



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public session on 15.4.20
Via WebEx Conferencing

Present:

Mr M Polin	Chair (part meeting)
Prof N Callow	Independent Member ~ University
Cllr C Carlisle	Independent Member
Mr J Cunliffe	Independent Member
Mr S Dean	Interim Chief Executive
Mr G Evans	Chair of Healthcare Professionals Forum
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
Mr E Jones	Independent Member
Mrs L Meadows	Independent Member
Mrs J Parry	Acting Board Secretary
Mrs L Reid	Vice Chair
Mrs L Singleton	Acting Director of Mental Health & Learning Disabilities
Dr C Stockport	Executive Director of Primary & Community Services
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)

Apologies:

Mrs M Edwards	Associate Board Member, Director of Social Services
Dr D Fearnley	Executive Medical Director
Miss T Owen	Executive Director of Public Health

Agenda Item Discussed	Action By
<p>20/34 Chair's Introductory Remarks</p> <p>20/34.1 The Chair welcomed everyone to the meeting.</p> <p>20/34.2 It was resolved that the Board endorse the Chair's Actions which had been undertaken on the following matters:</p> <ul style="list-style-type: none"> An inflationary uplift of Continuing Health Care (CHC), joint funded and domiciliary care fee rates for 2020/2021; and support for an additional premium payment to the 	

<p>CHC rate as an interim payment as the Health Board develops its new CHC Pricing Methodology in conjunction with the NCCU.</p> <ul style="list-style-type: none"> To allow the Health Board's solicitors to negotiate a settlement relating to a high value Claim 	
<p>20/35 Declarations of Interest</p> <p>None declared</p>	
<p>20/36 Minutes of Meeting Held in Public on 23.1.20</p> <p>20/36.1 The minutes were approved as an accurate record.</p> <p>20/36.2 The summary action log was reviewed and the proposals to close or defer actions were agreed.</p>	
<p>20/37 Covid-19 Update</p> <p>20/37.1 The Executive Director of Primary & Community Services provided an update from a set of presentation slides which would be circulated. He highlighted:</p> <ul style="list-style-type: none"> There had been 398 confirmed cases in North Wales, 126 of which were current in-patients and the largest numbers were in the 70+ age group which was consistent with the rest of the UK. Surge capacity planning was continuing based on the key principles of caring for patients at home where possible and only providing essential acute care on acute sites. Challenges around the provision of oxygen were being worked through and it was noted this would predominantly affect step down facilities. The establishment of the temporary hospitals remained on target. The provision of Personal Protective Equipment (PPE) continued to be matter of concern but supply was continuing through the national procurement framework and there had been a positive and pleasing level of support from communities and local industry. Training on the use of PPE was in place across sites. Testing was progressing as well as national procurement allowed. There was now a redeployment database established of around 1000 staff. Consistent progress was being made with recruitment and a model was in place for the staffing of the temporary hospitals and to respond to expected surge capacity requirements on existing sites. A range of measures had been developed to promote and maintain staff wellbeing. In terms of health, safety and security there was a large amount of work being undertaken across multiple sites and to ensure that the Board would be able to meet new requirements in terms of Health and Safety Executive (HSE) reporting. Currently around 9% of the workforce was absent from work with the majority being reasons pertaining to self-isolation meaning there was a planned return date. In terms of non-Covid activity across the Health Board, Emergency Department (ED) attendances were down by about 50% and there was a notable reduction in other medical emergencies. 	CS

<ul style="list-style-type: none"> • With regard to communications the significant effort and commitment from the corporate team and others was acknowledged and that there had been excellent TV and media coverage of a positive nature. <p>20/37.2 Comments and questions were invited from members. A summary of the discussion is as follows:-</p> <ul style="list-style-type: none"> • There were differing models in terms of forecasting the peak surge but this was broadly expected in mid May although members were assured that currently BCUHB was maintaining capacity within critical care. A higher degree of certainty and confidence would be likely within the next couple of weeks. • The Chair would expect to see further clarity around temporary hospitals in terms of the workforce, pathways and patient cohorts within the next few days. He also reflected that consideration needed to be given to the potential amount of time they could be needed and the implications of loss of income for the sites. The Interim Chief Executive assured the Board that the temporary hospitals' capacity had been designed to cope with a worst case scenario. He added that the question around loss of earnings was one for the Welsh Government (WG). • The Chair reiterated the general concern around PPE and that he would be raising the matter again with the Director of Finance at WG in a later call. • The Chair also suggested that urgent consideration needed to be given to the situation of testing for staff and what information could be provided on this within the public domain to reassure partners and the public. The Executive Director of Workforce & OD accepted that whilst large numbers were being tested, more could be done. She indicated that an update would be emailed out to members. • The Executive Director of Workforce & OD confirmed that a risk framework was to be discussed at the Cabinet meeting on the 16.4.20 including a process for Cabinet to review the risk logs from each workstream, the Health Emergency Control Centre (HECC), acute site control centres and Gold Command. Cabinet would then take a view as to whether anything required escalation to the corporate organisational risk register. • The Executive Director of Workforce & OD confirmed that ideally any internal Covid-19 related correspondence should go through the 'SRO' workstream inboxes and she undertook to share these email addresses with board members. <p>20/37.3 The Executive Director of Nursing and Midwifery referred members to the paper relating to nurse staffing levels which set out a request to postpone routine monitoring and updates to the Board which was in line with the approach being taken by other Welsh Boards. She assured members that the previously agreed staffing levels would be maintained for as long as it was possible to do so given the current situation. She also assured the Chair of the Stakeholder Reference Group (SRG) that the priority remained of ensuring patient safety and that any breaches would continue to be recorded and reported as part of the continued work around safety dashboards, incident reporting and infection control – with the Quality Safety & Experience (QSE) Committee maintaining its oversight of these matters.</p> <p>20/37.4 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the Welsh Government position associated with the Nurse Staffing Levels (Wales) Act 2016 under these exceptional circumstances and APPROVE the Health Boards proposed stance to: <ul style="list-style-type: none"> • Cease the re-calculation of the Nurse Staffing Levels on Inpatient Adult Medical & Surgical Wards until such time that the Pandemic actions are no longer in force; 	<p>SG LS</p> <p>SG</p>
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<ul style="list-style-type: none"> • Indefinitely postpone the Nurse Staffing Levels Annual Report to the Board; • To redefine Nurse Staffing Levels for COVID Wards based on a revised multidisciplinary workforce approach, ahead of national guidance; • To maintain the calculation, as far as reasonably possible, for designated Non COVID wards/areas (to include commissioned services). 	
<p>20/38 Maintaining Good Governance</p> <p>20/38.1 The Chair reported that some typographical errors had already been noted and the need to amend Appendix 2 to show that the Finance & Performance (F&P) Committee would also be suspended. The Vice Chair indicated she had also made some comments on the report which she would forward, in particular around the current focus for the Quality, Safety & Experience Committee. In response to a question from the Vice Chair, the Acting Board Secretary confirmed that high level risks would still come to the full Board. The Independent Member (Trade Union) suggested that reference to the regular liaison with Trade Union partners be included. In response to points raised by the Chair of the SRG, the Acting Board Secretary confirmed that reference to Advisory Groups would be incorporated into a future version, and confirmed that in terms of the section on quorum the Chair did have a casting vote.</p> <p>20/38.2 Pending the agreed amendments it was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the report 2. Approve the variation to the Standing Orders as outlined 3. Approve the revised approach to Board decision making 4. Approve the approach to meetings in public 5. Note the suspension of Committees as set out 	<p>LR</p> <p>JP</p>
<p>20/39 Financial Plan 2020-21</p> <p>20/39.1 The Acting Director of Finance presented the paper which set out the proposed 2020/21 Financial Plan showing the impact of the forecast outturn, an assessment of cost pressures, financial pre-commitments; WG allocations and required cash releasing savings. She noted that the plan was a static document and not a dynamic one, and confirmed that the advice from WG had been to set the plan as it would have been prior to the impact of Covid-19 and use it as the baseline for reporting, and to identify the reduction in non Covid-19 activity and identifying Covid-19 related costs. She drew members' attention to the implication of Covid-19 on the organisation's cost base and its ability to deliver targets. This had been escalated as a risk to the corporate risk register, and a separate briefing paper on financial governance and the ability to meet Standing Financial Instructions had also been drafted.</p> <p>20/39.2 The Chair stated that the Board needed to firstly recognise it was being presented with a financial budget without an operational plan but that this position would need to be recovered as soon as matters returned to normal. In terms of the Board's financial recovery this had been suspended in line with other Welsh Health Boards but he would wish to see monthly financial reporting maintained even though the F&P Committee was not currently meeting.</p> <p>20/39.3 The Vice Chair of the F&P Committee raised a number of questions:</p> <ul style="list-style-type: none"> • Where the stated "risks of collaboration" would be documented and how they would be managed? The Acting Director of Finance responded that they had not yet been 	

identified fully within the risk register and this would need to be thought through further.

- What appetite for transformational change the plan was assuming? The Acting Director of Finance responded that Covid-19 had actually accelerated elements of transformational change and that the positive examples of clinical leadership currently would give the organisation an advantage in terms of sustainability.
- Whether there were pipeline savings to meet the total cash releasing savings target of £45m? The Acting Director of Finance responded that there remained a gap which was still being worked on.
- Whether there was an analysis of what the budget would need to be to include referral to treatment etc. The Acting Director of Finance responded that the expectation was that this would have been matched by WG funding.

20/39.4 The Chair referred to the recovery arrangements and that this critical piece of work must be properly resourced. He also felt it would provide a good opportunity to initiate transformation and not return automatically to previous clinical pathways. He suggested that contact be made with Hywel Dda Health Board as they were ahead of North Wales in terms of their recovery programme. He also asked that a formal update on the recovery work and what it aimed to achieve be scheduled for a future Board meeting.

JP

20/39.5 It was resolved that the Board:

1. **Note and comment** upon the 2020/21 outline budget set out in Section 5.1.
2. **Note** that approving a budget which does not plan for a breakeven position increases the Health Board's cumulative deficit. This will be the sixth year where the Health Board will not have achieved breakeven, and the cumulative deficit may need to be repaid in the longer term.
3. **Recognise** that approving a budget which does not plan to break-even is by definition a 'novel or contentious' matter which has necessitated the Chief Executive as Accountable Officer to write to the Chief Executive of NHS Wales to explain the situation.
4. **Note** that failure to achieve breakeven for the three-year period may mean that the Health Board's accounts are qualified by the Wales Audit Officer on the basis of regularity, following the audit of the 2019/20 financial statements.
5. **Note and endorse** the assessment of the Health Board's budget deficit of £57.72m as outlined in Section 5.2.
6. **Consider and approve if in agreement** the unavoidable cost pressures outlined in Section 5.5.
7. The Board is advised that the Health Board's financial risk profile will increase should it decide not to recognise these cost pressures.
8. **Note** that the budget does not secure assured delivery of performance targets including Referral to Treatment (RTT).
9. **Consider and note** the level of the savings challenge for 2020/21 and the basis on which this will be managed in order to achieve the budgeted resource allocation.
10. **Approve** the Executive Director of Finance's advice of a total savings target of £45m.
11. **Subject to recommendations 5 to 10, approve** the recommended budget outlined in Section 5.1.

<p>12. Approve the use of the Accountability Agreements, based on the document included in Appendix 2.</p> <p>13. Note and approve the Capital allocation as set out in Section 5.6, recognising that the Health Board will, through the Finance and Performance Committee, develop plans to spend this allocation over the year within the outlined limits.</p> <p>14. Note the Cash implication as set out in Section 5.7, and the requirement to repay the cumulative cash deficit over the longer term.</p> <p>15. Note the ring-fenced allocations as set out in Section 6.1.</p> <p>16. Note the Risks as set out in Section 8.2 and Governance considerations set out in Section 9.</p> <p><i>[Mr M Polin left the meeting and the Mrs L Reid Chaired from this point on]</i></p>	
<p>20/40 Corporate Risk Register Update & Risk Management Strategy Update</p> <p>20/40.1 The Board considered a newly described risk (3117) relating to public health and safety arising from an outbreak of COVID-19 and demand outstripping organisational capacity. It was felt that many of the controls were task oriented and were responses to an incident rather than controls that would mitigate an articulated risk. It was also suggested the risk description could be better articulated. Members acknowledged the risk in general and that officers would continue to fine tune the narrative and controls. The Executive Director of Workforce & OD felt there were several links to the command and control framework and suggested that the risk also be discussed at the next Cabinet meeting.</p> <p>20/40.2 The Board considered a newly described risk (3138) relating to infection control as a result of inadequate supply, quality or usage of PPE. It was again acknowledged in principle that there needed to be a risk of this nature within the corporate risk register, however, the risk description needed amending. In addition the Executive Director of Nursing & Midwifery noted that it would need to be updated following a relevant meeting on the 14th and the Executive Director of Workforce & OD added that the HSE reporting requirements regarding exposure needed to be included.</p> <p>20/40.3 The SRG Chair noted that both new risks were of an unacceptable score according to the risk appetite defined within the organisational Risk Management Strategy. The Board acknowledged formally that this was not a position it was happy to be in, however, it was understandable given the unprecedented situation.</p> <p>20/40.4 The Board had been provided with a copy of a revised organisational Risk Management Strategy which underlined the intention and commitment to embark on the implementation and embedding of an Enterprise Risk Management (ERM) Model across the organisation. The Audit Committee Chair proposed to the Board that this was not approved as the Audit Committee had outstanding concerns over the capacity of the risk management team to fully implement this approach. The Acting Board Secretary stated that the existing Risk Management Strategy would therefore need to be extended to ensure an operational strategy was still in place until such time as the Audit Committee was assured around capacity. She also reported that a paper addressing capacity issues was to be written but had been delayed.</p>	<p>GH</p> <p>SG</p> <p>GH</p>

<p>20/40.5 Given the discussion it was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Approve in principle the new corporate risks regarding COVID-19 and PPE 2. Approve the extension of the existing Risk Management Strategy to remain as the operational strategy until further notice. 	
<p>20/41 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>20/41.1 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.</p>	
<p>20/42 Date of Next Meeting and Any Other Business</p> <p>20/42.1 It was noted that the Health Board would next meet in public session on the 14th May 2020</p> <p>20/42.2 The Acting Board Secretary asked the Board to agree two matters under any other business:</p> <ul style="list-style-type: none"> • It was noted that members had received a copy of a letter from the Wales Audit Office dated the 8th April 2020 setting out the impact of Covid-19 on the annual audit plan. • The Board agreed that the approval of the organisational financial annual accounts for 2019-20 be delegated to the Audit Committee. 	
<p>20/43 Public Bodies (Admission to Meetings) Act 1960</p> <p>20/43.1 It was resolved that:</p> <ul style="list-style-type: none"> • The Board note that whilst observers are excluded from attending meetings during the Covid-19 pandemic, minutes of the discussion held in public session will be published to the website within three working days if possible. • The remainder of the meeting be held in private session 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>The Health Board then met in private session. The only business discussed was:</p> <p>20/44 To approve the minutes of the meeting held in private on the 23.1.20 as an accurate record and to note the summary action log with proposals to close or defer actions.</p>	