



**Betsi Cadwaladr University Health Board (BCUHB)**  
**Minutes of the Health Board meeting held in public session on 23.7.20**  
**Via WebEx Conferencing (livestreamed)**

**Present:**

Mark Polin	Chair
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Simon Dean	Interim Chief Executive
Morwena Edwards	Associate Board Member – Director of Social Services
David Fearnley	Executive Medical Director
Sue Green	Executive Director of Workforce & Organisational Development (OD)
Gill Harris	Executive Director of Nursing & Midwifery / Deputy Chief Executive
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
Dawn Sharp	Acting Board Secretary
Chris Stockport	Executive Director of Primary & Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Helen Wilkinson	Independent Member
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group

**In Attendance:**

Kate Dunn	Head of Corporate Affairs (for minutes)
Eric Gardiner	Finance Director (Provider Services)
Michael Rees	Vice Chair of Healthcare Professionals Forum
Llinos Roberts	Executive Business Manager (Chair's Office)
Marian Wyn Jones	Board Adviser

Agenda Item Discussed	Action By
<p><b>20.65 Chair's Introductory Remarks</b></p> <p><b>20.65.1</b> The Chair extended a warm welcome to all attendees and observers of the meeting, highlighting that for the first time the public session was being live streamed. He reported that the current platform did not enable simultaneous translation however he would welcome bilingual contributions from any member.</p> <p><b>20.65.2</b> The Chair went on to extend his personal thanks and appreciation, and that of the Board, to all those members of staff who had been working tirelessly throughout</p>	

<p>the Covid-19 pandemic. He made reference to the current prevalence of the virus in Wales and to the latest progress and performance in terms of testing.</p> <p><b>20.65.3</b> The Chair informed members that following a recruitment process for the substantive Chief Executive post, three candidates had been shortlisted with interviews scheduled during August. He wished to record his thanks to Simon Dean who continued to support the Health Board on an interim basis.</p> <p><b>20.65.4</b> The Chair then reported on a range of Chair's Actions that had been undertaken. These being:</p> <ul style="list-style-type: none"> <li>• The approval of the awarding of the Llys Meddyg Contract to Dr MB and Dr MT of Corwen House Surgery, Penygroes and to approve the provision of limited financial support to enable the new contractor to take over the contract and merge the provision of GMS services in Penygroes from 1st September 2020</li> <li>• Approval of the draft Q1 plan to support service delivery during the Pandemic</li> <li>• Approval of the purchase of 52 Dräger Perseus invasive ventilation machines to meet the anticipated demand of COVID patients requiring ventilation in the event of the anticipated surge based on current predicted modelling</li> </ul>	
<p><b>20.66 Apologies for Absence</b></p> <p><b>20.66.1</b> Noted for Nicky Callow, Gareth Evans (Michael Rees deputising as Healthcare Professionals Forum Vice Chair) and Sue Hill (Eric Gardiner deputising)</p>	
<p><b>20.67 Declarations of Interest</b></p> <p><b>20.67.1</b> Ffrancon Williams and Eifion Jones both declared an interest in item 20.73 (Test, Trace and Protect Update) in that they had active involvement in the testing unit located at Parc Menai, Bangor.</p>	
<p><b>20.68 Draft Minutes of the Health Board Meeting held in public on 14 May 2020 and 21 May 2020 for accuracy and review of Summary Action Log</b></p> <p><b>20.68.1</b> The minutes of the two meetings held in public were agreed as an accurate record.</p> <p><b>20.68.2</b> In terms of the summary action log, an update was provided for inclusion against the single open action regarding workforce policies around raising concerns. There were other points raised under matters arising as follows:</p> <ul style="list-style-type: none"> <li>• Action 20/39.4 recovery arrangements – that a paper capturing the learning from the pandemic would be shared at a future meeting.</li> <li>• Action 20/63.16 vascular services – that the task and finish group had now met twice and had received detailed presentations around antimicrobial prescribing and amputation, with an audit of the latter planned which would include issues of</li> </ul>	CS

<p>consent. In terms of foot care the Executive Medical Director reported that there were positive examples of professional engagement in developing this pathway.</p>	
<p><b>20.69 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</b></p> <p><b>20.69.1 It was resolved that</b> 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><b>20.70 Documents Signed Under Seal 1.1.20 to 16.7.20</b></p> <p><b>20.70.1 It was resolved that</b> the Board note the information presented.</p>	
<p><b>20.71 Annual Assurance Report on compliance with Nurse Staffing Levels (Wales) Act</b></p> <p><b>20.71.1</b> The Executive Director of Nursing &amp; Midwifery presented the paper which had also been presented to the Quality, Safety &amp; Experience (QSE) Committee. The paper set out areas for compliance together with those areas where the organisation had not managed to achieve the desired staffing levels which had potential consequences of harm. A range of planned audit work had not been undertaken due to the Covid-19 pandemic, and there were known gaps in staffing levels due to staff being redeployed. The Board were assured that officers were working closely with colleagues and partners and there were some excellent examples of joint initiatives, for example with Bangor University and a positive take up of posts by student nurses. The Executive Director of Therapies and Health Sciences also took the opportunity to acknowledge that therapy and other students had also taken up temporary registration posts to support the pandemic work within the Health Board.</p> <p><b>20.71.2</b> In response to a question from the Chair, it was confirmed that the series of reviews set out in the paper had commenced and learning would be shared in due course. The Chair also made reference to the increase in hospital acquired pressure damage at Ysbyty Glan Clwyd (YGC) and whilst acknowledging this was not thought to be linked to staffing levels, enquired whether the increase was of concern. The Executive Director of Nursing and Midwifery confirmed that every such incident was reviewed with the impact of staffing levels being one of the factors considered. In terms of YGC specifically she indicated that a safety review was being undertaken across the site.</p> <p><b>20.71.3</b> The Chair noted there were separate recommendations within the paper and <b>it was resolved that</b> the Board note the report and support the next steps regarding:</p> <ul style="list-style-type: none"> <li>• Targeted focus of Nurse recruitment including resource to support campaigns both locally and regionally</li> <li>• Exploration of a clinical fellowship programme for nurses</li> </ul>	

- Ongoing analytics regards leavers and ‘what could we do better?’
- Review of implementation of new roles to support the nursing recruitment pipeline
- Expansion of harm avoidance collaborative to assist in reducing variation
- Development of a nurse performance dashboard as a further monitoring and assurance tool in real time
- Further analysis of deviations from previous reporting periods

## 20.72 Covid-19 Pandemic Update

**20.72.1** The Executive Director of Primary & Community Care delivered a presentation, a summary of which was as follows:

- Overview of the pandemic – highlighted that Covid-19 has been the biggest mobilisation of resources in modern day NHS and will impact on health care and daily life for some time to come
- Clinical considerations – highlighted that medical knowledge continued to develop particularly around ventilator support, but that testing and diagnostic challenges remained. Work around a vaccination was gaining momentum but a number of uncertainties remained.
- North Wales data – numbers of tests completed and confirmed cases. The confirmed cases were also displayed by category and did demonstrate a reduction across all Local Authority areas. In-patient activity showed a reduction generally but a recent increase in the Wrexham area which was being managed appropriately. Deaths recorded in line with Office of National Statistics were continually falling in North Wales.
- Hospital Acquired Infections – this remained an area of challenge within the Health Board. Infection Prevention teams were focused on dealing with outbreaks and ensuring that staff were equipped with Personal Protective Equipment (PPE). Infection reviews were planned and all hospital sites were fully on board with the need to undertake these.
- Temporary Hospitals – it was pleasing that the additional capacity had not yet been utilised, and revised planning scenarios for their use were now being undertaken.
- Moving forwards – the organisation needed to ensure a balance between returning to normal activity and being able to react and respond to any upturn in Covid-19 activity

The Executive Director of Primary & Community Care concluded that the collaborative work evidenced throughout the pandemic had been very positive, and that public engagement remained very important in terms of everyone following public health guidance and using services appropriately.

**20.72.2** A discussion ensued with members raising a range of points. In response to a question whether there should be wider testing for staff and a requirement to wear face coverings, the Executive Director of Primary & Community Care agreed that spare testing capacity should be utilised for asymptomatic staff and that this was in line with the national testing strategy. In terms of face coverings he suggested these would be best targeted on front line areas. The Executive Director of Nursing & Midwifery added that where there were outbreaks on wards, all patients on those wards were tested and additional staff deployed there. The Executive Director of

Workforce & OD remarked that maintaining staff confidence was key, particularly those who were returning to work following shielding.

**20.72.3** The Chair indicated he had requested a review of hospital transmissions and was concerned about an increase at the Wrexham Maelor site in particular. The Executive Director of Public Health confirmed that the Outbreak Control Team (OCT) were very much aware and involved, with the situation under surveillance and control measures being implemented.

**20.72.4** A comment was made that an increased awareness of false negative tests would be helpful, and that the range of symptoms associated with Covid-19 could be unhelpful in terms of prioritising tests. The Executive Director of Primary & Community Services concurred this was a valid point, and noted that clinical teams had to date been broad in their interpretation of those individuals needing a test. In addition a question was asked regarding the Board's approach to the known impact of Covid-19 on Black Asian & Minority Ethnic (BAME) individuals. The Executive Director of Workforce & OD confirmed that as part of the Board's equality portfolio appropriate risk assessments were being undertaken in a focused way with BAME colleagues. Impact assessments were being revised based on learning to support those currently shielding in particular.

**20.72.5** The point was made that there was an understandable nervousness amongst patients in accessing health services and that the QSE Committee was to receive a paper on essential services on 29<sup>th</sup> July 2020.

**20.72.6** A member enquired what the available data and analysis showed around the nature of the virus in terms of the likelihood of a second wave for North Wales. The Executive Director of Primary & Community Services indicated that a second wave was anticipated and that the current reduction in infection rates was a direct result of lockdown. As lockdown restrictions were lifted and previous ways of life returned to there would undoubtedly be a rise in transmission rates although this may be more sporadic and localised. The role the public had to play in minimising the risk of a second spike was critical, and therefore the Board had a specific area of work underway in terms of engaging with the public.

**20.72.7** In response to a question regarding flu vaccination supply and whether the Board was confident it would be able to increase the uptake this year, the Executive Director of Primary & Community Services responded that community vaccination was dependent on the companies having the necessary supply chain. Generally there was additional capacity planned for and he was reasonably confident that the demand could be matched for flu vaccination this year. He reiterated the need to focus on ensuring all those eligible for the flu vaccination were offered it and encouraged to take it up.

**20.72.8** The Chair summarised that the collaborative work with partners evident throughout the pandemic was impressive together with how the organisation had responded internally with the flexibility and sensitivity of front line staff being commendable. He felt that the role of the public in following guidance and accessing health services appropriately and safely was vital, and that ensuring winter preparedness was a key focus for the Board.

### 20.73 Test, Trace & Protect (TTP) Update

**20.73.1** The Executive Director of Public Health presented the paper, noting that this was the first opportunity to update the Board in public session although TTP updates had been provided at other opportunities and through a line of reporting to the Strategy, Partnerships & Population Health (SPPH) Committee and the Recovery Coordination Group (RCG). She felt this reflected how quickly the programme had needed to be established and the fast moving pace of development.

**20.73.2** The Executive Director of Public Health highlighted that the TTP programme would need to continue even if a vaccine for Covid-19 was found and that the “trace” element was likely to develop more as autumn approached. Capacity had increased with up to 1400 tests having been undertaken in the past week, however, turnaround times for results were still proving challenging. It was confirmed that antibody testing was also part of the testing strategy and organisations were learning about immunity as part of that programme.

**20.73.3** In terms of contact tracing work it was reported this was done at a local level with the more complex cases being discussed at the regional cell. Performance reporting was improving as was the ability to evidence pace and activity. Overall the numbers of confirmed cases were reducing but the programme currently remained focused on outbreaks associated with local areas eg; Anglesey. The Executive Director of Public Health was pleased to report that funding had been confirmed by Welsh Government (WG) which would allow the Health Board to tailor the TTP to local needs. In summary she concluded the programme was working well and acknowledged the need to protect the most vulnerable, focus on learning, and to build on existing assets.

**20.73.4** A discussion ensued with members raising a range of points. In response to a question around the selection process for antibody testing and the level of confidence in this element of the programme, the Executive Director of Public Health confirmed that guidance from the Chief Medical Officer had been followed. She acknowledged that not enough was known about immunity from antibody status which did put limitations on some of the work. The Executive Director of Therapies & Health Sciences added that there had been very close working with all partners in terms of identifying relevant cohorts for antibody testing and that guidance was awaited on the next stage.

**20.73.5** An explanation was sought as to why Public Health Wales (PHW) had decided against placing the ‘Starlet’ machine in North Wales. The Executive Director of Public Health apologised that she was not able to provide this explanation and the Chair asked that this be sought from PHW. Secondly a question was raised as to the timeframe for the ‘Nimbus’ machine to be operational in Ysbyty Gwynedd (YG) and the Executive Director of Public Health would establish this and feed back to the member concerned.

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<p><b>20.73.6</b> In response to a comment around the public perception of turnaround times for testing the Executive Director of Public Health felt that in general the position for testing of in-patients was good, but that there was a need to establish community capacity going forward given the two large incidents. She undertook to write to PHW by close of play on the 24<sup>th</sup> July 2020.</p> <p><b>20.73.7</b> A member enquired as to the level of confidence that the programme was engaging with the right stakeholders and was fully involving the community and business sectors. The Executive Director of Public Health acknowledged that this element had not been the top priority when initially setting up the service and that rapid improvement was now needed. She felt that local signposting within the TTP programme was key together with the role of social prescribing.</p> <p><b>20.73.8</b> General comments were made at how well the TTP programme had been established and that local outbreaks had been managed well with evidence of good partnership working with Local Authorities.</p> <p><b>20.73.9 It was resolved that</b> the Board:</p> <ol style="list-style-type: none"> <li>1. Reflect on the TTP arrangements across the region</li> <li>2. Note the update and the formal reporting route through the SPPH Committee.</li> </ol>	TO
<p><b>20.74 Quarter 1 Plan Monitoring Report</b></p> <p><b>20.74.1</b> The Chair informed members that he had already called for more detail on a number of areas within the paper following discussion at the Finance &amp; Performance (F&amp;P) Committee, these being stroke, eye-care, essential services start-up and pathways.</p> <p><b>20.74.2</b> The Executive Director of Planning &amp; Performance presented the report, reminding members that the Board was now planning on a quarterly basis. He highlighted that the report summarised progress against actions within the plan to the end of Q1 via a self-assessment process by the lead Executive with scores being reviewed by the Executive Team as a whole.</p> <p><b>20.74.3</b> A discussion ensued with members raising a range of points. It was noted that the stroke rehabilitation action was rated as amber and a member was concerned that this had been identified as an essential service for which demand was likely to increase due to Covid-19. The Executive Director of Primary &amp; Community Services responded that the amber rating had been chosen not necessarily because insufficient progress had been made, but as a result of the impact of Covid-19. He was now confident that the teams were all but there in terms of stroke. With regards to harm reduction, the Executive Director of Planning &amp; Performance reported that a risk classification process had been utilised and teams were now looking to see how performance reporting could be developed on a risk based perspective not purely on the numbers of patients waiting. The Executive Director of Nursing &amp; Midwifery added that clinicians were working together to prioritise patients by risk. The Vice Chair noted the importance of having specific and measurable actions. The Executive</p>	

Director of Planning & Performance felt that the Q2 plan was far more developed in this regard. The Chair noted that whilst the report was a result of an executive self-assessment process, the Board was always able to seek and request more detail on areas of concern.

**20.74.4 It was resolved that** the Health Board note the report.

### **20.75 Quality & Performance Report**

**20.75.1** The Executive Director of Planning & Performance presented the report, noting that it had also been scrutinised by the F&P Committee. He highlighted that the focus and scrutiny of performance had been paused during Covid-19 however the organisational accountability remained the same. RAG performance ratings had not been included within the paper as it would not be meaningful to compare current performance during the pandemic to that of 12 months ago. It was noted that the report included a range of indicators on Covid-19 and it was hoped to be able to develop this area of the report further in terms of the TPP programme and turnaround times. The Executive Director of Planning & Performance indicated that the report included detail on essential services, with planned care delivery being significantly lower than normal as a result of reduced levels of referrals. Waiting times were worsening month on month and there was a clear need to start to return safely to the provision of essential services. In terms of unscheduled care there was a notable increase in demand compared to when lockdown was introduced.

**20.75.2** A discussion ensued with members raising a range of points. In response to a question regarding the restarting of some key screening services such as bowel, cervical and breast, it was confirmed these would recommence during Q2. They did not feature specifically in the Q2 plan as they were led by national bodies and it was not the Board's responsibility to deliver them. There would however be challenges for the organisation's diagnostic services in terms of responding to the results of those screening programmes. The Executive Director of Public Health added that it was important to note that not all screening had been paused, and she acknowledged it was a core element of maintaining population health.

**20.75.3** A member noted reference within the paper to Mental Health Measure outcome data being "problematic" and she enquired as to the timeframe for addressing this. The Executive Director of Planning & Performance undertook to look into this outside of the meeting and to feed back.

**20.75.4** A conversation took place regarding the correlation between Q2 performance and the associated action plan and the Chair asked whether the construction of the action plan would be in keeping with the concerns that had been identified. The Executive Director of Planning & Performance stated that the performance report focused on the full range of indicators which were based around the quadruple aim. He believed it did align to the action plan but acknowledged the need to test out the level of detail on a case by case basis.

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[Miss T Owen left the meeting]

**20.75.5** In terms of unscheduled care the Chair noted that there had been changes in practice put in place during the pandemic, and asked whether elements would be embedded going forward to manage the increasing numbers of attendances that were now being seen. The Executive Director of Nursing & Midwifery confirmed that opportunities for learning from Covid-19, including the experiences of primary care colleagues, were being utilised. The Unscheduled Care Board would be working with partners and stakeholders in terms of winter preparedness and recent senior appointments would further support the maintenance of performance across secondary and primary care.

**20.75.6** In response to a question around diagnostic waiting times the Executive Director of Therapies & Health Sciences reported that access to endoscopy and radiology had been particularly challenging with a reduction in capacity due to social distancing requirements and the redeployment of some staff. He also referred to the potential for insourcing via utilisation of temporary hospitals which would be taken forward however the key barrier would be the associated staffing requirements. The Vice Chair of the Healthcare Professionals Forum made reference to the need for better IT support and equipment provision to provide solutions for clinicians to work remotely.

**20.75.7** With regards to planned care and the pausing of some elective services the Executive Director of Nursing & Midwifery confirmed that services had been maintained for high risk patients, including through making use of the Spire Hospital. She added that a number of pathways had now been developed for planned care which were clinically led. A number of clinicians were now travelling to undertake surgery at alternative sites to ensure patients were given an option of travelling to receive the most appropriate treatment. It was highlighted this meant that patients were not necessarily seen in chronological order. The Executive Director of Nursing & Midwifery referred to the prioritisation of urology and that the dashboard had been re-engineered to look more holistically at care.

**20.75.8** The Executive Director of Workforce & OD reported that there had been an improvement in June in terms of sickness absence. The staff well-being hubs continued to be maintained and developed as the pandemic moved on and there was an intention to expand the ways in which staff could access the services offered. With regards to working from home she stated that this would continue where appropriate until staff could be safely welcomed back to their workplaces, recognising the need to sustain an agile workforce whilst protecting physical and mental health and wellbeing.

**20.75.9 It was resolved that the Board:**

1. Note the revised format of the report.
2. Note that performance management had been formally stood down during Covid-19 and therefore the information provided was management information that had

<p>been scrutinised via the Finance &amp; Performance and Quality, Safety &amp; Experience Committees of the Board.</p>	
<p><b>20.76 Finance Report Month 1</b></p> <p><b>20.76.1 It was resolved that</b> the report be noted.</p>	
<p><b>20.77 Finance Report Month 2</b></p> <p><b>20.77.1</b> The Finance Director (Provider Services) presented the paper which provided a briefing on the financial performance of the Health Board as at May 2020 and which reflected the financial impact of the continuing response to the Covid-19 pandemic. He explained that the original forecast did not take into account the impact of Covid-19 and as a consequence the Board was reporting a balanced position predicated on the assumption that WG will fund the impact of the pandemic. This was currently being stated as a financial risk as this funding had not yet been formally notified. Members' attention was drawn to section 3.3 which set out the impact of Covid-19 in terms of expenditure, and it was highlighted there were elective care savings of £2.9m. The Finance Director (Provider Services) went on to explain that in terms of contractual arrangements, the Board had agreed payment for block values even where providers were not currently undertaking activity, and that discussions were now taking place around reintroducing activity. He concluded by assuring members that in terms of financial governance, the respective rules around Covid-19 were being followed.</p> <p><b>20.77.2</b> A discussion ensued with members raising a range of points. The Vice-Chair of the F&amp;P Committee enquired as to what was being done to bridge the savings gap. The Finance Director (Provider Services) accepted that savings performance was low and whilst plans were being developed for consideration by the F&amp;P Committee it was unlikely that the entire gap would be filled. Once clarity was received from WG on the funding of Covid-19 costs the forecast would be adjusted for year-end. In response to a question regarding the additional Information Technology (IT) resources that had been required as a result of Covid-19, the Finance Director (Provider Services) confirmed that this had been factored in in terms of staffing and that any costs for systems and software that were directly attributed to the pandemic should be centrally funded. The Executive Director of Workforce &amp; OD added that as part of the recovery work it was recognised that there were a number of opportunities from the pandemic that should be retained and that one key one was around the use of IT to support accessibility for patients and new ways of working for staff.</p> <p><b>20.77.3</b> The Chair noted that the Interim Chief Executive as the Accountable Officer had written to WG regarding the Board's expenditure. He enquired whether finance colleagues were monitoring the consideration of future use of temporary hospitals, and it was confirmed that there was finance representation in place to ensure that expenditure was justified and represented value for money. The Executive Director of Workforce &amp; OD reported that the additional expenditure relating to additional staff</p>	

<p>joining the workforce had been tracked in order to identify what was Covid-19 related and what was not. An ongoing governance review would identify whether alternative solutions could be found on a more sustainable footing.</p> <p><b>20.77.4</b> The Chair asked that the Digital Information &amp; Governance Committee examine the capital programme and transformation schemes to ensure that the Board had sufficient resources in terms of finance and people to deliver these, and to highlight any gaps back to the Board.</p> <p><b>20.77.5</b> It was resolved that the report be noted.</p>	JC/DF
<p><b>20.78 Committee and Advisory Group Chair's Assurance Reports</b></p> <p><b>20.78.1</b> The Audit Committee Chair presented the report of the meeting held on the 29<sup>th</sup> June 2020. He highlighted – a discussion around Covid-19 presenting a significant risk to the financial position and the ability to progress business as usual; the approval in principle of a revised Risk Management Strategy; that whilst the internal audit plan had not been completed in full, sufficient audit work had been undertaken to provide an overall opinion of reasonable assurance; progress had again been suspended in terms of clinical audit.</p> <p><b>20.78.2</b> The Quality, Safety &amp; Experience (QSE) Committee Chair presented a combined report for the meetings held on 17<sup>th</sup> March 2020, 5<sup>th</sup> May 2020 and 3<sup>rd</sup> July 2020. She highlighted – that during the height of the pandemic the QSE Committee had continued to meet but with more focused agendas; the reduction in referrals and access to services was a key concern for the Committee; avoidable infections was due to be an agenda item for an additional meeting of the Committee on 29<sup>th</sup> July 2020.</p> <p><b>20.78.3</b> The Finance &amp; Performance Committee Chair presented the report of the meeting held on 4<sup>th</sup> June 2020, noting there had been a subsequent meeting on 16<sup>th</sup> July 2020.</p> <p><b>20.78.4</b> The Remuneration &amp; Terms of Service Committee Chair presented the report of the meeting held on 15<sup>th</sup> June 2020.</p> <p><b>20.78.5</b> The Strategy, Partnerships &amp; Population Health Committee Chair presented the report of the meeting held on 9<sup>th</sup> June 2020. She highlighted – that the Committee had requested further reports on emergency preparedness; that Committee involvement in the production of Q1 and Q2 plans had been lighter than usual and that the Committee expected to be more heavily involved from Q3 onwards.</p> <p><b>20.78.6</b> The Charitable Funds Committee Chair presented the report of the meeting held on 25<sup>th</sup> June 2020. She highlighted – that the fundraising and finance teams had</p>	

worked exceptionally hard to make funds available during the pandemic; that a staff wellbeing fund had been established around Covid-19 specifically; that any requests for funding had been approved via the required quorum; that a key risk had been identified around proposals to introduce a staff lottery. The Health Board Chair wished to commend the practical support from the Awyr Las charity during the pandemic.

**20.78.7** The Digital Information & Governance Committee Chair presented the report of the meeting held on 19<sup>th</sup> June 2020. He highlighted – that the Committee wished to record its thanks to teams for their rapid response during the pandemic in terms of identifying and applying information governance solutions; that since the last meeting there had been another national system failure in south Wales which raised local concerns around the reliability of national infrastructure.

**20.78.8** The Stakeholder Reference Group Chair presented the report of the meeting held on 22<sup>nd</sup> June 2020. He highlighted – the importance of communication and partnership working; the essential role of the third sector and that the co-ordination of those services was complex with many being stretched in terms of resources as a result of Covid-19.

**20.78.9** The Vice Chair of the Healthcare Professionals Forum presented the report of the meeting held on 19<sup>th</sup> June 2020. He highlighted - the importance of keeping the workforce engaged and up to date; that positive outcomes had been noted from moving away from traditional meetings; the need to ensure health and well-being support was provided to staff on an ongoing basis. The Executive Director of Therapies & Health Sciences apologised that the member report from Professor Michael Rees had not been noted within the report.

**20.79 Vascular Services : Update on Independent Review**

**20.79.1** The Executive Medical Director presented the paper which provided an update on the work undertaken to date by the Vascular Task and Finish Group relating to the external review of the service. He confirmed that the Group had met twice to date and had been well attended. It had been agreed at the first meeting to apply for an external review from the Royal College of Surgeons (RCS) and Chair’s Action had been taken in between meetings to submit this to the RCS with the aim of work being able to commence in the early autumn. Members’ attention was drawn to the scope of the review and that the Group had commenced work relevant to antibiotic prescribing and amputation. The Executive Medical Director felt that overall there was an increasing level of positive engagement, and that regular reporting would take place to the QSE Committee with WG also keen to be kept abreast of progress.

**20.79.2** A discussion ensued with members raising a range of points. In response to a question from the Chair regarding patient involvement, the Executive Medical Director stated that the membership of the Group would continue to be reviewed to

ensure there was adequate representation. He confirmed that the current representative was very proactive and their contribution to the Group was very positive. In addition a visit by the Community Health Council to the service would shortly take place. With regards to securing vascular pathways the Executive Medical Director responded that this was being prioritised but there would be a need for project management support. The Chair enquired as to the timescale for the independent review and the Executive Medical Director said he would expect to see a desk top review commence in September followed by site visits. In response to a further question he confirmed it would be as comprehensive as possible to also address the antimicrobial issue.

**20.79.3** A member acknowledged that there was obviously a lot of work being undertaken but she felt that the report itself was lacking in terms of ensuring timely status updates against the actions. She felt that given the public interest in the review, the Board should take every opportunity to demonstrate progress and give as much assurance to the public and partners as possible. The Executive Medical Director accepted that the report could be improved in order to present progress in a more timely manner. The Chair asked that the Executive Medical Director pick up with the Chair of QSE Committee how the independent review was to be commissioned and how the implementation plan would be further developed and monitored, before sharing with full Board.

**20.79.4** It was resolved that the Health Board note the progress made by the Vascular Task and Finish Group.

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### **20.80 Healthcare Inspectorate Wales (HIW) : National Review of Maternity Services**

**20.80.1** The Executive Director of Nursing & Midwifery presented the report which set out the background to the HIW National Review of Maternity Services across Wales and provided the Board with assurance in relation to progress made within BCUHB. She indicated that the report detailed the Board's approach in terms of both acute and community services and also set out the reporting and assurance mechanisms. She added that the QSE Committee were looking at broader assurance mechanisms around maternity services.

**20.80.2** A discussion ensued with members raising a range of points. A member made reference to current issues within maternity services in the Shrewsbury & Telford Hospital NHS Trust and asked how BCUHB could learn from their experiences. The Executive Director of Nursing & Midwifery confirmed that some north Wales residents were affected by this issue, and all relevant reports would be reviewed to ensure any similar gaps were closed in BCUHB, and that a learning opportunity around human factors had recently been identified. She added that with regards to the maternity services in Cwm Taf Morgannwg Health Board, BCUHB had completed its own self-assessment which would be discussed at QSE Committee in August.

<p><b>20.80.3 It was resolved that</b> the Board receive the report for information and to note for assurance:</p> <ul style="list-style-type: none"> <li>• The action progress made by the Health Board in response to inspections undertaken during phase 1 and phase 2 of the review, and that no actions were overdue</li> <li>• The arrangements in place for coordination of the Board member interviews in phase 2</li> <li>• The readiness of the Health Board to coordinate the patient engagement and community clinic inspections expected in phase 2</li> </ul>	
<p><b>20.81 Quarter 2 Plan</b></p> <p><b>20.81.1</b> The Executive Director of Planning &amp; Performance presented the paper which described what the Health Board aimed to achieve within Q2 (1st July to 30th September 2020), and which also had been constructed to give an indication of what would also follow in later quarters. He referred to orthopaedics as an example in that Q2 gave a commitment to complete a recovery plan, Q3 would focus around developing a clinical network, and Q4 reviewing and refreshing the business case. The Executive Director of Planning &amp; Performance confirmed that the Q2 Plan had been submitted to WG as required on 3<sup>rd</sup> July 2020 and feedback was expected within the next week to ten days.</p> <p><b>20.81.2</b> With regards to the specific action planning documents that underpinned the Q2 Plan, the Executive Director of Planning &amp; Performance confirmed that a draft had been shared with Board members as an internal working paper. He confirmed that it had been supported in principle by the Executive Team with some changes to be made around - the reporting of various elements through the Committee structure; clarity of mental health reporting; and the approach for primary care reporting i.e. strategic matters to SPPH Committee, performance and finance matters to F&amp;P Committee and quality and safety matters to QSE Committee. The Executive Director of Planning &amp; Performance confirmed that a refreshed version of the action plans would be shared within the public domain.</p> <p><b>20.81.3</b> The Executive Director of Planning &amp; Performance concluded by assuring members that the organisation should be clear on the key areas within the Q2 Plan namely – the ability to maintain an agile response to Covid-19; provision of a safe environment in which to deliver healthcare during Covid-19; the need to reintroduce services safely which would be supported by the TTP programme and risk stratification; progressing the Digital Health Record.</p> <p><b>20.81.4</b> A discussion ensued with members raising a range of points. The Chair stated that the Board needed to have confidence in the plan itself and also be assured around the ability for it to be delivered. He was therefore disappointed to learn that the action plan had not yet been fully signed off by the Executive Team, and he sought assurance that the material content of the action plan could deliver the Q2 plan itself. Furthermore he felt it was unacceptable in terms of good governance that the organisation was still developing an action plan so far into the quarter, and he would be looking to identify some time for the Board to consider the Q3 plan at 22<sup>nd</sup></p>	MW

<p>September 2020 workshop and therefore some way in advance of Q3 commencing. The Executive Director of Planning &amp; Performance assured members that the material content of the action plan was supported by the Executive Team and that the changes were minor and related to presentational aspects before the document could be placed in the public domain. He accepted the point regarding making time to discuss the Q3 plan.</p> <p><b>20.81.5</b> The Vice Chair felt that the plan should make it clearer that demand and capacity was far greater than just hospital beds and needed to be more visible across the whole system. She also felt that the action plan contained very high level actions that weren't sufficiently specific and measurable - for example those around stroke services and the well-being hubs. Finally she suggested that the mental health actions required updating as they didn't correlate with recent discussions. The Executive Director of Planning &amp; Performance accepted that the plan could be more integrated and clearer around capacity planning, and he suggested that in terms of stroke and well-being hubs there was more detail in the output column. The Executive Director of Primary &amp; Community Services accepted that the suitability and meaningfulness of the narrative could be improved upon, however, he was content that there was clarity amongst the Executive Team as to what the organisation needed to do. The Executive Medical Director added that a key learning point for the Mental Health &amp; Learning Disabilities Division was to reflect on sustaining safe services, keeping people safe, protecting the most vulnerable and engaging with stakeholders including the CHC, staff and Local Authorities.</p> <p><b>20.81.6</b> The Vice Chair of the HPF was aware of work ongoing around the redesign of accommodation to accommodate social distancing and enquired whether this had been incorporated into the plan in terms of Health &amp; Safety work. The Executive Director of Planning &amp; Performance noted that bed modelling and hospital zoning work would have an impact and would need to be evidenced within the plan as it provided a challenging context within which the Board would need to operate. The Executive Director of Workforce &amp; OD added that the Board had recently communicated that it would continue to advise staff to work from home where they were able to do so, and that reducing footfall on the hospital sites was key.</p> <p><b>20.81.7</b> The Chair asked that the team would need to ensure an appropriate timeline for Q3 planning taking into account the lessons learned from Q2. The Executive Director of Planning &amp; Performance confirmed this was recognised and understood.</p> <p><b>20.81.8 It was resolved that the Board:</b></p> <ol style="list-style-type: none"> <li>1. Receive and approve the draft Q2 plan to support service delivery during the pandemic with a caveat that whilst recognising the work that had been undertaken to date and the tight timescales that were being worked to, the Board would not in future entertain receiving a plan that was still being worked upon nor which did not adequately reflect comments that had already been fed in by Independent Members.</li> <li>2. Provide feedback as to what they would wish to see covered in the Q3 plan through dialogue and comment outside of the meeting.</li> </ol>	MW/DS
<b>20.82 Risk Management Strategy</b>	

<p><b>20.82.1</b> The Executive Director of Nursing &amp; Midwifery presented the paper which shared the new Risk Management Strategy and Policy as agreed by the Audit Committee and which proposed a movement from a 5 Tier to 3 Tier risk management model. This had been tested in the East and was well received by teams as being less complicated and easier to understand in terms of escalation. There was an ongoing process to align the divisional teams to the new 3 Tier risk principle and support had been offered from the corporate team. Members' attention was drawn to the concern of the Audit Committee around the ability to implement the Strategy and Policy by 1st October 2020 due to the impact of Covid-19, and that since the Audit Committee had met a series of Board Workshops had been arranged around the risk agenda.</p> <p><b>20.82.2</b> A discussion ensued with members endorsing the general direction of travel but raising a range of points. A member stated that he had previously raised a concern that a key element of risk was the ability of staff to appropriately define the impact, likelihood and inherent risk but this did not appear to have been documented. The Executive Director of Nursing &amp; Midwifery responded that this would be incorporated within the associated implementation plan which dealt with the education of staff. The Vice Chair felt it was important to note that this was just the beginning of a much wider and important piece of work regarding risk appetite. The Audit Committee Chair suggested that the implementation aspect was key and reiterated the Committee's concern at the ability to deliver all that was required by October 2020.</p> <p><b>20.82.3</b> It was resolved that the Board</p> <ol style="list-style-type: none"> <li>1. Ratify the approval of the revised Risk Management Strategy and Policy by the Audit Committee</li> <li>2. Note there may be a delay in the 1st October 2020 implementation date from operational teams due to the effect from returning to business as usual following the Health Board's response to the COVID Pandemic arrangements.</li> </ol>	
<p><b>20.83 Documents Circulated to Members</b></p> <p><b>20.83.1</b> It was noted that a range of Covid related briefings and updates continued to be circulated on a daily basis, together with other documentation as listed.</p>	
<p><b>20.84 Date of Next Meeting</b></p> <p><b>20.84.1</b> The Annual General Meeting of the Health Board would take place at 9.30am on the 24<sup>th</sup> September 2020 followed by a Health Board meeting at 10.30am</p>	
<p><b>20.85 Exclusion of Press and Public</b></p> <p><b>20.85.1</b> 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</p>	



prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'	
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