



Betsi Cadwaladr University Health Board (BCUHB)

Draft minutes of the Health Board meeting held in public session on 14.5.20 Via WebEx Conferencing

Present:

Mr M Polin	Chair
Prof N Callow	Independent Member ~ University
Cllr C Carlisle	Independent Member
Mr J Cunliffe	Independent Member
Mr S Dean	Interim Chief Executive
Mrs M Edwards	Associate Board Member, Director of Social Services
Mr G Evans	Chair of Healthcare Professionals Forum
Dr D Fearnley	Executive Medical Director
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs G Harris	Executive Director of Nursing & Midwifery / Deputy Chief Executive
Mrs S Hill	Acting Executive Director of Finance
Mrs J Hughes	Independent Member
Cllr M Hughes	Independent Member
Mrs Ff Johnstone	Area Director West (for Dr Chris Stockport)
Mr E Jones	Independent Member
Mrs L Meadows	Independent Member
Miss T Owen	Executive Director of Public Health (<i>part meeting</i>)
Mrs L Reid	Vice Chair
Ms D Sharp	Interim Board Secretary
Mrs L Singleton	Acting Director of Mental Health & Learning Disabilities
Mr A Thomas	Executive Director of Therapies & Health Sciences
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance
Mr Ff Williams	Chair of Stakeholder Reference Group

In Attendance:

Mrs K Dunn	Head of Corporate Affairs (for minutes)
Mrs M W Jones	Board Adviser
Mrs L M Roberts	Executive Business Manager (Chair's Office)

Agenda Item Discussed	Action By
<p>20/45 Chair's Introductory Remarks</p> <p>20/45.1 The Chair informed members that the meeting was being recorded with the intention of testing sharing the recording within the public domain. Officers were also testing streaming options for subsequent meetings. Members then introduced themselves bilingually.</p> <p>20/45.2 The Chair reported that the Minister had recently approved a 12 month extension of tenure for Mr Ffrancon Williams as Chair of the Stakeholder Reference Group (SRG) ahead of amendments to the Regulations being made, to allow for continuity. In addition</p>	

<p>the SRG has supported a 12 month extension to Mr Gwilym Ellis-Evans' tenure as SRG Vice Chair.</p> <p>20/45.3 The Chair reported that Chair's Action had been taken to approve business cases for the procurement and construction of the three temporary hospitals at Bangor, Llandudno and Deeside and to approve an SBAR on the provision of piped oxygen infrastructure. The Vice Chair had authorised the paperwork to avoid a potential conflict of interest relating to Mr Polin's role with the temporary hospital group.</p> <p>20/45.4 The Chair reported that Finance & Performance (F&P) Committee Chair's Action had been undertaken to approve contract awards for managed service contracts for Electrophoresis and Glycated Haemoglobin services. The Executive Director of Therapies & Health Sciences reported that a concern expressed by one of the Independent Members regarding the length of contract had been resolved outside of the meeting.</p> <p>20/45.5 The Chair reported that he had taken Chair's Action regarding the settlement of a high value claim with permission given for the Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety and Experience to instruct counsel via the Claims Manager to commence negotiation at a joint settlement meeting.</p> <p>20/45.6 Finally the Chair indicated that the organisation was now working to return to a situation of business as usual, as far as possible, whilst maintaining Covid-19 specific work also and that a sub-group of Cabinet had assumed responsibility for examining the governance arrangements for this work.</p>	
<p>20/46 Apologies for Absence</p> <p>Mr Andy Roach, Dr Chris Stockport</p>	
<p>20/47 Declarations of Interest</p> <p>The Interim Chief Executive declared a general interest in that his substantive role remained with Welsh Government.</p>	
<p>20/48 Draft Minutes of the Health Board Meeting held in public on 15.4.20 for accuracy and review of Summary Action Log</p> <p>20/48.1 The minutes were agreed as an accurate record pending the inclusion of Miss T Owen as having submitted apologies.</p> <p>20/48.2 Updates were provided to the summary action log.</p>	
<p>20/49 Covid-19 Update</p> <p>20/49.1 The Executive Director of Workforce & OD provided an overview and update of the work ongoing relating to responding to the Covid-19 pandemic. She reminded</p>	

<p>members that detailed information was provided to the Cabinet meetings, Board Briefings and other groups. She undertook to provide members with a copy of a report submitted to the Strategic Coordination Group relating to data on confirmed numbers, deaths from Covid-19 and actual tests carried out. She was aware of a perception that cases were increasing in the West and stated that whilst this had been the case the number was now levelling off and remained below numbers for the Centre and East. It was reported that Personal Protective Equipment (PPE) issues were being managed, and work continued to address concerns in care homes.</p>	SG
<p>20/49.2 With regards to the modelling work the Executive Director of Workforce & OD reported this was not yet fully aligned and would need to be built into the organisation's planning processes going forward. The Executive Medical Director confirmed that the Clinical Pathways workstream was keen to see this progressed as it impacted upon a number of assumptions. The Interim Chief Executive reflected that the modelling was hugely dependent upon any relaxation or extension of the social distancing and lockdown arrangements. The Board Adviser asked about regional and sub-regional variability and the Executive Director of Public Health indicated that the smaller the numbers the less useful the data and therefore BCU continued to use the Welsh "R" figure as the benchmark whilst remaining aware of the need to reflect local variations. The Vice Chair referred to a dataset which suggested that Wales had a much higher rate of infection per 100,000 of population. The Executive Director of Public Health indicated this would be a result of size, denominators and differences in testing approaches. She suggested that members review the data on the Public Health Wales dashboard which she felt would increase confidence. The Interim Director of Finance undertook to arrange access to the Covid-19 information dashboard for members.</p>	SH
<p>20/49.3 The Vice Chair raised the matter of maintaining essential services and whilst accepting the complexity she felt there was a need to map out Covid and non-Covid pathways, as it was challenging to explain why patients were waiting for scans or blood tests for example when there was capacity within the organisation. The Executive Director of Therapies & Health Sciences reported that for endoscopy in particular, capacity should increase over the next few weeks, but the need to decontaminate treatment rooms between patients did affect the numbers that could be seen. Work continued with CT scanning teams and radiology on alternatives to endoscopy. The Interim Chief Executive felt that performance reporting needed to evolve to accommodate both Covid and non Covid issues. The Chair agreed.</p>	
<p>20/49.4 In response to a question regarding the testing facility within North Wales, the Executive Director of Public Health confirmed that this was now operational within Ysbyty Glan Clwyd (YGC), however, numbers were not as high as anticipated. The Chair referred to a related conversation on the all Wales Chairs and CEOs call recently and whether there was an opportunity for redistribution of reagent. The Executive Director of Public Health indicated she had raised the same issue but the issue was that there were different kits and agents being used across different parts of Wales. She offered to share the related correspondence with members. The Chair reported that Council Leaders were very keen to see early progress with community testing and they maintained their concerns over testing in care homes. He asked that the criteria be clarified for Leaders. The Executive Director of Public Health accepted there were significant challenges ahead with testing, however, she assured the Board that the organisation had sufficient capacity to test at the moment although this would become more difficult as a return to business as usual occurred.</p>	TO TO

20/49.5 The Chair indicated he had shared some information around District General Hospital (DGH) admissions data and questions had been asked regarding the occupancy rate at YGC and that a response from the Hospital Management Team would be helpful for members to better understand the situation. The Executive Director of Public Health reminded the Board that deprivation and the demography of Wales affected communities and had a knock on effect on hospital admissions.

20/49.6 In response to a question regarding wider support to care homes the Area Director (West) reported there were daily conversations with Care of the Elderly and Community Resource Teams, working across health and social care to identify hot spots with the aim of avoiding unnecessary hospital admissions. The Associate Board Member (Director of Social Services) stated that the sharing of intelligence is key to ensuring the challenges facing residential care can be taken forward constructively with partners.

20/49.7 In terms of workforce the Executive Director of Workforce & OD reported there was a significant amount of work ongoing. She highlighted that the aim was to retain the additional staff that had been recruited and deploy them where needed. She also noted the need to be mindful of the impact of 'test, track and trace' on the workforce in terms of the number of staff who may have to isolate as a result. She also reported there had been a good take up of the health and well-being hubs. In response to a question from an Independent Member, she confirmed that the testing and tracking of agency staff was managed within the Health Board.

20/50 Maintaining Governance Covid-19

20/50.1 The Interim Board Secretary presented the paper which had been updated since being presented at the April Board meeting and also included the terms of reference for the Cabinet. She indicated there would need to be a further refresh once outstanding governance arrangements had been finalised.

20/50.2 The SRG Chair reported that the Advisory Group was due to meet in June and he would welcome a steer as to what the SRG could usefully focus on at this stage in terms of providing advice to the Board. An Independent Member suggested that re-engaging with stakeholders formally was important at this time. The Executive Director of Therapies & Health Sciences indicated that conversations were being held regarding the next meeting of the Healthcare Professionals Forum (HPF). The Interim Board Secretary confirmed that diarised June dates for Committees and Advisory Groups were to remain, however, the decision whether the meeting was necessary was for the respective Chair and Lead Officer to make following a review of planned business. She wished to flag that if all scheduled meetings did go ahead then this would impact upon the capacity of Executives, officers, members and secretariat support, as additional Covid structures were also being supported. The Chief Executive suggested that requirements to prepare papers should be minimised. The Chair added that meetings should be short and focused and that attendance by Executives could be on a "as required" basis.

20/50.3 An Independent Member referred to the introduction of the paper which detailed what assurances the Board should be receiving, and expressed doubt that this was being

<p>fully covered. The Interim Board Secretary indicated that Welsh Government guidance had been received within the last week which was now being cross-checked with the Board's auditors and others to determine what governance arrangements needed to be in place and a route map for issues. The Independent Member added that she felt essential services should be standing item for the Board. The Chair suggested it was placed on the next agenda for consideration as to how this could be appropriately scheduled going forward.</p> <p>20/50.4 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the updated report 2. Approve the additional variations to the Standing Orders 3. Note the continued revised approach to Board decision making 4. Note the continued revised approach to meetings in public 5. Approve the Covid-19 Cabinet Terms of Reference 	DS
<p>20/51 Finance Report Month 12</p> <p>20/51.1 The Interim Executive Director of Finance presented the report which provided a briefing on the draft unaudited financial performance for the year to 31st March 2020, and confirmed that the final draft accounts had been submitted to WG on the 7th May 2020. She drew members' attention to the requirement for the Health Board to delegate authority to approve the accounts to the Audit Committee who would meet on the 29th June 2020. The Interim Executive Director of Finance highlighted an increase to expenditure by £31.6m due to the effect of the employer's superannuation costs having been paid by WG on behalf of the Health Board, and that a revised forecast deficit of £41m was now reported. It was also reported that the draft unaudited position of the Health Board was an overspend of £39.2m with significant issues being around an underspend against Referral to Treatment (RTT) and the offset of Covid expenditure. Members' attention was drawn to the total value of savings schemes delivered in year of £35.6m with cash releasing savings achieved of £33.2m against a plan of £35.0m giving a shortfall of £1.8m. Appendix 1 showed a summary of financial performance, and it was highlighted that RTT expenditure was detailed in Appendix 2.</p> <p>20/51.2 The Vice Chair of the F&P Committee was keen to see what learning would be taken forward in terms of delivering savings and achieving the control total in 2020-21. The Interim Executive Director of Finance accepted that whilst valuable transactional savings had been made, there was a need to deliver more transformational savings and convert schemes into cash releasing plans. An Independent Member noted with disappointment that despite the focus and provision of external support on finance in 2019-20, plans still fell short. Another Independent Member concurred and suggested that it was difficult to see that the Board had been in any better position at M10 than previous years, bearing in mind all the support that it had received. The Chair acknowledged the significant level of savings which had been delivered and that the situation could have been far worse, however, he agreed that pace in delivering savings was key and would be even more challenging when balancing with Covid work. It was agreed the Interim Executive Director of Finance would consider and advise on when the savings programme could recommence and how it might capture service change opportunities which had arisen during the response to Covid-19.</p>	SH

<p>20/51.3 An Independent Member felt that there was learning to be had from the Covid experience in terms of how services had had to be delivered in the pandemic situation, and that this approach could enable transformation.</p> <p>20/51.4 The Executive Medical Director felt it was timely to re-establish the Board's thinking around a clinical services strategy and there was a good environment currently in terms of clinical engagement and support.</p> <p>20/51.5 The SRG Chair suggested that members had a responsibility to reiterate and reinforce the need to drive forward schemes that would both transform services and result in savings. He was concerned around agency costs and that the existing initiatives should be refreshed to address this as soon as possible. The Interim Executive Director of Finance responded that controls were being identified which would support a potential cost reduction but there were a number of national decisions which would impact on this area. The SRG Chair had also submitted a written question around superannuation costs and pensions which would be responded to outside of the meeting.</p> <p>20/51.6 An Independent Member raised the issue whether there could be potential savings in terms of rationalising the BCU estates and using office space differently, learning from how the home working option had been utilised during the Covid pandemic. The Executive Director of Planning & Performance accepted that some aspects could well be normalised as the Board returned to business as usual, however, the Executive Director of Workforce & OD reminded the Board that there would be associated responsibilities regarding the maintenance of social distancing as staff did return to work.</p> <p>20/51.7 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the report. 2. Delegate authority to approve the audited annual accounts and returns to the Audit Committee at their meeting of 29th June 2020. 	SH
<p>20/52 Integrated Quality Performance Report (IQPR)</p> <p>20/52.1 The Executive Director of Planning & Performance presented the shortened report which provided end of year key performance indicator data without exception reports. He noted a worsening position in terms of patient care – for example in terms of RTT and access to diagnostics – and suggested this was primarily due to the onset of the pandemic situation. <i>[Miss T Owen left the meeting]</i> The Executive Director of Planning & Performance confirmed that a revised format for the IQPR was in development with the aim of bringing to the June Health Board.</p> <p>20/52.2 The Vice Chair made the comment that without the narrative component of the report it was difficult to fully interpret the figures, and she expressed a particular concern around infection levels which had been increasing despite the additional focus in this area even before Covid. She also referred to a discussion at the Quality, Safety & Experience (QSE) Committee on the May 2020 and that estates issues were preventing a particular Ward from being cleaned to the required standard. The Executive Director of Nursing & Midwifery confirmed that this issue had been escalated and the relevant</p>	MW

<p>Hospital Management Team would feed back to the Chair of QSE. She added that work was also being taken forward to identify those “unavoidable” infections. The Vice Chair also referred to stroke care and the impact of thrombotic issues that Covid was now presenting which could result in a further deterioration in the service. The Executive Director of Planning & Performance undertook to take an action away to look at adverse trends around stroke and infection prevention specifically for the next report. In response to a question posed by the Chair, the Executive Director of Planning & Performance undertook to see when the performance report for April could be circulated.</p> <p>20/52.3 The Vice Chair requested that the learning and recovery work arising from the pandemic should incorporate learning from the reduced attendances at Emergency Departments. The Executive Director of Planning & Performance suggested there would be multifaceted reasons for the lower attendances but agreed that it should be considered as to how learning could be built into new ways of working.</p> <p>20/52.4 The Executive Director of Therapies & Health Sciences highlighted the efforts of diagnostics teams in that there had been a reduction in numbers waiting for endoscopy from 2500 in August 2019 to around 450 by the end of March 2020. An Independent Member also raised concerns around Child & Adolescent Mental Health Services and Looked After Children performance, and said that she had a series of meetings scheduled with the service lead.</p> <p>20/52.5 It was resolved that the Health Board note the report.</p>	<p>MW</p> <p>MW</p>
<p>20/53 Corporate Risk Register</p> <p>20/53.1 The Executive Director of Nursing & Midwifery introduced this agenda item but in acknowledging that risk management was the subject of a range of ongoing conversations and said she did not feel the report as presented provided the required level of assurance to allow the Board to consider the recommendations as stated. She noted that the stepping down of Committees had caused delays and challenges in ensuring that risks were updated, scrutinised and approved but that the Executive Team had now committed to reviewing each risk they were responsible for. Secondly she highlighted that the decision to de-escalate the care home risk taken earlier in the year had been superceded by a Gold command decision but this had not been reflected in the paper.</p> <p>20/53.2 The Vice Chair made a range of comments. From an assurance perspective she confirmed that a conversation had been held between herself, the Audit Committee Chair, the Vice Chair of the F&P Committee, the Interim Board Secretary, the Acting Associate Director of Quality Assurance and the Assistant Director of Information Governance & Assurance regarding the management of Covid related risks. She was assured there was work being undertaken in this regard which was not reflected in the paper. Secondly she clarified that the Audit Committee had requested a cleanse of the risk register rather than the QSE Committee as indicated in the paper. Finally she felt that the paper suggested that the Risk Management Group had overridden a QSE Committee decision regarding</p>	

<p>the scoring of risks which was not reflective of the situation. She confirmed that this point related to health and safety risks which were indeed reviewed by the QSE Committee. The Audit Committee Chair wished to support the comments made by the Vice Chair and he added that in his view there was an issue to be resolved around the relationship between QSE Committee and the Risk Management Group.</p> <p>20/53.3 The Chair welcomed the comments but was concerned as to why the paper had been submitted to Board in its current format if the Executive Team did not feel it provided the necessary assurance for members. He asked that the mechanism to clear papers be revisited and would pick this up with the Interim Board Secretary.</p> <p>20/53.4 It was resolved that the Corporate Risk Register would be updated and resubmitted to the June Health Board meeting.</p>	<p>DS</p> <p>GH</p>
<p>20/54 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)</p> <p>20/54.1 It was resolved that the Board ratify the additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	
<p>20/55 Vascular Services</p> <p>Item deferred to extraordinary Board meeting on 21st May 2020</p>	
<p>20/56 Documents Previously Circulated for Information</p> <p>Noted.</p>	
<p>20/57 Date of Next Meeting</p> <p>The next Health Board meeting would be held on Thursday 21ST May 2020 @ 2.30pm</p>	
<p>20/58 Exclusion of Press and Public</p> <p>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>	