



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 15th July 2021 via Zoom Conferencing

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Chair of Healthcare Professionals Forum
Arpan Guha	Acting Executive Medical Director
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Eifion Jones	Independent Member
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair (<i>part meeting</i>)
Chris Stockport	Executive Director of Primary and Community Services
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive (<i>part meeting</i>)
Mark Wilkinson	Executive Director of Planning & Performance

In Attendance:

Peter Bohan	Associate Director of Occupational Health, Safety & Security (<i>part meeting</i>)
Andrew Champion	Assistant Director, Welsh Health Specialised Services Committee (<i>part meeting</i>)
Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Simon Evans-Evans	Interim Director of Governance
David Fletcher	Project Director (<i>part meeting</i>)
Ellen Greer	Acting Associate Director of Organisational Development (<i>part meeting</i>)
Lowri Gwyn	Translator
Lesley Hall	Associate Director Human Resources (<i>deputising for Sue Green</i>)
Fiona Lewis	Corporate Governance Officer (<i>for livestreaming support</i>)
Sian Lewis	Managing Director, Welsh Health Specialised Services Committee (<i>part meeting</i>)
Llinos Roberts	Executive Business Manager (<i>for livestreaming support</i>)
Chris Subbe	Clinical Lead Unscheduled Care (<i>part meeting</i>)
Nia Thomas	Head of Organisational Development (<i>part meeting</i>)
Katherine Williams	Assistant Director of Quality and Clinical Advice, Healthcare Inspectorate Wales (<i>part meeting</i>)

Agenda Item Discussed	Action By
21.108 Chair's Introductory Remarks	

<p>21.108.1 The Chair welcomed everyone to the meeting of the Health Board which was again being live streamed to enable members of the public to observe the meeting in real time. He also reminded members that they were welcome to contribute in the language of their choice as Welsh to English translation was being provided.</p> <p>21.108.2 The Chair recorded a range of Chair's Actions that had been completed since the last Board Meeting as follows:</p> <ol style="list-style-type: none"> 1. Health Board Chair's Action completed on 27.5.21 regarding the tender for the redevelopment of the Critical Care Unit at Wrexham Maelor 2. Dual Finance and Performance (F&P) Committee and Health Board Chair's Action completed on 15.6.21 regarding the recommissioning of orthodontic services in Penrhyndeudraeth 3. Health Board Chair's Action completed on 23.6.21 to endorse Stakeholder Reference Group election of Chair and Vice Chair, to allow Ministerial approval to be obtained for Chair position 4. Health Board Chair's Action completed on 3.6.21 to approve acceptance of the recommended tender for the reinstatement works following the decommissioning of Ysbyty Enfys Llandudno 5. Dual F&P Committee and Health Board Chair's Action completed on 21.6.21 to approve contract with Lightfoot Solutions to provide healthcare consultancy and specialist technology services, to aid Winter Planning and delivery and ongoing support. 6. Health Board Chair's Action completed on 25.6.21 for authority to settle a claim over £1million 7. Health Board Chair's Action completed on 5.7.21 for approval of acceptance of the recommended tender for the reinstatement works following the decommissioning of Ysbyty Enfys Deeside 	
<p>21.109 Apologies for Absence</p> <p>21.109.1 Apologies were recorded for Adrian Thomas, Sue Green and Morwena Edwards. The Chair also noted that Jo Whitehead and Lucy Reid would be joining later as they were currently meeting with the Minister.</p>	
<p>21.110 Declarations of Interest</p> <p>21.110.1 None declared</p>	
<p>21.111 Draft Minutes of the Health Board Meeting held in public on 20.5.21 for accuracy and review of Summary Action Log</p> <p>21.111.1 The minutes were approved as an accurate record and updates provided to the summary action log.</p>	
<p>21.112 Chief Executive's Report</p>	

<p>21.112.1 The Deputy Chief Executive presented the report as read, and added that a letter had been received from the Chief Executive of NHS Wales following a recent Joint Executive Team meeting, which conveyed a positive response to that meeting and to the Board's progress against Targeted Improvement.</p> <p>21.112.2 It was resolved that the Health Board note the report of the Chief Executive</p>	
<p>21.113 Covid-19 Pandemic Update</p> <p>21.113.1 The Executive Director of Nursing and Midwifery presented the paper and slides. She highlighted a range of points as follows:</p> <ul style="list-style-type: none"> • That the Delta variant continued to be present in North Wales. • High numbers of Covid cases were being seen in the Wrexham area. • Hospital admissions stood currently at 33 in acute beds 8 in community beds, with all sites still managing red and green pathways. • Primary care colleagues continued to ensure that face to face consultations were provided where needed alongside virtual options, and were also supporting the ongoing vaccination programme. • The numbers of staff isolating (some 130 plus) was creating workforce challenges which also impacted upon the vaccination programme. • There were positive cases being recorded in care homes but generally with less significant symptoms. • A small outbreak in the Ablett Unit had been well managed and contained. • Visiting guidance including maternity units had been revisited across the Health Board but would always be subject to review. • Escalation plans remained in place across all services should they be required. • The promotion of the vaccination programme continued with the support of Local Authority colleagues and others, with the vaccine now being offered to all over 18s. • The Mass Vaccination Centre (MVC) in the West had relocated from Bangor University to operate from Bangor Cathedral, the Caernarfon tennis centre, leisure centres and community hospitals. • The MVC in the Central area continued in Venue Cymru until the end of July with additional capacity being accessed elsewhere . • The MVC in the East area continued in Deeside and the Catrin Finch Centre, together with leisure centres and community/social clubs. • In terms of Long Covid the message needed to be that this was a real issue for many individuals. A business case was being worked upon to ensure the Board could support those individuals, and BCUHB was pleased to be the first Health Board to develop a specific self -management programme. <p>21.113.2 The Executive Director of Public Health provided an update on Test Trace Protect, confirming there were no significant difficulties although staffing remained challenging.</p>	

<p>21.113.3 A discussion ensued. In response to a question around the number of in-patients who were fully vaccinated the Executive Director of Nursing and Midwifery did not have the figures available but would make this available outside of the meeting. She also noted that the evidence generally was that those who had been vaccinated did demonstrate less acute symptoms. The Executive Director of Public Health reiterated the ongoing message to promote vaccination which did also protect against the Delta variant.</p> <p>21.113.4 An Independent Member noted that there were large numbers of staff isolating and he was concerned at the effect on the ability to sustain services. The Executive Director of Nursing and Midwifery highlighted that the Board's initial duty was to patients and staff, and that depending on the nature of any relaxation of isolation requirements it could be that staff were allowed to return to work sooner if they could provide a negative PCR (polymelase chain reaction) test. The Executive Director of Public Health confirmed that the current guidance would continue to be followed in order to keep people safe.</p> <p>21.113.5 An Independent Member raised a concern around the impact of visitors to north Wales over the summer and the health service's capacity to cope. The Executive Director of Nursing and Midwifery responded that a significant number of patients accessing emergency and minor injury services were not north Wales residents. This brought increased risks in terms of different rules in England and Wales and she indicated that messaging on infection prevention continued to be maintained. The organisation would need to manage and monitor the increased pressures across all services through the use of surge plans and monitoring the impact on in-patient beds and planned care alike. The Chair raised the point of conveying concerns around pressures to the public and stakeholders and the Executive Director of Nursing and Midwifery indicated that consistent messaging would continue with partners to ask people to use the NHS Covid App and follow isolation requirements if they were contacted. The Chair asked that the Board be kept informed on this matter.</p> <p>21.113.6 In response to a question from the Chair regarding the position within primary care, the Executive Director of Primary Care and Community Services confirmed that the triage process was still in place as the number of contacts remained high, however, face to face consultations were always arranged where needed. A comment was made that some patients, particularly the older generation, may be reluctant to share detail with reception staff but this was important to enable appropriate triage. Primary Care also was feeling the impact of staff being required to isolate. In terms of sustainability the aim of expanding primary care beyond traditional models of medical and nurses with the support of other providers and professionals remained in place.</p> <p>21.113.7 It was resolved that the Board note the report and supporting presentation and endorse decisions made by the Executive Incident Management Team.</p>	GH
<p>21.114 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</p>	

<p>Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>21.114.1 It was resolved that the Board ratify the list of approvals and removals to the All Wales Register of Section 12(2) Doctors and the Register of Approved Clinicians</p>	
<p>1.115 Documents Signed Under Seal</p> <p>21.115.1 It was resolved that the Board note the list of documents signed under seal.</p>	
<p>21.116 Health and Safety Annual and Quarter 4 Report 2020-21 <i>[Peter Bohan in attendance]</i></p> <p>21.116.1 The Associate Director of Occupational Health, Safety & Security presented the report. He highlighted that the volume of RIDDORs had increased with a large proportion being Covid-related, and confirmed that all had had a review and an investigation. This added volume of work together with support to ensuring social distancing requirements, and work related to security arrangements had meant a busy year for the corporate team.</p> <p>21.116.2 In response to a question around the Covid related RIDDORs, the Associate Director of Occupational Health, Safety & Security confirmed that the volume was now reducing compared to the early days of the pandemic. An Independent Member referred to the security issues and noted that multiple systems and differing policies would affect the organisation's reporting and ability to respond. The Associate Director of Occupational Health, Safety & Security confirmed that the development of this aspect would form part of the business case.</p> <p>21.116.3 The Independent Member (Trade Unions) wished to acknowledge the excellent partnership work that that was evident between the occupational health and safety teams and Trade Union (TU) partners, and that TU partners had received a useful presentation recently on the progress in terms of offering training to managers on violence and aggression.</p> <p>21.116.4 An Independent Member enquired whether there was sufficient resource and capacity to deliver all of the detailed recommendations. The Associate Director of Occupational Health, Safety & Security confirmed there were a number of business cases in train to address this and that collective ownership would be key.</p> <p>21.116.5 The Chair noted that numbers of staff injuries were falling but felt that 57 still seemed a lot. The Associate Director of Occupational Health, Safety & Security reported that themes from these had been identified and incorporated into team objectives. In addition this area would be addressed through improved manual handling training, the establishing of a falls group and the risk assessment process.</p> <p>21.116.6 In response to a question regarding shortage of Personal Protective Equipment (PPE) in work areas, the Executive Director of Nursing and Midwifery indicated that the main challenge was around changes in suppliers for FFP3 masks which then resulted in</p>	

<p>the need to retrain staff. This had been addressed through the introduction of an ID card for staff which proved which masks they had previously been fit tested for. The Chair noted there were 18 patient related non-Covid incidents and asked if there were any notable trends identified following the investigations. The Associate Director of Occupational Health, Safety & Security indicated patient falls were the majority of cases and this was being picked up by the falls group. He also undertook to look into the reasons behind the high number of needlestick injuries within the Central area and circulate a note outside of the meeting.</p> <p>21.116.7 The Chair indicated that he had received an update from the Associate Director Human Resources on paras 5.2 and 5.3 relating to Health and Safety Executive (HSE) improvement notices and investigations, and asked that this be circulated to all members for information.</p> <p>21.116.8 The Chair noted that some of the recommendations carried resource implications and that until the relevant business cases had progressed through Executive Team and the Finance and Performance Committee, the Board would not be able to formally support them.</p> <p>21.116.9 It was resolved that the Board note the position outlined in the Annual and Quarter 4 Report and support those recommendations which were resource neutral.</p> <p><i>[Peter Bohan left the meeting]</i></p>	<p>PB</p> <p>LH</p>
<p>21.117 Updated Ethical Charitable Funds Investment Policy</p> <p>21.117.1 It was resolved that the Board approve the update to the Ethical Charitable Funds Investments Policy.</p>	
<p>21.118 Targeted Intervention Improvement Framework Update</p> <p>21.118.1 The Chair noted reference to a gap analysis being planned to identify any attributes within the matrices that require but did not have actions attached, and suggested that this should have been undertaken by now. The Interim Director of Governance responded that this was an ongoing requirement to ensure that actions identified within the maturity matrices read across to the planning process also.</p> <p>21.118.2 It was resolved that the Board note the progress in delivering Targeted Improvement.</p>	
<p>21.119 Targeted Intervention Improvement Framework Steering Group Meeting Held 1.6.21</p> <p>The Executive Director of Nursing and Midwifery noted that a further meeting had subsequently taken place and the steering group was starting to implement wider governance around the effectiveness groups.</p>	

<p>21.120 Board Commissioned Review : Ysbyty Gwynedd Outbreak 2021</p> <p>21.120.1 The Chair reported that he had instructed this item be withdrawn from the agenda as he did not believe the report fully addressed the terms of reference for the review. The Executive Director of Nursing and Midwifery was progressing the matter and in the interim she wished to assure the Board that the review had not identified any immediate actions.</p>	
<p>21.121 Vascular Task and Finish Group Update</p> <p>21.121.1 The Acting Executive Medical Director presented the paper. He highlighted work to refresh the role and structure of the task and finish group to become more of a steering group with task and finish groups reporting to it. This had been done in conjunction with the Community Health Council. He noted that a volume of system-wide work would be essential to improve and transform services, and that internal reviews had confirmed that to achieve a sustained benefit for patients it would be necessary to examine the full range of interdependencies that impact upon vascular services. He highlighted that Appendix 1 set out the current hub and spoke model and the activity across the District General Hospitals.</p> <p>21.121.2 The Acting Executive Medical Director suggested there had been good progress in terms of pathway work – for example the diabetic foot pathway which although not directly a vascular pathway did support the service. He indicated that by the end of the week he hope to have further established the pathway in both the primary and secondary setting. In terms of bed base he wished to highlight that bed capacity was dependent on the clinical pathways that emerged. He reminded members that clinical thinking had also developed since 2013 when the original decisions were made however it was important to state that both the Royal College of Surgeons and more recent reviews across the UK supported the current model in place in BCUHB. He acknowledged that embedded cultures and ways of practice would need to flex and an engagement process was underway to address this. A key area of focus will be the optimal use of the hybrid theatre in Ysbyty Glan Clwyd (YGC). Scheduling of this work will affect current consultant job plans which will need to be addressed. Members were reminded that consultant presence was an important aspect of strengthening the service at the spoke sites and they were give assurance that specialist vascular input was available 24/7, however, an examination of what it would take to have a consultant presence each day of the week had identified some gaps to be worked through in terms of job planning.</p> <p>21.121.3 The Acting Executive Medical Director acknowledged the importance of effectively communicating with patients and users as to what exactly the service did or did not provide. He and the Executive Director of Workforce and Organisational Development had met with the corporate communications team to agree a set of principles going forward which included a refresh of relevant webpages, raising awareness and clarification of what services were available. He noted that some patients had come forward to share their positive experiences of the vascular service.</p>	

<p>21.121.4 An Independent Member referred to a robust discussion on the paper at a recent Quality, Safety & Experience (QSE) Committee and that the Committee had expressed concern at the pace of pathway development and had sought assurances around what had changed in terms of the required model since 2013. She felt that the information in Appendix 1 now provided helpful assurance. The Chair suggested that a lookback exercise would be helpful at some point in the future in terms of learning lessons from this service change, and he asked that the Acting Executive Medical Director pick this up with the Chief Executive and Executive Director of Nursing and Midwifery.</p> <p>21.121.5 The Executive Director of Nursing and Midwifery added that interviews were being held that day for the Vascular Network Manager post and that the newly appointed Director of Regional Delivery would also be providing senior support to this area of work.</p> <p>21.121.6 A query was raised on Appendix 1 in terms of whether the two site model was being run on an interim basis for 2015-2019 as well as major/minor vascular procedures at YGC. This would be clarified with the service and reported back outside of the meeting. An Independent Member also noted reference to a lack of budget for the diabetic foot ulcer clinic in the West and asked if this was of concern. The Acting Executive Medical Director suggested this related to a lack of clarity as to whether the increased activity was budgeted for.</p> <p>121.121.7 It was resolved that the Board receive the update from the Vascular Task and Finish Group.</p>	<p>AG</p> <p>AG</p>
<p>21.122 Urgent Care Improvement <i>[Chris Subbe in attendance]</i></p> <p>21.122.1 The Executive Director of Nursing and Midwifery introduced the paper and highlighted that all Emergency Departments (EDs) were currently seeing extreme challenges which had been exacerbated by the need to test patients attending, to maintain red and green pathways, a reduction in beds due to social distancing requirements and a reduction in access to care home beds. As a result clinicians and staff were understandably feeling the pressure and the Chair and Executive Director of Nursing and Midwifery had met with a representation of colleagues recently to agree an improvement programme. This was being resourced with a clinical lead also having been appointed. In addition there were locality plans owned by area teams working with Local Authority colleagues and other partners.</p> <p>21.122.2 The Clinical Lead for Unscheduled Care acknowledged this was an extremely difficult area for the Board to progress and some of his early focus would be on interpreting the data to identify where early improvements could be delivered, and to network and engage with staff on all sites. He noted there were already a range of themes identified by staff and there would be a need to have a range of metrics that were clearly understood by all, including the public.</p> <p>21.122.3 An Independent Member referred to Figure 1 within the report and that there was an obvious outlier around Covid but there did not appear to be a correlation between</p>	

attendances and performances. The Clinical Lead for Unscheduled Care agreed that the data did not currently provide a clear explanation of what was happening behind the figures. He suggested that data needed to be more linear and provide an analysis of experience elements too. The Independent Member went on to note that the improvement programme as set out was very generic in terms of reducing harm, and the Clinical Lead for Unscheduled Care agreed that there was a need to identify more defined outcomes and ensure they could be tracked. The Executive Director of Nursing and Midwifery added that this wasn't a target but more of a service standard.

[Jo Whitehead and Lucy Reid joined the meeting]

21.122.4 An Independent Member noted the challenges around flow in terms of patients fit for discharge and sought assurance that diagnostics were involved in this process. The Clinical Lead for Unscheduled Care confirmed this was a whole system design and that all elements needed to interact and be involved. Another Independent Member enquired whether qualitative aspects would be taken into account to inform service improvement. The Clinical Lead for Unscheduled Care indicated this was the intention as there were currently no patient-related outcome measures within unscheduled care. Nationally some priorities have been agreed for the body of acute physicians for emergency care and there was also a range of international work around patient experience criteria.

21.122.5 The Chair acknowledged the concerns that had been raised by clinicians who were seeking recognition that the Board was working to resolve them. He reaffirmed that this would need to be a north Wales solution but that in the interim projects may start on one hospital site sooner than others. The Chair asked that a further update to Board be scheduled appropriately.

21.122.6 It was resolved that the Board note:

1. concerns raised by Emergency Department Clinical Leads in correspondences dated 10th December 2020 and 17th June 2021
2. update on the Urgent and Emergency Care improvement programme of work

[Chris Subbe left the meeting]

21.123 Quality & Performance Report

21.123.1 The Executive Director of Planning and Performance presented the report. He reminded members that Welsh Government (WG) performance management of the Health Board remained suspended as a result of the uncertainties created by the pandemic, and this limited access to comparative data to fully understand the current performance position. He highlighted areas where the organisation was performing relatively well such as childhood immunisations, healthcare associated infections, suspected cancer pathways and a sustained reduction in the number of people waiting over 8 weeks for diagnostic tests. He added that the Executive Team were considering additional non-recurrent investment utilising monies secured from WG to improve diagnostic access. In terms of areas where performance was more challenged, the Executive Director of Planning and Performance referred to the earlier discussion around unscheduled care in particular. He also highlighted that neurodevelopment and Child

GH

Adolescent Mental Health Services (CAMHS) remained of concern and was an area identified for investment within the Annual Plan.

21.123.2 The Executive Director of Nursing and Midwifery added that detailed scrutiny of the report had been undertaken at Committee level. An Independent Member noted that the disappointing CAMHS position had been highlighted at the QSE Committee and members had been reassured that there were measures in place to address. The Vice Chair enquired when more primary care indicators would start to be incorporated and the Executive Director of Planning and Performance indicated that broader reporting was being developed and he committed to strengthening the primary care elements from the September Health Board onwards. He added that currently the Board was focused on those targets for which it was held to account for.

MW

21.123.3 The Healthcare Professionals Forum (HPF) Chair noted that Minor Injury Units (MIUs) had experienced a more unstable year in terms of capacity and their ability to support wider unscheduled care, and he enquired if there was any comparative analysis against ED performance. It was acknowledged that the redeployment of staff during the pandemic had impacted upon MIUs. The Executive Director of Nursing and Midwifery added that analysis would be undertaken as part of Dr Chris Subbe's work. It was also acknowledged that primary care teams were key in supporting the delivery of MIUs and there was a need to ensure their stability.

21.123.4 An Independent Member noted the positive improvement in terms of stroke performance and a reduction in Referral to Treatment (RTT) but enquired whether the increase in follow up appointments was linked to RTT. The Executive Director of Planning and Performance suggested it was hard to be definitive but that the validation exercise would also have impacted.

21.123.5 A question was raised regarding the impact of tourists to the area and it was stated that analysis had already been requested on the effect on ED and MIU attendances. The Chief Executive added that she was aware that there were currently 41 in-patients who were registered outside of north Wales and she undertook to circulate the breakdown of data for members. An Independent Member noted with concern that the Dolgellau Community Hospital was temporarily closed and the level of visitors to that area of Gwynedd would be significant. She would wish to see aspects of staff shortages addressed as a priority. The Executive Director of Primary Care and Community Services confirmed that the Area Team (West) had an action plan in place to move matters forward and to minimise the impact of the temporary closure. In addition the Executive Director of Nursing and Midwifery confirmed that secondary care were also working collaboratively to support the Area Team to address staffing challenges.

JW

21.123.6 The Chair sought an update on the Diagnostic Treatment Centre (DTC) business case, and the Chief Executive noted that WG had been explicit in terms of the waiting list challenges and the need for more capacity to balance demand. She felt that the organisation was clear in what it needed to do to support the conversations around a

<p>partnership approach for a DTC facility and these were proceeding positively. The Chair asked that the position be reviewed earlier than September and that if necessary he would be happy to write to WG. The Chair also noted there were references to several business cases throughout the report and he would wish to see greater clarity on which were subject to active conversations at Executive level and their associated timeframes. The Executive Director of Planning and Performance alluded to the business case tracker process and undertook to make this available to Board Members in an appropriate manner.</p> <p>21.123.7 It was resolved that the Health Board scrutinise the report and if required to request the provision of further assurance relating to any specific areas which have not achieved national or locally agreed performance measures.</p>	<p>JW</p> <p>MW</p>
<p>21.124 Finance Report Month 1</p> <p>21.124.1 It was resolved that the report be noted</p>	
<p>21.125 Finance Report Month 2</p> <p>21.125.1 The Executive Director of Finance presented the report which she advised should be considered in light of the revised annual plan submitted to WG at the end of June. She noted that the Health Board was currently forecasting a breakeven position for the year having delivered a breakeven position at Month 2. She reminded members that the financial forecast included £82m of WG strategic support, £32m of which relates to deficit cover, £30m for performance improvement and £12m for Mental Health and Learning Disabilities and capacity/capability across the organisation. The forecast also now included the £19.9m received following a successful bid for Covid recovery funding. The financial impact of Covid-19 remained a significant factor in the Board's financial reporting with a current estimate for 2021-22 of £300m in light of the £169m incurred last year which was fully funded by WG.</p> <p>21.125.2 The F&P Committee Chair added that the Committee had remaining concerns at the initial savings performance but were comfortable that there was a positive breakeven forecast. In response to a question from the Chair, the Executive Director of Finance confirmed that the Board still needed to deliver £17m of savings this year to breakeven and that this was built into the forecast. This would be reported in detail to F&P as the year progressed.</p> <p>21.125.3 It was resolved that the report is noted.</p>	
<p>Committee and Advisory Group Chair's Assurance Reports</p> <p>21.126 Audit Committee 10.6.21</p>	

21.126.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate.

21.127 Quality, Safety & Experience Committee 4.5.21

21.127.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate.

21.128 Finance & Performance Committee 24.6.21

21.128.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate.

21.129 Charitable Funds Committee 11.6.21

21.129.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate.

21.130 Mental Health Act Committee 25.6.21

21.130.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate.

21.131 Remuneration & Terms of Service Committee 22.4.21 & 7.6.21

21.131.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate.

21.132 Strategy, Partnerships & Population Health (SPPH) Committee 17.6.21

21.132.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate.

21.133 Digital & Information Governance (DIG) Committee 18.6.21

21.133.1 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate. The Executive Director of Primary Care and Community Services would update the Committee Chair outside of the meeting on the management of key notes and alerts.

21.134 Stakeholder Reference Group (SRG) 28.6.21

21.134.1 The Executive Director of Planning and Performance presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate. He added that Ministerial approval to the appointment of the SRG Chair was awaited.

21.135 Healthcare Professionals Forum (HPF) 4.6.21

21.135.1 The HPF Chair presented the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate

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<p>21.136 Local Partnership Forum 13.4.21</p> <p>21.136.1 The Chair referred to the report, drawing members' attention to the key risks and any matters for escalation to Board as appropriate</p>	
<p>21.137 Healthcare Inspectorate Wales (HIW) Annual Report <i>[Katherine Williams joined the meeting]</i></p> <p>21.137.1 The Assistant Director of Quality and Clinical Advice (HIW) delivered a presentation which encompassed:</p> <ul style="list-style-type: none"> • HIW purpose and values • An adapted approach during the pandemic • All Wales summary of inspections • All Wales themes • Assurance and inspection work within BCUHB and key themes/findings <p>21.137.2 The Vice Chair referred to the findings around mental health services, noting that whilst the senior leadership team was now in place improvements would take time to fully embed. She enquired whether the HIW findings related to staffing issues or patient safety or other matters. The Assistant Director of Quality and Clinical Advice indicated they were a broad mix of issues but she was unable to provide much additional detail within the public forum, however, themes were shared with the Health Board's Acting Associate Director of Quality Assurance. The Vice Chair also suggested that the <i>Stronger Together</i> work should also improve cultural change aspects.</p> <p><i>[Katherine Williams left the meeting]</i></p>	
<p>21.138 NHS Wales Staff Survey 2020 Update Report <i>[Ellen Greer and Nia Thomas joined the meeting]</i></p> <p>21.138.1 The Associate Director of Human Resources introduced the paper and noted that the uptake rate reflected that it has been a particularly challenging time to ask staff to participate in the survey.</p> <p>21.138.2 The Head of Organisational Development highlighted key points from the report which included:</p> <ul style="list-style-type: none"> • The survey was undertaken in November 2020 and provided an update against the previous NHS Wales survey. • Direct comparisons were not as easy as there were some significant differences to previous years' surveys – for example the survey was not open for as long and there was no paper / hard copy option. • BCU response rate was 18% against national response rate of 20%. • A range of positive themes were noted around engagement, experience of the work and bullying, harassment & abuse. • Key areas for development improvement were noted around the organisation's effective response to instances of bullying and harassment; staff involvement in 	

discussions and decisions pertaining to change; and teams being able to take time out to reflect and learn.

- Key areas for impactful change were highlighted as review of the raising concerns process; development of *Stronger Together*; the development of an Organisational and Leadership Development Strategy for 2022-25 and a focus on increasing participation.
- In terms of future surveys, participation will be more strongly encouraged and use made of the pulse surveys available on the clearSight platform.

21.138.3 The Acting Associate Director of Organisational Development added that the aim was to encourage greater levels of participation by staff and to engender a culture whereby staff felt they have a voice and would therefore feel more inclined to get involved. She confirmed that the next national survey was planned for later in 2021 and BCUHB was represented on the planning group. She also wished to record that the divisional workforce groups were now established and would be a key forum for the next survey.

21.138.4 A discussion ensued. The SPPH Committee Chair confirmed that the report had been reviewed at Committee and members were disappointed at the lack of ability to compare to previous years surveys. She was however pleased to see that the approach to respond to the survey would be team based and would be extremely keen to see that team working be addressed as this was identified within an internal audit review which had resulted in a limited assurance report. The Vice Chair welcomed the report and the valuable information that the survey provided. She expressed concern at the relatively low score in terms of staff stating they would be happy with the standard of care provided if a friend or relative needed treatment within BCUHB. She felt that staff perception and standards of care were interlinked. The Acting Associate Director of Organisational Development acknowledged that improving this aspect would need to form part of the team based discussions and could potentially be an area for a focused pulse survey. The Head of Organisational Development added that addressing this aspect would also be a key element of *Be Proud*. An Independent Member made the point that 80% of staff within NHS Wales had not participated in this latest national survey and they too would have views and concerns that their organisations would need to know about in order to address. The Head of Organisational Development acknowledged this challenge and that not having a paper version of the latest survey would have excluded a number of staff.

21.138.5 The Chair recalled that in response to the last national survey BCUHB had required divisions to put in place their own action plans with an expectation they would be monitored. Taking into account that responses and actions would also be required as a result of this latest survey he asked to what extent the Board could be assured that progress against improvement plans would be sufficiently monitored. The Acting Associate Director of Organisational Development reported that this was a standing item on the divisional workforce groups and there would be opportunities for sharing learning and good practice between those groups. The Associate Director of Human Resource added that she was content that the mechanisms and infrastructure in place would enable

<p>the Board to focus on areas for improvement and ensure they were appropriately monitored, with the caveat that improvement plans may need a refresh as they evolved.</p> <p>21.138.6 It was resolved that the Board note the content of the update report <i>[Ellen Greer and Nia Thomas left the meeting]</i></p>	
<p>21.139 Corporate Risk Register Report</p> <p>21.139.1 The Executive Director of Nursing and Midwifery presented the report and confirmed that corporate risks had been fully scrutinized at Committee level. She highlighted that the QSE Committee had recently approved two new risks for inclusion as set out within the report. She acknowledged there had been a substantial amount of work to refresh the risk reporting format and how they were presented.</p> <p>21.139.2 The QSE Committee Chair added that a discussion had been held at QSE relating to where a risk score had been reduced in that it was not necessarily that the risk score was being reduced as a result of the actions being completed, but a realisation that a lower target risk score could be realised. The Executive Director of Nursing and Midwifery confirmed that issues of common language and clarity of narrative had been taken on board.</p> <p>21.139.3 It was resolved that the Board review and note the progress on the management of the Corporate Tier 1 Operational Risk Register.</p>	
<p>21.140 Board Assurance Framework (BAF) : Principal Risks</p> <p>21.140.1 The Board Secretary presented the report which provided the first six-monthly review since the refreshed BAF had been approved in January 2021. She confirmed that all principal BAF risks had been subject to review at Committee level which had provided a helpful check and challenge process, supported by the maturing work of the Risk Management Group (RMG). The Board Secretary indicated that BAF risks were mapped across to annual plan priorities where appropriate, and when the Living Healthier Staying Well Strategy had been refreshed, they would be refined further to align strategically.</p> <p>21.140.2 Members were pleased to see the improvements made to the report format and acknowledged that previous comments and feedback had been incorporated. The F&P Committee Chair felt that some risks were too specific but that this detail could be picked up at Committee level. The QSE Committee Chair referred to BAF21-12 regarding security and indicated that the Committee had requested that the risk scoring be reviewed as it seemed disproportionately high. The DIG Committee Chair suggested that this review take account of the issues raised by the Committee around CCTV and potential breach of legislation. The QSE Committee Chair also felt that BAF21-17 regarding estates was very specific and that the organisation appeared to be carrying a very high level of risk. She also felt that agile working was an opportunity not a risk which is how it</p>	<p>LB</p>

<p>came across within the report. The Executive Director of Planning and Performance would review this narrative.</p> <p>21.140.3 It was resolved that the Board:</p> <p>(1) Agree the updated Principal Risks as set out in the Board Assurance Framework (BAF); and</p> <p>(2) Note the remapping of BAF risks to the revised Annual Plan 2021-22 and updated key field guidance.</p>	MW
<p>21.141 Updated Health Board Risk Management Strategy & Policy</p> <p>21.141.1 The Interim Director of Governance confirmed that the Strategy and Policy had been considered by the Audit Committee and that the documentation had been revised and refreshed as opposed to having undergone a wholesale review. He indicated that adjustments had been made to the risk appetite framework to put in place a pre-agreement to allow for a change in the risk appetite in exceptional circumstances. In addition the documentation provided a greater emphasis on divisions and directorates communicating more effectively on risk matters rather than relying on the RMG to collate risks for escalation. Finally the documentation more clearly set out the risk escalation process to facilitate ownership and clarity on escalating and accepting risks.</p> <p>21.141.2 An Independent Member noted that the narrative report referred to the provision of risk management training being a control however he felt there needed to be clarity as to at what point this became a control – for example would that be when a certain percentage of staff had received it, or not until the programme had been fully delivered.</p> <p>21.141.3 It was resolved that the Board ratify the approval of the revised Risk Management Strategy and Policy by the Audit Committee.</p>	
<p>21.142 Annual Plan 2021-22</p> <p>21.142.1 The Executive Director of Planning and Performance presented the suite of papers which included the refreshed full plan together with an executive summary. He also noted that an easy read version had been prepared with the support of the corporate communications team for wider use with partners and stakeholders. He highlighted that the Programme Action Plans were in two parts – one for Executive Team use and distilling throughout the organisation and the other for Board purposes. It was noted that WG would not be formally approving any Health Board plans for this year, as would happen under normal circumstances, and any informal feedback on the plan was still awaited.</p> <p>21.142.2 The Executive Director of Planning and Performance reported that since the draft plan had been submitted to WG at the end of March some elements had been refreshed including modelling activity for demand and capacity to reflect the experiences from the first quarter of the year. More latterly the Board had also changed its financial</p>	

forecast for 2021-22 which was now reflected in the latest version. The Executive Director of Planning and Performance drew members' attention to the screening documents for equality and socio-economic impact assessment. He also flagged that the Board now had less than six months to develop an approvable Integrated Medium Term Plan (IMTP).

21.142.3 The Executive Director of Finance added that from a financial perspective the main difference between the draft plan agreed in March to the one now being presented was a move from a potential year end position of £28.3m deficit, to a break even position as a result of WG confirming that the impact of the non-delivery of savings from the previous year would be funded.

21.142.4 A discussion ensued. The Vice Chair was pleased to note that previous discussions and feedback from members had been taken on board and she felt the document now offered considerable improvement. She enquired whether it was still the case that the plan would need to be flexible in order to allow the organisation to respond to any future Covid-19 issues, and this was confirmed as being the case. The Vice Chair went on to refer to the Programme Action Plan for use by the Executive Team and sought assurance that the actions had been cross-referenced to the main narrative plan. The Executive Director of Planning and Performance indicated that he was confident there was a high level of alignment, and that when the plan monitoring commenced in August this would highlight any gaps. An Independent Member enquired as to the level of confidence around collation of relevant evidence to inform the Socio-Economic Duty (SED) impact assessment as the plan was implemented. The Executive Director of Planning and Performance accepted that meeting the requirements of the SED was a learning curve but that the organisation was committed to embedding this requirement. He also noted that an all Wales group had offered to coordinate response to health inequalities which would help inform strategic plans.

21.142.5 In terms of performance monitoring reporting against the plan the Chair noted that this had been agreed for every two months which would free up some capacity within the performance team to allow for more robust monitoring of reds and ambers. The Chair also enquired where the Executive Team stood on the implementation of the new performance and accountability framework in terms of resolving mixed messages and inconsistencies. The Executive Director of Planning and Performance confirmed that a further round of executive-led accountability meetings were in hand and these, together with the work of the Performance Oversight Group (POG) would start to embed accountability more robustly, although there was more work to do around ensuring similar structures within primary care. The Executive Director of Nursing and Midwifery added that a good debate had taken place at POG about how to use data to inform questioning to ensure the approach was aligned to priorities. The Chair noted that under the proposed Integrated Governance Framework the POG would feed into the refreshed F&P Committee and he asked that a timetable for reporting be agreed with the Chair of that Committee.

GH MW

<p>21.142.6 It was resolved that the Board approve the plan.</p>	
<p>21.143 Welsh Language Standard 37 : Translation of Board Papers : Six month update</p> <p>21.143.1 The Executive Director of Public Health presented the paper which provided an update on the six-month review of translating specific Board papers and set out proposals for next steps in terms of meeting Welsh Language Standard 37. She informed members that whilst it was desired to move further towards meeting the requirements of the Standard, it should be acknowledged that this would involve an agreed phased journey. It was reported that if a complete set of papers for a typical Health Board meeting was translated in full, this would entail around 480,000 words. As the Standard did not require every paper to be translated the paper proposed that exploratory work be undertaken over the next six month period to assess which papers should ideally be provided bilingually, and collect information on the resource that would be required to deliver this. The Executive Director of Public Health noted that the Welsh Language Commissioner had provided a set of criteria against which papers could be scored to determine if translation was advisable.</p> <p>21.143.2 The Independent Member Welsh Language Champion wished to extend her thanks for the work that had been undertaken to improve the Board’s compliance with the Welsh Language Standards. She found the standard of written translation in the documentation for Board members to be very high and she would support the proposal as set out. Another Independent Member welcomed the direction of travel but suggested that BCUHB consider how other Health Boards were doing in terms of compliance with Standard 37 and incorporate any good practice into the next report. The Chair indicated he would also support the proposals within the paper, and reminded members that there was a Welsh language skill session scheduled for the Board Workshop on 5th August.</p> <p>21.143.3 It was resolved that the Board:</p> <p>(1) note the six-month update relating to the translation of specific Board papers following the decision at the Health Board meeting held on 12 November 2020.</p> <p>(2) approve the suggested next steps in line with progressing compliance with Standard 37 of the Welsh Language Standards.</p>	<p>TO</p>
<p>21.144 Proposed Integrated Governance Framework</p> <p>21.144.1 The Interim Director of Governance presented the paper which set out proposals for an improved governance framework. He indicated that the matter had been subject to a robust debate at an earlier Board Workshop and feedback had been taken on board. He reminded members that as a framework the documentation may require some minor changes as the implementation phase was moved into.</p>	

21.144.2 Members welcomed the framework. The QSE Committee Chair was pleased to see a focus on patient stories at Committee level which she felt would help Committees remain focused on outcomes for patients.

21.144.3 It was resolved that the Board approve the suite of documents for implementation from September 2021.

21.145 All Wales Positron Emission Tomography (PET) Programme Business Case
[David Fletcher, Sian Lewis and Andrew Champion joined the meeting]

21.145.1 The Assistant Director (WHSCC) introduced the paper which set out an all Wales business case in response to a mandate by the Chief Executive of NHS Wales in March 2019. He informed members that a PET scanner provided better imaging for diagnostics and therefore assisted appropriate clinical decisions. He stated that the recommended ratio of PET scanners was 1 to 1 million population, with the current provision 0.6 per 1 million. A single static PET scanner was situated in Cardiff and was an aged machine, and there was also a mobile PET scanner based in Swansea but the general opinion was that mobile scanners offered a poorer patient experience. The Assistant Director drew members' attention to the four shortlisted options set out within the business case each of which had an associated economic proposal. The preferred option identified by the Project Board was for 4 fixed PET scanners across Wales, with the implementation to be phased to allow for the development of individual business cases and for infrastructure to be put into place. In terms of revenue costs an identified WHSCC funding stream should meet these. The Managing Director acknowledged there had been an excellent level of engagement with the BCU team.

21.145.2 The F&P Committee Chair was supportive of the principle of the business case but raised a point regarding the justification stated in that Wales was performing approximately 33% of the PET scans per head of population compared to England. The Managing Director responded that Wales had a much lower rate of scans per head of population than in England, and there was easier access in England. The F&P Committee Chair also asked whether there was variation in need across Wales, England and Europe more widely. The Managing Director indicated that demand should be very similar although the range of indications in Wales was lower. The QSE Committee Chair raised a concern regarding impact on patients in terms of access, and the Managing Director acknowledged that lower levels of access would usually mean a longer wait and therefore a delay in diagnosis, but suggested that it was difficult to measure outcomes for diagnostic tests. She did feel there was indirect evidence particularly in cancer care and this was a big driver in terms of this programme. The Chief Executive added that the epidemiology of north Wales added to the challenges in terms of access, opportunity and volume of need. Finally the Managing Director made the point that having a PET scanner was likely to improve recruitment opportunities for a department or site.

21.145.3 It was resolved that the Board approve the Programme business case for an

<p>all-Wales Positron Emission Tomography (PET) Service, including the spending objectives, scope, and resource requirements as set out in the financial case.</p> <p><i>[David Fletcher, Sian Lewis and Andrew Champion left the meeting]</i></p>	
<p>21.146 Summary of Private Board business to be reported in public</p> <p>21.146.1 It was resolved that the Board note the report</p>	
<p>21.147 Date of Next Meeting</p> <p>Annual General Meeting 29.7.21 Health Board Meeting 23.9.21</p>	
<p>21.148 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>	