Service Committee and that there were plans to centralise the investigation process to provide appropriate corporate oversight. These actions would also help to address any historical gaps that had been highlighted in the Holden report. The Acting Executive Director of Nursing and Midwifery added that due diligence was key, and she was confident that the report would be ready for the January QSE meeting.</p>	
<p><b>20.126 Draft Minutes of the Annual General Meeting held in public on 24.9.20 for accuracy</b></p> <p><b>20.126.1</b> The minutes were approved as an accurate record. The Chair confirmed that those individual questions raised by members of the public which were not addressed directly at the AGM had now all been responded to.</p>	
<p><b>20.127 Special Measures Update</b></p> <p><b>20.127.1</b> The Acting Chief Executive provided a verbal update. She noted that the financial support confirmed from WG would provide the organisation with increased opportunities to think in a more transformational and strategic manner which was welcomed. In terms of progress against those areas remaining in Special Measures she felt that the organisation had made progress. In terms of mental health she noted that the divisional leadership team was making good strides in terms of improving governance. She extended her thanks to Community Health Council (CHC) colleagues who continued to support the Board with stakeholder and engagement work and noted that significant learning could be demonstrated from the work around vascular services. With regards to governance and accountability the Acting Chief Executive reported that the Interim Director of Governance had been in post for a couple of months and was starting to embed some changes and align priorities around the Q3/4 plan and accountabilities. In terms of leadership it was confirmed that recruitment to the substantive Executive Medical Director and Director of Finance posts was well advanced, and that work around developing a Clinical Strategy was moving on at pace in terms of pathway development.</p>	
<p><b>20.128 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</b></p>	

**Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)**

**20.128.1** It was resolved that 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.

**20.129 Occupational Health and Safety Annual Report 1st April 2019 to 31st March 2020 and Quarter 1 Report**

**20.129.1** The Executive Director of Workforce and OD confirmed that the QSE Committee scrutinized progress within occupational health and safety at each meeting. The QSE Chair confirmed that a thorough gap analysis had been undertaken resulting in an action plan being developed although progress had understandably been affected by the pandemic. The Committee had recognised there was a clear cross-over between the pandemic, infection prevention and health & safety, and had recently received a report on the Covid-19 infections at the Wrexham Maelor Hospital. The QSE Chair felt that whilst wholly positive assurance could not be provided, the organisation was in a much better position in terms of openness and awareness of the issues. An Independent Member commended the amount of work led by the relatively small health and safety team during the pandemic which was instrumental in keeping staff safe and well.

**20.129.2** The Executive Director of Workforce and OD reminded the Board that there had been long-standing issues around health and safety management which were flagged to Board in late 2018 and a fundamental review recommended to focus on a diagnostic approach to establishing the current position. She accepted that the organisation was still not providing the highest expected standards for all of its patients, but the Board was now far more aware of the issues and was focused on making improvements. It was noted that the partnership working with Trade Union partners had been pivotal to the successes to date and that a constructive relationship had been established with the Health and Safety Executive (HSE) with absolute transparency in terms of RIDDOR reportable Covid-19 infections. The Executive Director of Workforce and OD also highlighted that BCUHB was the only Board to include the provision of a safe, secure and healthy environment as one of the top five priorities in Q3/4 plans. Finally she referred to the HSE improvement notice which had highlighted issues around fit testing training which was being addressed. The Acting Executive Director of Nursing and Midwifery took the opportunity to recognise the unprecedented situation that the Board was operating within, in terms of the pandemic, but assured members that learning was being translated across the organisation.

**20.129.3** A discussion ensued. The Acting Chief Executive indicated that there were plans in train to provide further support to the health and safety teams and that the described environmental issues would need investment to ensure a safe environment for staff, patients and visitors, and that these conversations were progressing at pace. An Independent Member welcomed the comprehensive gap analysis and commented that long term monitoring was essential. He recognised the reporting route up to QSE Committee but felt that the issues set out within the paper should be more heavily referenced in Q3/4 plans. The Executive Director of Workforce and OD indicated there would need to be multiple sources of assurances and that delivery had been ramped up within Q3/4 plans. She also suggested that clear trajectories for reductions in harms would need to be

identified within plans for 2021-22. In response to a question from a member regarding the current situation with Covid-19 outbreaks in hospitals, the Executive Director of Workforce and OD confirmed that in terms of the workforce the likelihood of patient to staff and staff to patient transmission remained very low and this was backed up by epidemiology data. She also indicated that significant learning had been taken from the Wrexham outbreak from a staff perspective and transferred across to other sites. There would be a need to determine trigger points for deciding at what point asymptomatic staff might be tested. The Acting Executive Director of Nursing and Midwifery added that each patient case had a detailed review to ensure sharing of learning from cases and the identification of commonality. The epidemiology data was welcomed as it provided a clear view of direct transmissions and independent clusters. Although some transmission was still being seen it was clear that the evidence and learning from Wrexham meant that cases were intercepted much earlier on. A member welcomed the transparency within the report however he felt it did pose some unanswered questions, for example concerns around management and that all service areas were lacking in terms of compliance with the law. He asked what differences may be noted in the next report to Board and within what timeframe. The Executive Director of Workforce and OD reminded members that there had been a lack of investment in health and safety management over several years and that the current approach was to identify priorities for investment within a transformational context. In terms of timescales there had been detailed discussions within the Executive Team in terms of prioritisation of expenditure and clear plans were being built into financial forecasting for Q3/4 and for the budget setting process for 2021-22. She was confident that the case for investment for progression could be made although she acknowledged a potential barrier in terms of the level of expertise that would be required. In terms of further reporting she would expect to see reduced risk scores coming back to the Board over Q3/4. The Chair noted that progress against trajectories would continue to be reported to QSE Committee and up to the Board through the Committee Chair's report.

**20.129.4 It was resolved that** the Board note the Occupational Health and Safety (OHS) Annual Report 2019-2020 and Q1 Report and support the recommendations to the OHS Team.

### **20.130 Nurse Staffing**

**20.130.1** The Chair suggested that as a consent item on the agenda the paper could be taken as read but suggested that a position statement update be provided. The Acting Executive Director of Nursing and Midwifery wished to acknowledge the positive support that had been received from the higher education establishments in North Wales, and the resilience of staff in terms of redeployment within the first wave of Covid-19. She recognised that there was not necessarily the same opportunities with some groups of staff in the second wave. Other discussions were in the pipeline such as developing Band 4 roles, extending opportunities for individuals to get into the nursing profession and working with Health Education Information Wales on part-time opportunities. She felt there was not a singular lens for recruitment and a successful approach would need focus and investment. The Executive Director of Workforce and OD noted the clear link to the development of a clinical strategy in that the organisation needed clarity on what it was doing to improve recruitment and retention and to identify workforce models going forward.

<p>The Acting Chief Executive concurred that being able to provide staff with a clear direction of travel in terms of clinical strategies was key to the Board's ability to recruit.</p> <p><b>20.130.2 It was resolved that</b> the Health Board note the compliance with the prescribed requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for medical and surgical wards which meet 25B requirements and support the report.</p>	
<p><b>20.131 Full Business case for Royal Alexandra (North Denbighshire) Community Hospital</b></p> <p><b>20.131.1</b> The Chair confirmed that the business case had been supported by the F&amp;P Committee. The Executive Director of Primary &amp; Community Services highlighted that there was extensive supporting paperwork to the development and he wished to record his thanks to Mr Gareth Evans in terms of his work as Project Director. He also drew members' attention to a point of accuracy within the equality impact assessment document in that the name of the Senior Responsible Officer was incorrectly shown.</p> <p><b>20.131.2</b> A discussion ensued. A member referred to other significant capital projects which had related management issues, and suggested that the organisation should be striving to ensure that this particular build became an exemplar project and the maximum benefits realised. The Executive Director of Primary &amp; Community Services confirmed that there had been a pause and reflect element to the project and there was a high level of confidence in the chosen chain partner. Assurances had been sought from the cost advisers to enable officers to feel confident in what was being presented to the Board. He noted that some costs had been rebased around public sector values and additional allowances relating to the structural condition of the building. In terms of onward monitoring the work of the Programme Board would continue. The Executive Director of Planning &amp; Performance added that there were well developed arrangements to complete gateway reviews incorporating learning from other Health Boards which would also assist with benefits realisation.</p> <p><b>20.131.3</b> The SRG Chair confirmed that the SRG had seen the business case at a recent meeting and a point of concern had been raised regarding planning approval and whether this would be achieved in good time ahead of 2021 elections. The Executive Director of Primary &amp; Community Services confirmed that conversations had been held with Local Authority planning officers and they felt they would be in a position to approve the business case through officer approval routes with a caveat around the involvement of CADW due to the listed building status. In response to a question from the Chair around joining up various capital projects within a wider estates strategy, the Acting Chief Executive confirmed this was being addressed.</p> <p><b>20.131.4 It was resolved that</b> the Board approve the Business Case for submission to Welsh Government.</p>	
<p><b>20.132 Quarter 3 and Quarter 4 Plans</b></p> <p><b>20.132.1</b> The Executive Director of Planning and Performance confirmed that the Q3 and Q4 plan had been discussed at a recent Board Workshop and was now being presented in</p>	

public to seek formal support from the Board. He confirmed that feedback on the plans was awaited from WG. The Board were reminded that there were a number of supporting plans underpinning the work, such as those relating to care homes, Covid-19 prevention and response, mass vaccination and seasonal/winter preparedness. The latter had been shared as an appendix to the agenda item.

**20.132.2** The Interim Chief Operating Officer extended his thanks to colleagues and partners for their valued contributions to the development of three local community plans which supported the overarching plan. He indicated that lessons had been learnt around modelling of demand and surge and efforts had been made to strengthen elements of primary care and mental health in particular.

**20.132.3** The Chair thanked officers for the paper and confirmed that the Q3 and Q4 plans had been subject to extensive discussion. A discussion ensued. In response to a question regarding the implementation of the Emergency Department Quality Delivery Framework, the Executive Director of Planning and Performance confirmed that this All Wales approach was designed to set out what emergency care should look like. The Interim Chief Operating Officer added there was a clear desire to reset the unscheduled care improvement programme to enable a more strategic solution to be delivered. The Chair welcomed this approach and felt it would provide a platform for improving confidence in unscheduled care. The Vice Chair felt that the narrative within the plan provided more context and welcomed the clearer links across to wider strategic priorities, however, she would wish to see actions being 'SMART' to ensure progress could be more easily monitored.

**20.132.4** It was resolved that the Board receive and approve the Quarters 3 and 4 Plan.

#### **20.147 Interim Robotic Assisted Surgery (RAS) solution for North Wales**

**20.147.1** The Executive Director of Planning and Performance highlighted that the paper aimed to correct a long-standing inequity in service provision within North Wales. He stated that RAS would deliver significant benefits in terms of accuracy, reduced lengths of stay and improved outcomes for patients. The Board's commitment to developing RAS had contributed to the ability to recruit a further three consultants. Members were informed that the F&P Committee had supported the business case although it had asked that the lease calculation be tested out.

**20.147.2** A discussion ensued. A member noted that the paper mentioned that the development was clinically driven and supported, and he hoped that this could be a good example moving forward in other departments. The Acting Chief Executive felt it was important to note that clinical colleagues had engaged and driven the development of the business case. The Chair felt that that developments such as the RAS would further improve the organisational recruitment capability. An Independent Member added that this welcome development in North Wales would help the Board evidence it was delivering on its promises, and supported the delivery of local care for North Wales patients.



<p><b>20.147.3 It was resolved that</b> the Board:</p> <ol style="list-style-type: none"> <li>1. Support the plans described within the business case.</li> <li>2. Support progression to securing a lease arrangement (7 year with break out option at the end of year 3), for Robotic Assisted Surgery (RAS) technology to be provided at Ysbyty Gwynedd.</li> <li>3. Support that RAS will support urology services in the first instance, with a view to maximizing opportunities for other specialties in due course.</li> <li>4. Support the commitment to the All Wales RAS programme and ensuring that the lease agreement is managed in line with the All Wales programme rollout plan.</li> </ol>	
<p><b>20.148 BCU Symphony / National Welsh Emergency Department System Revenue Business Case</b></p> <p><b>20.148.1</b> The Executive Director of Primary and Community Services highlighted the challenges around ensuring the timing of the business case came together. He noted that EDs currently worked with an inappropriate level of manual and paper systems and that reducing this was key to improving clinical outcomes and better managing patient flows in EDs. He suggested that the ability to move patient information in real time from minor injury units, to an ED and onto other acute settings was crucial. An Independent Member stated that the progression of the business case would be fundamental in terms of ensuring information systems that supported better patient care. Another member enquired regarding the quantification of savings and efficiencies. The Executive Director of Primary and Community Services responded that the business case was clear and transparent in terms of costs but the same comprehensive approach had not yet been taken with regards to savings, although he could confirm that the business case would not be revenue neutral.</p> <p><b>20.148.2 It was resolved that</b> the Board approve the BCU Symphony / National WEDS Revenue Business Case to allow a phased implementation of the BCU Symphony in West and East Emergency Departments and all Minor Injury Units (MIU) in BCU, in readiness for the fully integrated WEDS solution (which includes Central Emergency Department).</p>	
<p><b>20.133 Annual Plan Monitoring Progress Report</b></p> <p><b>20.133.1</b> The Executive Director of Planning and Performance presented the paper and indicated that officers were looking to see if this report could be brought together with the Quality and Performance Report to strengthen the connection between the Board's plans, its risks, performance and outcomes whilst reflecting on the need for the Executive Team to continue to scrutinize performance reports ahead of Board and Committee meetings.</p> <p><b>20.133.2</b> An Independent Member enquired whether visibility of progress of a number of amber actions may be lost if they were not included within subsequent reports. The Executive Director of Planning and Performance assured members that the actions would be sustained, however, not all would flow through into the Q3 and Q4 plans. Another member felt that those red actions which had been paused during the pandemic must also not be lost and there needed to be a read-across in Q3 and Q4 plans. It was suggested that a report to close the loop on amber and red actions be prepared for the Strategy, Partnerships and Population Health (SPPH) Committee in December.</p>	<p>MW</p>

<p><b>20.133.3</b> A discussion took place regarding the development of the organisational clinical strategy and it was confirmed that a 3D approach would be adopted (ie; discover, design and deliver) aligned to the principles of 'A Healthier Wales'. The Chair enquired as to the timeframe and the Executive Director of Planning and Performance envisaged that the process to arrive at a clinical strategy would have concluded by the end of March 2021 and that this would allow for the new Chief Executive to have crucial input. The Acting Executive Medical Director confirmed that a range of engagement events were currently ongoing and he should be in a position to provide an update to the Board in January. The Chair was keen to know when the Board would see a draft of the clinical strategy and the Acting Chief Executive indicated she would need to reflect with colleagues and confirm outside of the meeting, although she assured members that many complementary elements to the clinical strategy were already in place.</p> <p><b>20.133.4</b> It was resolved that the Health Board note the report.</p>	GH
<p><b>20.134 Quality &amp; Performance Report</b></p> <p><b>20.134.1</b> The Executive Director of Planning and Performance reminded members that there had been prior scrutiny of the respective elements of the report at the F&amp;P and QSE Committees. He drew attention to an error on page 20 which indicated that there were 52 delayed transfers of care within mental health and confirmed that this should read 15. He highlighted key themes from the report in that EDs continued to see fewer attendances; non-elective admissions were relatively stable and currently much closer to pre-Covid levels; pressures on the care sector was linked to bed statuses which were acceptable at the minute; there had been an overall reduction in delayed transfers of care; due to the pandemic usable capacity was in general reduced and long waits were being seen in ambulance handovers. In terms of planned care, urgent referrals were back to pre-pandemic levels whilst routine referrals remained suppressed. There was a continuation of increases in numbers waiting and the proportion of patients waiting a long time which underlined the importance of the work around a diagnostic treatment centre. Other than radiology, diagnostics were performing relatively well at the moment.</p> <p><b>20.134.2</b> A discussion ensued. An Independent Member enquired as to the latest position regarding the number of children and young people waiting longer than 26 weeks for neurodevelopment assessment. It was reported that these assessments predominantly relied on face to face appointments and were typically carried out within an education setting, which added further complexities in terms of working within the constraints of Covid-19 risk assessments. The Vice Chair enquired why the Mental Health Measure targets on page 20 of the report were for August whilst all other data was September. The Executive Director of Planning and Performance and the Executive Director of Public Health undertook to check the background to this and report back outside of the meeting.</p> <p><b>20.134.3</b> The Chair felt that planned care performance for eye care and diagnostics appeared to be significant outliers. The Executive Director of Therapies and Health Sciences set out a range of actions that were in development to address diagnostic performance, including a mix of insourcing and the introduction of Waiting List Initiatives (WLIs). He also confirmed that for radiology all patients had been risk stratified. An Independent Member raised a concern around the resilience of BCU staff and the effect of</p>	MW TO

<p>WLIs. The Acting Chief Executive stated that there were short-term solutions in hand for planned care and that the Executive Team were committed to continuing to provide planned surgery, however, there was always a risk that this would need to be stepped down depending on the progression of the pandemic and future spikes. The Acting Executive Director of Nursing and Midwifery referred to improvement plans which had been endorsed for the YGC site and she felt the right area of focus had been achieved there.</p> <p><b>20.124.4</b> The Chair asked that given the concerns around planned care performance in general, a briefing note be prepared by the Interim Chief Operating Officer.</p> <p><b>20.124.5 It was resolved that</b> the Health Board receive the report.</p>	GMc
<p><b>20.141 Socio-economic Duty and Current Equality Priorities / Impact of Covid</b>  <i>[Agenda item taken out of order at Chair's discretion. Rev Ruth Coombs and Sally Thomas joined the meeting]</i></p> <p><b>20.141.1</b> Rev Coombs thanked the Board for the opportunity to meet with them to discuss the impact of Coronavirus in terms of equalities. She indicated that it was known that more people in Wales were aligned to social welfare, Wales had the highest poverty rates in the UK and there were low numbers of disabled people in employment in Wales. These factors impacted on education, work prospects, housing, the ability to participate in society and the ability to engage with others. Added to these existing challenges the pandemic had disproportionately impacted upon those from disadvantaged backgrounds. Rev Coombs reminded the Board that WG were to implement the socio-economic duty as part of the Equality Act from March 2021 and an immediate impact for Health Boards would be to ensure that any strategic decisions were considered through this additional lens. She suggested that the Board should immediately start to operate within the spirit of the socio-economic duty and review the Strategic Equality Plan (SEP) in light of Covi-19 in order to reflect upon what had changed. She reported that the Equality and Human Rights Commission (EHRC) had prioritised its own business plan in light of Covid-19. She drew attention to the recent publication of terms of reference for an enquiry into the disproportionate impact for low paid workers in health and social care from a Black Asian &amp; Minority Ethnic (BAME) background, and set out ways in which BCU could support the enquiry. She assured members that staff could engage safely and confidentially within the enquiry. Rev Coombs also confirmed that the EHRC was also undertaking a Section 31 assessment of hostile environment policies at the Home Office, and was looking to influence UK governments more widely to raise the profile of race equality in all aspects of life. In addition to the race enquiry there was also specific focused work around social care particularly around ensuring human rights could be better balanced. She noted that blanket restrictions introduced to respond to the pandemic processes meant treating everyone the same and had caused inequalities. Rev Coombs noted the need to be agile which was not easy for large organisations, and highlighted the importance of engaging with people to involve them into central decision-making processes. She concluded by reiterating the need to consider the impact on groups of any strategic decisions.</p> <p><b>20.141.2</b> The Executive Director of Workforce and OD welcomed the opportunity for this conversation and concurred that strengthening equality impact assessment in its broadest terms, ahead of making key decisions, was essential. The Head of Equality and Human Rights confirmed that the SEP had been reviewed and an additional focus included in</p>	

terms of race equality as part of the learning from Covid-19. The Executive Director of Public Health noted that there should be a longer term view in terms of improving outcomes more widely than Covid-19 – for example refreshing needs assessments through the Regional Partnership Board. Rev Coombs indicated that the EHRC was working with partners to align the various pieces of legislation that impact on the socio-economic duty as whilst it sat firmly within the Equality Act there were clear cross-cutting themes. She referenced the EHRC’s measurement framework as a useful tool to identify inequalities and to enable the development of shared priorities. The Vice-Chair commented on the need to revisit the Together for Mental Health Strategy in light of the pandemic, and felt it was opportune to pause and reflect on all of the Board’s strategies across health and social care.

**20.141.3** The Chair thanked Rev Coombs for her attendance and indicated that he looked forward to future conversations.

*[Rev Coombs and Sally Thomas left the meeting]*

### **20.135 M5 Finance Report**

**20.135.1** It was resolved that the Board note the report

### **20.136 M6 Finance Report**

**20.136.1** The Acting Executive Director of Finance presented the paper and highlighted that the main difference since the M5 report was the additional sustainability funding of £89.3m from WG. This meant that the forecast position for the Health Board was now in line with the planned position. She noted that the statement of the financial position of the Health Board was reported prior to the welcome announcement from the Minister around strategic support. The funding that had been received had now been confirmed for a number of programmes including flu and Covid-19 vaccinations; Covid-19 testing as part of Test Trace Protect (TTP); the commissioning/decommissioning of the three temporary hospitals; Personal Protective Equipment (PPE) costs and support to the Wrexham Maelor Hospital regarding planned care. The impact of the Covid-19 response had meant that the organisation had not been able to make much progress on the savings plan for this year and this was now a clear priority to improve financial performance through an acceleration of the value based healthcare programme. The Board was reporting a £5.5m savings delivery at M6. £0.2m of this being in-month and a forecast of £11.1m for schemes which were already in delivery, whilst scrutinizing all pipeline opportunities equating to around another £3.9m. The Acting Executive Director of Finance drew members’ attention to the key targets set out on page two of the report, and was pleased to report that the organisation was now achieving its revenue resource limit target, was paying 95% of non-NHS suppliers within the terms of the public sector payment policy, and was achieving its cash target. The Minister had been clear around the expectation to use some of the transformation monies to move forwards with the development of an Integrated Medium Term Plan. The paper also confirmed that approximately £152.8m Covid-19 funding had been incorporated into the Board’s resource allocation. The impact of the pandemic on financial performance should not be underestimated and the organisation would need to take into account the non-delivery of savings, and the loss of income from English patients within the network. This impact would need to be offset by a number of underspends

including the pausing of the planned care programme during the first wave. Finally the Acting Executive Director of Finance confirmed that Q3/4 plans had now been submitted to WG and focused on the increased activity that the Board was trying to implement over the next six months and the focus on the winter escalation plan.

**20.136.2** A discussion ensued. An Independent Member enquired what the estimated cost was pertaining to the loss of cross border arrangements, and when amended contracts were likely to commence. The Acting Executive Director of Finance confirmed that around £32m of costs had been incurred associated with contracts for English providers, and the valuation of activity was around £20.5m so there was in effect an under delivery. During the first three months the gap between what the organisation was paying and the activity being delivered was around £2.5m per month, and this came down to around £1m by M6. In terms of the block contract arrangements there was ongoing engagement with NHS Wales and the revised arrangements were being discussed currently with an agreement anticipated imminently and an anticipation it would be backdated. The Acting Executive Director of Finance felt it was worth noting that the contracts had effectively been funded through sustainability monies from WG as a direct consequence of Covid-19. The Chair noted that a number of Divisions were reporting overspends on normal non-Covid expenditure at the same time as claiming savings, and he asked whether this raised questions around grip and control and financial management. The Acting Executive Director of Finance suggested that a lot of this would relate to the under-delivery of savings and she offered to undertake a piece of work to balance this out in terms of what savings had been delivered by Divisions and whether they were consistent across Divisions. The Chair indicated this would be helpful. The Chair also suggested that the announcement from the Minister could be interpreted as having resolved the Board's financial challenges and that savings delivery could be seen as less of a priority by Divisions. He stated that this must be avoided as an agreement had been reached with WG that there would be opportunities to be able to reinvest those savings. The Acting Executive Director of Finance felt that the allocation of additional monies should be taken as a vote of confidence in the organisation but that the Board needed to be tactical in terms of how it was spent to meet the key five priorities and to push forward on the transformational agenda. She referred to conversations within the F&P Committee about an 'invest to save' programme and the adoption of value based healthcare which would support a move towards a more sustainable financial plan for the organisation.

SH

**20.136.3** It was resolved that the Board note the report

## **20.137 Committee and Advisory Group Chair's Assurance Reports**

### **20.137.1 Audit Committee 17.9.20**

The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted.

### **20.137.2 Finance & Performance Committee 30.9.20 and 29.10.20**

The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted. The Chair added that in terms of the development of a Diagnostic & Treatment Centre (DTC) he and the Acting Chief Executive

were in close contact with the Delivery Unit (DU) on this work and wider unscheduled care plans.

#### **20.137.3 Charitable Funds Committee 10.9.20**

The Committee Chair presented the assurance report and highlighted that the key risk set out in the report around the availability of general funds had now been resolved, and applications could therefore proceed for charitable funds.

#### **20.137.4 Mental Health Act Committee 19.10.20**

The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted.

#### **20.137.5 Remuneration & Terms of Service Committee 20.7.20**

The Committee Chair presented the assurance report which was noted.

#### **20.137.6 Remuneration & Terms of Service Committee 17.8.20**

The Committee Chair presented the assurance report which was noted.

#### **20.137.7 Strategy, Partnerships & Population Health Committee 1.10.20**

The Committee Chair presented the assurance report, drawing attention to those matters requiring escalation to the Board which were noted.

#### **20.137.8 Digital & Information Governance Committee 25.9.20**

The Committee Chair presented the assurance report which was noted. He sought an update on the identified risk around the impact of Blaenavon Data Centre on the Wales Patient Administration System (WPAS) project and the Executive Director of Primary and Community Services confirmed he had a meeting with NHS Wales Informatics Service (NWIS) the following week and would report back to the Executive Team.

#### **20.137.9 Stakeholder Reference Group (SRG) 28.9.20**

The SRG Chair presented the report, drawing attention to those matters set out within the 'key advice and feedback for the Board' section which were noted. The Board were specifically asked to support the proposal to co-opt an additional member (Clare Budden) with a view to succession planning for the role of Chair following the conclusion of Mr Williams' tenure in June 2021. This was agreed. The Health Board Chair noted the reference within the report to vaccination and asked the Executive Director of Public Health to provide an update. She reported that there had been a significant increase in the number of over 65 year olds being vaccinated against flu, although there was further work to be done to improve take-up for under 65s in at risk groups. Over 14,000 staff had now been vaccinated and an improvement in take-up could be seen across a range of Divisions. The Executive Director of Workforce and OD added that there was a planned learning session regarding messaging and lessons from the flu programme that could be applied to the Covid-19 vaccination programme.

CS

### **20.137.10 Healthcare Professionals Forum 16.10.20**

The HPF Chair presented the report, drawing attention to those matters set out within the 'key advice and feedback for the Board' section which were noted. With regards to the points made around capacity of vaccinators, the Executive Director of Primary and Community Services would support a wider contribution from primary care contractors.

### **20.135.11 Local Partnership Forum 20.10.20**

The report was noted.

*[Mr A Thomas left the meeting]*

### **20.138 Safe Integration and Improvement of Mental Health Services**

**20.138.1** The Executive Director of Public Health presented the paper which set out key highlights around the safe integration of services within mental health to provide the best possible care for patients. She confirmed that transformation work with partners would be key and the Division was very aware of the robust engagement process that would need to be undertaken with staff. It was noted that an assurance report from the Division had been presented to the QSE Committee with a further update due in January 2021. The Executive Director of Public Health felt that the Division was now far clearer on its priorities.

**20.138.2** A discussion ensued. An Independent Member enquired as to the current situation with regards to staff vacancies and the Executive Director of Public Health reported that leadership was in a stronger position as there had been some returners to work, but there was a need to revisit the Division's staffing establishment. The Associate Board Member (Social Services) welcomed the changes and improvements within the Division and emphasised the need to work in partnership across all aspects of service delivery. The Chair noted that the CHC had recently expressed a positive view on the early impact that the refreshed leadership was making within the Division and had confirmed a continued commitment to working with the Health Board to make further improvements within mental health. The Executive Director of Public Health also welcomed the significant financial support package that had been announced for mental health which would provide exciting opportunities.

**20.138.3 It was resolved that** the Board note:

1. the additional senior leadership capacity into the MHLD Division;
2. the continued focussed work on the clinical pathways work to support a more integrated approach in delivering services;
3. the level of work undertaken to re-establish engagement with staff, users and key stakeholders;
4. the additional Transformational Funding allocated to the MHLD Division; and
5. the plans to restore and enhance Primary and Community Care services to ensure as many people as possible are cared for in their own homes and communities.

## **20.139 Primary Care Update : Response to the Covid-19 Pandemic**

**20.139.1** The Executive Director of Primary and Community Services presented the paper and drew out key points. Firstly he wished to acknowledge the phenomenal challenges in primary care and that whilst the sickest people were generally in hospital, the vast majority of people with a Covid-19 diagnosis were being cared for in a community setting. There were added complexities in that the primary care estate was not set up for Covid-19. Secondly he noted the polarising extremes of how technology had been embraced out in primary care and that this needed to be balanced out. Finally he felt everyone should try and dispel the myth that primary care services were not available during the pandemic, as they most certainly were, and also to highlight that primary care continued to encompass all four independent contractor groups.

*[Mr Ff Williams left the meeting]*

**20.139.2** A discussion ensued. An Independent Member suggested that there would be a backlog of consultations within primary care. The Executive Director of Primary and Community Services concurred that there would have been a cohort of patients who had not consulted their primary care clinician during the first wave of the pandemic, but he was hopeful that people were now more confident to seek care. He felt that it would be some time before routine dental care in particular was back to pre-Covid levels. In response to a question regarding the support available to primary care staff it was confirmed that General Medical Services staff were already accessing Health Board delivered health and well-being services, and a number of contractors also had elements of private provision in place. The Chair enquired as to the equivalent picture in terms of community hospitals and what the Board's plans were for them, and whether some of the allocation should be used to consolidate primary and community services which would help with pathways. The Executive Director of Primary and Community Services indicated that prior to the pandemic his Executive colleagues across Wales had identified a desire to better understand the function of community hospitals, where they could best contribute to healthcare, and what size of community hospital provision was appropriate alongside other community services. He confirmed that work continued with WG on this matter and every effort had been made to maintain the momentum of the Step Up / Step Down bedded community services throughout the pandemic. In terms of where resources should be located he would support a value based healthcare prospect.

**20.139.3 It was resolved that** the Board note:

1. the delivery of services across primary care during the pandemic and significant work undertaken by all contractors;
2. the ongoing implementation of the 'amber phase' across primary care;
3. the rapid delivery of innovative solutions in response to the ongoing challenges.

## **20.140 Welsh Language Standard 37 Translation of Board Papers**

**20.140.1** The Executive Director of Public Health confirmed that the Board was well sighted on the expectations of the Welsh Language Standards and the paper related to documents being available to the public bilingually. She reminded members of a discussion at the



January Board meeting which tasked officers to develop options to move compliance with this Standard along. The paper, which set out a range of options and the associated challenges, had been shared with Executive Team colleagues who were supportive of a move towards option two in terms of cost, achievability and providing a demonstrable step in the right direction towards compliance with Standard 37. The Executive Director of Public Health also hoped that a move towards the provision of more papers bilingually would encourage the Welsh language to be utilised more at Board meetings.

**20.140.2** A discussion ensued. An Independent Member would wish to see the Board working towards full compliance with Standard 37 (ie option three) but he acknowledged the challenges in terms of practicalities and timing. He was supportive of out-sourcing the translation of Board papers but noted that the right level of discipline must also be achieved internally in terms of meeting the required deadlines. He suggested that the any arrangement be reviewed after six months' operation. Other members supported the view that option three should be the end goal. An Independent Member suggested that writing more succinct papers would help with the time and resource required to translate them. He noted that an external company may also need some time to learn the organisation's phraseology and business language. The Executive Director of Public Health assured members that any service procured through existing frameworks would need to uphold translation quality standards but accepted there would be some complexities to overcome. Another Independent Member asked whether there were likely to be any additional requirements or costs relating to other Standards. It was reported that the Board was performing quite well on other elements and the Commissioner would investigate any area where a concern had been highlighted to him, but currently Standard 37 was the biggest challenge. The Executive Director of Public Health undertook to provide a briefing note on other areas requiring improvement and investment. An Independent Member also suggested that the use of software assisted memory-based translation should not be ruled out. Another Independent Member noted that other organisations wrote papers in Welsh and then translated to English and this should also be an option for authors.

**20.140.3** The Chair supported the view that the Board should be working towards meeting the Standard fully however he was aware that deadlines were very often not met at present and the Board needed to be confident that in trying to address the Standard, the process did not undermine the Board's ability to govern properly and resulted in members receiving out of date information. He felt that there needed to be a test period to determine what could be appropriately delivered. The Executive Director of Public Health would be pleased to take all the comments on board in order to provide standard items bilingually at the next Board meeting.

**20.140.4 It was resolved that** the Board support option two as set out within the paper with regards to translating Board papers in accordance to the Welsh Language Standard 37, with a review after six months.

TO

#### **20.142 Research and Development update**

**20.142.1** The Acting Executive Medical Director presented the paper and highlighted there was a pleasing level of progress and examples of good work despite the challenges. He noted that the organisation had increased the number of patients to whom access to

<p>innovative treatment and research opportunities had been given. He drew members' attention to the innovative work around the development of a Covid-19 vaccine.</p> <p><b>20.142.2 It was resolved that</b> the Board receive the update for information</p>	
<p><b>20.143 Summary of Private Board business to be reported in public</b></p> <p>Noted</p>	
<p><b>20.144 All Wales and Other Forums</b></p> <p><b>20.144.1 It was resolved that</b> the following be noted:</p> <ul style="list-style-type: none"> <li>• Joint Committee Briefing 8.9.20</li> <li>• Shared Services Partnership Committee Assurance Report 17.9.20</li> <li>• Joint Committee Briefing 13.10.20</li> </ul>	
<p><b>20.145 Date of Next Meeting</b></p> <p>21st January 2021</p>	
<p><b>20.146 Exclusion of Press and Public</b></p> <p><b>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 prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'</p>	