



Betsi Cadwaladr University Health Board (BCUHB)

**Minutes of the extraordinary Health Board meeting held in public session on 21.5.20
via Webex Conferencing**

Present:

Mr M Polin	Chair
Prof N Callow	Independent Member ~ University
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
Mr E Jones	Independent Member
Mrs L Meadows	Independent Member
Miss T Owen	Executive Director of Public Health
Mrs L Reid	Vice Chair
Ms D Sharp	Acting Board Secretary
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:

Dr K Clark	Secondary Care Medical Director
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>20/60 Chair's Introductory Remarks</p> <p>20/60.1 The Chair apologised for the delay in starting the meeting which was due to technical difficulties in live streaming the meeting. He reported that the meeting was instead being recorded and would be published to social media platforms and the Board's website. He then asked all members to introduce themselves bilingually.</p> <p>20/60.2 The Chair welcomed everyone to the extraordinary meeting of the Health Board which had been convened to allow the Board to consider the Vascular Services Review report which was commissioned soon after the configuration of the new vascular services across North Wales in April 2019. He wished to extend his thanks to the Community</p>	

<p>Health Council (CHC) for sharing their own report with the Health Board at an early stage, and which he found helpful and informative, whilst challenging.</p>	
<p>20/61 Apologies for Absence</p> <p>Apologies were recorded for Mrs Lesley Singleton and Cllr Cheryl Carlisle.</p>	
<p>20/62 Declarations of Interest</p> <p>Prior to the meeting, Mrs Nicky Callow had expressed an interested in the subject matter in that she knew Professor Dean Williams (a vascular surgeon) through her line management responsibility of him in his Bangor University Head of the School of Medical Sciences position.</p>	
<p>20/63 Vascular Services</p> <p>20/63.1 The Executive Medical Director presented the report. He highlighted that the report was the outcome of a review of some 9 months and followed many years of change within the service. He wished to bring to the Board's attention changes that had taken place in terms of the new hybrid theatre and also changes in staff which had led to a rapid improvement event towards the end of 2019 and a series of actions to address areas for further improvement. The Executive Medical Director welcomed that the CHC had shared their report with the Health Board in February 2020 and acknowledged a mutual desire to work towards improving patient healthcare through a partnership approach. He was sorry to have heard of the experiences of patients and staff as contained within the CHC's report and stated his intention to set out actions to address these.</p> <p>20/63.2 The Executive Medical Director went on to set out some context to the paper in terms of the case for change within the development of vascular services, noting that this had been an extremely complex process but that patient safety had remained the priority at every stage. He alluded to challenges in ensuring there was a consensus to phases of the development, and that the facilities and staff were in place to allow the Board to deliver ambitious but necessary vascular services across North Wales. He reminded the Board that there was support to the principle of a centre of excellence for vascular services and that in 2015 the Royal College of Surgeons (RCS) had been invited to undertake a review which whilst candid and challenging, did support the case for change. The Executive Medical Director noted that the opening of the service in April 2019 was testament to the dedication and hard work of the staff. In terms of the concept of centres of excellence and specialisation it had become clear that North Wales needed to centralise some of its complex arterial operations and that the team undertaking this work would over time become increasingly specialised, therefore leading to better outcomes for patients. This model has been endorsed by the RCS and the Vascular Society and underpinned the case for change.</p> <p>20/63.3 The Executive Medical Director noted that the need to move forward was set out in the papers and the associated action plan, highlighting the need to think about future services and the Board's ambition to develop world leading complex arterial vascular</p>	

surgery and the infrastructure for treating other vascular conditions. He stated that the Board was committed to seeing this necessary challenge through and developing the research and innovation to underpin it. Data continued to be collected, shared and compared with national data as it was important to examine outcome measures against performance data to ensure the organisation could be aware of the need to accelerate or pause change to ensure safe and high quality care. Members were informed that the data before and after the service change in 2019 had been compared and whilst reporting had improved it must be borne in mind that there was now a new service which needed benchmarking across the UK. In terms of the examples of poor patient experience set out in the CHC report this was taken very seriously and he would continue to work with the CHC to identify any outstanding actions that needed to be incorporated into the Board's action plan. The Executive Medical Director confirmed that the Board welcomed feedback from both patients and staff and that existing systems would be reviewed to ensure they were accessible and effective.

20/63.4 It was highlighted that both reports referred to a disruption of services at Ysbyty Gwynedd (YG) and he confirmed that changes had taken place over the last year which resulted in temporary changes being put in place as to where patients would receive their care. He accepted that in some cases this had resulted in a poor patient experience and a rapid improvement event had been held in December 2019 at which many ideas had been put forward to further develop vascular services across North Wales, particularly around diabetic foot care and looking at best practice from other Health Boards. The integration of care pathways would be a key strategic approach and remained a key element of service configuration for the Health Board not only for vascular services but for other services such as renal care, diabetic care and palliative care.

20/63.5 The Executive Medical Director stated that the report had identified amputations as an area for examination. He acknowledged that these were serious and potentially life-changing surgical interventions which were undertaken after informed consent and when the evidence indicated it was the right treatment. Research around amputations continued to develop and within BCUHB additional care and support was provided from limb specialists to individuals who had undergone this surgery. Amputations were part of a national vascular annual audit which BCU would continue to participate in to learn from the data and to ensure this intervention was only provided when required and to a high standard.

20/63.6 The Executive Medical Director went onto explain that the service had made progress in some areas which were set out in the report and included reductions in the average length of hospital stay; a reduction in cancellations; a reduction in the number of outlier patients in hospitals far from their homes; vascular emergencies now being almost entirely undertaken in the hybrid facility at Ysbyty Glan Clwyd (YGC); and improvements to recruiting vascular surgeons. The Executive Medical Director then made reference to aspects of culture and the willingness of staff to speak out and raise concerns, acknowledging that this would be an essential element to the work over the coming months.

20/63.7 The Executive Medical Director concluded that the Board had received a set of very detailed and comprehensive papers and he acknowledged the work undertaken by colleagues in their preparation. The work had led to a number of recommendations which he went onto to describe, and the development of an action plan. This action plan set out intended areas for improvement focusing on the alignment of inpatient beds for vascular patients; pathways of care; engagement and communication; quality, safety and experience matters; and access to the service. Finally the Executive Medical Director welcomed the opportunity to present the paper to the Board having set out the key aspects of the review and acknowledging the CHC report. He confirmed there was a partnership approach with a stakeholder group ready to oversee the actions within an appropriate governance structure.

20/63.8 The Executive Director of Nursing and Midwifery wished to reiterate that the Board genuinely wished to hear any feedback or concerns from patients and public in order to improve services, and she was grateful for the feedback received via the CHC report.

20/63.9 The Chair then invited questions from board members.

20/63.10 It was noted that within the introduction of the review report reference was made to an anticipation that approximately 300 complex cases would be sent to the hub but it was understood that the figure was much higher and an explanation was sought. The Executive Medical Director explained that due to some temporary challenges a number of patients expected to have gone to YG were referred into YGC but this had now been realigned so the numbers were expected to even out. He confirmed that if it later became apparent there was a pathway issue then this would be addressed but there was no reason to believe this was the case currently.

20/63.11 An explanation was sought as to the apparently conflicting comments about surgical trainees being withdrawn from YGC and/or YG. The Executive Medical Director reported that the current position with trainees was that there were trainees in Wrexham but none in YGC or YG although there would be from August. He explained that when consultants had left the service, other doctors had been reallocated and it had been difficult to re-establish the training programme so far and progress had also been impacted upon by the Covid pandemic.

20/63.12 An update was sought on the outcome of the nurse recruitment exercise. The Executive Director of Nursing and Midwifery acknowledged there were significant challenges in terms of nurse vacancies across the Health Board including within the vascular service. In addition, staff who worked in the specialist centres would have additional requirements associated with demonstrating the necessary competencies within that specialty. Recruitment success had been affected by the impact of Covid-19 and but there were currently 19 in post against an establishment of 22. That said, here remained work to do. The Executive Director of Workforce and OD added that the nurse establishment continued to operate safely.

20/63.13 In terms of amputations a question was posed as to whether the reported 30% increase between 2018 and 2019 could be explained. The Executive Medical Director responded that the data on amputation needed to be taken with a degree of caution as two different services were being compared. Part of the reason for undertaking the review into vascular services was to build up meaningful data as it was known BCU was an

outlier in respect of having low rates of amputations due to a number of reasons. Having looked at the evidence and noting the consensus amongst vascular surgeons, the view was that BCU were now undertaking amputations at a level closer to the number expected for the size of the population but the priority was that when an amputation was considered informed consent was obtained following a full conversation on the implications and risks with the patient. Any concerns that were brought to the organisation's attention would of course be investigated but the Board was not aware from current data nor from the feedback from the Vascular Society nor an external vascular surgeon that this was a particular area of concern. He stated it must be acknowledged that these matters related to very difficult clinical decisions and once there were a consistent approach for diabetic foot care this would also provide further assurance. A supplementary question was posed regarding the expected rate of amputations for the population size and whether by implication it was felt that previously the Board had not been treating some patients in the most clinically appropriate way. The Executive Medical Director responded that there were now better systems for data collection and there was support to challenge the previous service model and how it was being delivered. He reiterated there had previously been a model of longer stays in hospitals and high antibiotic use and there was now a different approach recommended through the principles of "A Healthier Wales". Although the current approach still had its challenges it did have the support of professional bodies. He also explained the need to focus on patient outcome measures and the follow up required, and that this would be a role for the Task and Finish Group.

20/63.14 With regards to readmission rates, clarification was sought as to whether there was an increasing trend as appeared to be the case within the reports. The Executive Medical Director felt that there hadn't yet been sufficient time to understand the data and it could be open to interpretation. This would be an area of work for the Task and Finish Group reporting to the Quality, Safety & Experience (QSE) Committee for scrutiny who would identify and monitor any underlying trends.

20/63.15 It was noted that the report referred to several high level risks and clarification was sought as to whether they had gone through the appropriate process for escalation and mitigation. The Executive Director of Nursing and Midwifery responded that risks relating to incidents were investigated locally but challenged and overseen by the corporate risk team which provided a level of objectivity. Any open incidents would be discussed at the Quality Safety Group (QSG) and reported up to the QSE Committee. In terms of risks around pathways, staffing and service reputation - these had been articulated within the action plan and would be tested through the Task and Finish Group as part of the governance arrangements.

20/63.16 The Chair questioned whether in light of the comments made within the CHC report some amputations were being undertaken unnecessarily, the organisation should be doing more and undertake a review of a sample of cases to ensure the clinical decision making was robust. He also suggested that the previous practice of over-reliance on antibiotics should be looked into. The Executive Medical Director accepted that both these areas could be explored by the Task and Finish Group, and they would therefore form part of the action plan.

20/63.17 A comment was made concerning the varied views within the two reports, acknowledging they had been prepared with differing methods of analysis and methodologies. In terms of moving the findings of the reports forward the question was

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asked as to what engagement and communication processes would be utilised with stakeholders and staff to ensure that public trust and confidence in the organisation could be maintained or restored. It was also noted with disappointment that the CHC report indicated staff were reluctant to come forward to raise concerns about the service. The Executive Medical Director responded that the various views would best be taken forward via triangulation at a stakeholder group. The Chief Executive was assured around the robustness of the processes and policies in place to support staff in raising a concern, but felt the challenge was to increase staff's confidence in those processes. The Chair added that vascular services were also clearly a subject that polarised views particularly amongst clinicians and whilst it was admirable to note how much effort had gone into trying to bring views together, the organisation had had a responsibility to make a decision and move forward. He suggested that the time it took to reach this decision may have impacted on levels of confidence within the organisation and this would be something to learn from for the future.

20/63.18 The question was asked as to how satisfied the Executive Team were that the service currently being provided across all three sites, including after care, met the original requirements for service improvement and was appropriate for patients at this point in time. The Executive Medical Director felt confident in the outcome measures around the service and reported that he had visited sites to speak to surgeons and staff, and was assured that there were many examples of a high quality service being provided. He accepted however there were also examples where the patient outcome had been less than desirable and there was a need to reflect on these honestly and be clear as to the way forward through a process of continuous improvement in partnership. He also was aware of how the service had stepped up during the current pandemic to keep patients safe and that was a positive indication of the leadership within the service.

20/63.19 A question was asked in relation to how the poor patient experiences that had been raised through the CHC report would be addressed. The Executive Medical Director indicated there was a clear need to offer support to the CHC and to those patients and families who shared their experiences with the CHC and to put in place those mechanisms that would have been offered if they had raised those experiences directly with the Health Board. This would be pursued. The Executive Director of Nursing and Midwifery added that even if some patients felt unable to come forward to work with the Health Board, it would be important to obtain a broader stakeholder view of what a good service looked like from their perspective, not just through a clinical lens. She added that there were lessons to learn around being explicitly clear as to why previous models could not be sustained.

20/63.20 The QSE Committee Chair reported that the Committee had considered the vascular review report at its meeting on 5th May 2020 and she was grateful to the Executive Medical Director and others for pulling together responses to a number of queries that had been raised by Committee members. She wanted to assure the Board that these would be followed up by the Committee who would also receive progress reports directly from the Task and Finish Group. She also welcomed the proposal in the action plan to review culture across the service and the wider organisation. The Executive Director of Nursing and Midwifery agreed that if staff felt unable to raise concerns this would impact on an already vulnerable workforce and there was a need to understand what these concerns were. She added her regret that some staff had reported they had been let down by the organisation. The Chair suggested that an engagement event be arranged with staff, involving the QSE Committee Chair, the Chair and also the CHC.

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This suggestion was welcomed and it was agreed that the Executive Medical Director would take this forward. The Chair also referred to the need to progress with improving listening and learning mechanisms across the Health Board. The Executive Director of Nursing and Midwifery confirmed this had been discussed at the QSE Committee with a suggestion to establish a separate group to focus on this aspect was being examined. She felt that more pace could be put behind this. The QSE Committee Chair acknowledged that real improvements had been made over the past year or so in terms of capturing feedback but that the development of the learning aspects remained challenging and this would be tied in with a planned review within the patient safety team around incident reporting and considered at QSE Committee.

20/63.21 The Executive Director of Workforce and OD felt that it was important for Board Members to understand whether any of the examples of poor experience in the CHC report correlated with incidents that had already been reported and potentially investigated which may enable assurances to be given that practises had changed as a result. The Chair indicated that he and the Interim Chief Executive were meeting with the CHC Chair and Chief Officer and would extend the invitation to the Executive Medical Director and the Secondary Care Medical Director also, where this issue could be picked up.

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20/63.22 The Chair noted that several comments had been made regarding a lack of confidence in the procedures available to staff to raise concerns. The Executive Director of Workforce and OD was of the view that there was a need to review and refresh to ensure processes were robust and appropriate. She added however that there was a difference between having a robust process in itself, and staff feeling able to use it and being confident that their views would be listened to and acted upon. The Independent Member (Trade Unions) clarified that there was an all Wales policy for staff to raise concerns, and a local safe haven procedure. She felt that a refresh would be timely and that best practice could be sought from other organisations.

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20/63.23 A concern was expressed around clinical pathways and that the review indicated that they were insufficiently robust or clear which was regrettable. The question was asked as to what progress had been made since the improvement event held in December 2019. In addition the member felt that the risk around clinical pathways had been scored too low and he suggested there was a clear link between pathways and patient experience. The Chair concurred that pathways were fundamental to service change. The Executive Medical Director accepted that infrastructure such as pathways needed to be in place at an early stage to support service change and this had been the aim of the improvement event, however, early in 2020 conversations around Covid-19 began to impact on capacity to move things forward. What had been learnt was that pathways needed to be integrated and make better use of technology and electronic health records to calibrate the risks.

20/63.24 A point was raised regarding the national vascular registry which contained performance data for the organisation but this intelligence did not appear to have been referenced within the review report which the member felt was an omission. The Executive Medical Director reported his understanding that this was published in retrospect and therefore the available data would have been pre-service configuration. He accepted the importance of maintaining a record of benchmarking data but that it would be 12 months before the vascular registry information could provide a useful indication of service outcomes and comparison.

20/63.25 In terms of the timeframes for delivery of the action plan, the question was asked to what extent the organisation was limited by Covid-19 in terms of capacity. The Executive Medical Director accepted this would need to be worked through in terms of prioritisation.

20/63.26 A comment was made that in order to improve services and make them sustainable centralisation was often necessary but the significant delay between the decision and implementation for vascular services had not been helpful. Therefore a timeframe against the recommendation relating to an independent review would be welcomed.

20/63.27 General comments were made that the open and transparent discussions that had taken place were welcomed and that the four recommendations provided a framework for good governance and triangulation. A co-production approach would be the way forward for other aspects of service delivery in the future. Integration of clinical pathways and the development of the teams including nurse staffing would be key. A reflection was made around the resourcing of change and that given the level of transformation that the Health Board was required to introduce, this would need to be addressed. It was noted that the Interim Chief Executive had written along similar lines to Welsh Government and a response was awaited.

20/63.28 A question was asked regarding the diabetic foot service which was also referenced within the CHC report. The Executive Medical Director confirmed that this remained a key area to be progressed and that the aim was for a consistent pathway.

20/63.29 The Chair referred to the configuration of capacity including critical care. The Executive Medical Director agreed this would need to be one of the first actions for the Task and Finish Group.

20/63.30 Some amendments to the recommendations were considered and **it was resolved that the Board:**

1. Approve the establishment of a Task and Finish Group, chaired by the Executive Medical Director, to oversee the implementation of the vascular services review recommendations. An amendment to the terms of reference was agreed to include CHC or patient/public representation.
2. Request the Task and Finish Group to consider the draft action plan to identify any further required actions and recommend key performance indicators.
3. Agree progress reporting arrangements are via the Quality, Safety and Experience Committee.
4. Commission an external, independent multi-disciplinary assessment of the North Wales Vascular Service provided across the Health Board to assess the quality and safety of the service and patient outcomes. Terms of Reference and a timeline for the assessment would be developed as a matter of urgency by the Task and Finish Group for submission to the QSE Committee.

20/63.31 The Chair concluded that the nature of the review had been challenging but he welcomed the findings and those of the helpful CHC report. He extended his thanks to all those involved in their production. He acknowledged that in terms of service change and reconfiguration the matter hadn't gone as would have been hoped but there had been

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<p>some improvements. He accepted that service change was always difficult with a range of differing opinions being made but that the Board continued to move forward together to support staff and deliver a high quality service. He thanked members for their candour, questions and response and then closed the meeting.</p>	
<p>20/64 Date of Next Meeting</p> <p>The next Health Board meeting would be held on 18th June 2020 @ 10.30am</p> <p>POST MEETING NOTE – next date subsequently confirmed as 23rd July 2020.</p>	