



Betsi Cadwaladr University Health Board (BCUHB)

Minutes of the Health Board meeting held in public on 23rd September 2021 via Zoom

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services
Sue Green	Executive Director of Workforce & Organisational Development
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive

In Attendance:

Michelle Denwood	Associate Director of Safeguarding (<i>part meeting</i>)
Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Jody Evans	Corporate Governance Officer (<i>for live streaming support</i>)
Mason Fitzgerald	Good Governance Institute (<i>observing part meeting</i>)
Lowri Gwyn	Translator
Ian Howard	Assistant Director - Strategic & Business Analysis (<i>part meeting</i>)
Mandy Jones (<i>deputising</i>)	Vice Chair of Healthcare Professionals Forum
Matt Joyes	Acting Associate Director of Quality Assurance (<i>for item 21.157</i>)
Rob Nolan (<i>deputising</i>)	Finance Director – Commissioning and Strategic Financial Planning
Llinos Roberts	Executive Business Manager Chair's Office (<i>for live streaming support</i>)
Mike Smith	Interim Director of Nursing Mental Health (<i>part meeting</i>)
Chris Subbe	Senior Clinical Lead for Unscheduled Care (<i>part meeting</i>)
Rod Taylor	Director of Estates and Facilities (<i>part meeting</i>)
Joanna Watson	Good Governance Institute (<i>observing</i>)
Iain Wilkie	Interim Director Mental Health (<i>part meeting</i>)

Agenda Item Discussed	Action By
21.156 Welcome and Apologies for Absence	

<p>21.156.1 The Chair welcomed everyone to the Health Board meeting which was again being live streamed to enable members of the public to observe the meeting in real time. He confirmed that members were welcome to contribute in the language of their choice as simultaneous Welsh to English translation was available.</p> <p>21.156.2 Apologies were received for Clare Budden, Gareth Evans and Sue Hill. Deputies and observers were welcomed to the meeting and the Chair introduced Dr Nick Lyons as the newly appointed Executive Medical Director.</p>	
<p>21.157 Patient Story</p> <p>21.157.1 An audio version of the patient story was played for members, with a transcript having also been provided. The Executive Director of Therapies and Health Sciences reflected that many other patients had set out similar experiences relating to Long Covid and he wished to take the opportunity to thank those who had contributed to the development of the multidisciplinary team based pathway. He also referred to the relevant Expert Patient Programme which around a hundred patients had attended to date, with the next course planned for October. Finally he referred to the uncertainty nationally around the symptoms of Long Covid and the effect of the vaccination programme.</p> <p>21.157.2 The Chair of the Quality, Safety & Experience (QSE) Committee welcomed the introduction of patient stories at Board and felt that there was a lack of understanding around Long Covid and that its impact was far broader than just relating to death rates. The Executive Director of Public Health added that longer term organisational plans must include the emerging social implications of Long Covid. The Chair asked that progress in response to Long Covid also be picked up in one of the Covid briefings that are prepared for Board members. He also asked that thanks be extended to the patient who had shared their story.</p> <p>21.157.3 The Executive Director of Workforce & OD highlighted that the patient involved in the story was also a member of BCUHB staff and she wished to acknowledge the compassionate leadership that had obviously been demonstrated by the line manager concerned. In terms of support available to staff around Covid she anticipated that this would need to continue for some time and that with the current observation of fatigue across the organisation it would be more important than ever to recognise the psychological impact of the pandemic on the workforce and to provide a range of support to maintain health and well-being.</p> <p>21.157.4 It was resolved that the Health Board receive and reflect upon the patient story.</p>	<p>CS AT GH</p>
<p>21.158 Declarations of Interest</p> <p>21.158.1 None declared.</p>	
<p>21.159 Draft Minutes of the Health Board Meeting held in public on 15th July 2021 for accuracy</p> <p>21.159.1 The minutes were approved as an accurate record.</p>	

<p>21.160 Draft Minutes of the Annual General Meeting Held on 29th July 2021 for accuracy</p> <p>21.160.1 The minutes were approved as an accurate record.</p>	
<p>21.161 Matters Arising and Summary Action Log</p> <p>21.161.1 Updates were provided against the summary action log.</p>	
<p>21.162 Report of the Chair</p> <p>21.162.1 The Chair report on the following Chair's Actions undertaken since the last Board meeting:</p> <ol style="list-style-type: none"> 1. To approve the payment of the 2021/22 All Wales Microsoft Enterprise Agreement at a cost of £3.2m by approving a temporary increase in the Executive Director of Finance's revenue approval limit in Oracle to £3.2m. 2. To approve the re-establishment of Covid-19 Cabinet. <p>21.162.2 The Chair informed the Board:</p> <ol style="list-style-type: none"> 1. Of the appointment of Ms Mandy Jones as Vice Chair to the Healthcare Professionals Forum 2. That interviews for 3 Independent Member roles had been held and recommendations were currently with the Minister for approval. 3. That a refreshed Board development programme facilitated by Kings Fund had commenced. 4. That he had attended a meeting of the Recovery Coordinating Group with partners at which escalation processes had been agreed through existing emergency preparedness infrastructures. 5. A tripartite meeting involving Welsh Government (WG), Audit Wales and Healthcare Inspectorate Wales (HIW) had taken place to review the challenges in adult and children's mental health and to consider what actions were planned or in train. 	
<p>21.163 Report of the Chief Executive</p> <p>21.163.1 It was resolved that the Health Board notes the report of the Chief Executive</p>	
<p>21.164 Targeted Intervention Improvement Framework (TIIF)</p> <p>21.164.1 The Chief Executive suggested that the paper in its current format did not fully reflect the range of activities and actions that were ongoing or complete and she would arrange for an Executive Team review of the format.</p> <p>21.164.2 The Chief Executive confirmed that the Good Governance Institute is working with the Health Board and for the TIIF, would provide independent oversight and assurance around supporting governance structures and the consistent application of evidence.</p> <p>21.164.3 It was resolved that the Board note the progress in delivering Targeted Improvement.</p>	JW
<p>21.165 Covid-19 Update</p>	

<p>21.165.1 The Executive Director of Nursing and Midwifery delivered a presentation which encompassed detail around:</p> <ul style="list-style-type: none"> • Increases in community levels. • The impact of the removal of restrictions in Wales. • The impact of staff members isolating. • Latest information on in-patient activity and acuity. • The closure of the outbreak in Ysbyty Gwynedd (YG) with reporting to continue for 28 days against the cumulative total of 35 patients with a probable or definite healthcare acquired infection (HCAI). • Declaration of an outbreak at Ysbyty Glan Clwyd (YGC) on the 8.9.21 with 27 patients and 9 staff with a probable or definite HCAI. The incident was being managed through the Outbreak Control Team (OCT). • Decisions taken by the Executive Incident Management Team (EIMT) including the restrictions on hospital visiting; approval of a Standard Operating Procedure (SOP) for the vaccination programme and ratification of planned care cancellations. • An update on Test Trace Protect (TTP). • An update on the vaccination programme and progress against each of the cohorts. • Implementation of the booster programme. <p>21.165.2 The commitment of staff in managing the pressures generally and developing the vaccination and TTP programmes was acknowledged. It was also reported that reporting levels had been stepped up and the EIMT was now meeting three times per week. In addition the Cabinet had been reconvened on a fortnightly basis to ratify EIMT decisions and the second meeting would be arranged for week commencing 27.9.21.</p> <p>21.165.3 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Receive the report and supporting presentation provided to the Board meeting; 2. Approve the proposed escalation of the management response and supporting structure; 3. Endorse the decisions made by the Executive Incident Management Team (EIMT). 	GH
<p>21.166 Maintaining Good Governance During Covid 19</p> <p>21.166.1 The Board Secretary presented the paper which sought to ensure that governance aspects were kept under review during the pandemic challenges. She reported that the Cabinet had been reinstated through Chair's action and a review of its terms of reference would be undertaken to ensure they remained fit for purpose. The SOP for Chair's actions had also been updated. The implementation of the Integrated Governance Framework arrangements including the transition to new cycles of business and terms of reference was progressing, and the organisation was minded to retain current Board and Committee meeting arrangements with the flexibility to review if operational and organisational pressures continued to rise.</p> <p>21.166.2 It was resolved that the Board note and support the update outlining the governance arrangements now in place</p>	
<p>21.167 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>21.167.1 It was resolved that the Health Board accept the report as assurance of compliance with legislative process and procedure.</p>	
<p>21.168 Welsh Health Specialised Services Committee : Commissioning Future New Services for Mid, South and West Wales</p> <p>21.168.1 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the decision of the Joint Committee on 7 September 2021 supporting the requests received from the NHS Wales Health Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; 2. Approve the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; 3. Approve that WHSSC develop a service specification for specialised paediatric orthopaedic surgery; and 4. Approve the delegation of paediatric orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC. 	
<p>21.169 Living Healthier, Staying Well Strategy Update</p> <p>21.169.1 The Executive Director of Primary Care and Community Services presented the paper which had been prepared to update the Board on the current refresh of the LHSW Strategy which had originally been developed some three years ago. The refresh would also align the Strategy to the national strategy A Healthier Wales.</p> <p>21.169.2 The Vice-Chair enquired how the LHSW Strategy would inform or be aligned to a clinical services strategy, and how it would be ensured that other strategies were complementary. The Executive Director of Primary Care and Community Services suggested that the question highlighted a live debate around how various pieces of work fitted together, and the need to ensure a common understanding as to what was a plan and what was a strategy. He reported that he would be looking to translate the LHSW Strategy into a narrative which set out how the organisation would deliver its clinical services. This would then require testing out with Board members as to whether this then became the clinical services strategy. The Chief Executive added that there was a planned Board Workshop session to commence this conversation ahead of developing implementation plans for each element.</p> <p>21.169.3 An Independent Member suggested that the section on key themes should include population health and preventative work. The Executive Director of Primary Care and Community Services undertook to make this more explicit. He also confirmed that the third sector would be key partners in terms of engagement.</p> <p>21.169.4 The Chair confirmed that when the new Independent Members were appointed, one of them would be asked to support this third sector related work as a priority. He also clarified that as part of the Board Workshop discussions he would be seeking a clear</p>	CS

<p>sense of direction to inform the Board's medium term plan for the next three years and in doing so shape the future of clinical services and the transformation agenda. The Executive Director of Primary Care and Community Services said he shared this ambition.</p> <p>21.169.5 It was resolved that the Board receive the update on work underway to refresh the Health Board's long term strategy - Living Healthier, Staying Well</p>	
<p>21.170 Unscheduled Care Update</p> <p>21.170.1 The Executive Director of Nursing and Midwifery introduced this agenda item by reminding members of the significant pressures across health and social care which was caused partially by a lack of staff but also an increase in acuity levels of patients requiring care. There had also been an impact on the GP emergency access beds as a result. She assured the Board that actions were in train to ensure that these beds remained available for GPs and direct referrers which would also reduce the footfall in Emergency Departments (EDs). It was reported that weekly meetings took place with clinical leaders (including therapies and nursing) to consider how required improvements can be put in place and their impact monitored. The Executive Director of Nursing and Midwifery added that bed capacity had also been lost as a result of Covid infections and this impacted on unscheduled care performance. Work was continuing with Local Authority colleagues to ensure that medically fit for discharge patients could return to their homes or communities as quickly as possible.</p> <p>21.170.2 The Executive Director of Public Health alluded to the importance of acknowledging how population health affected unscheduled care, and that a focus on preventative aspects should be maintained in order to keep people at home where appropriate. She also referred to stated Ministerial priorities around the preventative agenda. The Director of Social Services added that social services and the care sector generally was experiencing very challenging situations and that all partners were working hard to identify solutions. She acknowledged there was access to relevant grant funding but felt that this did not always provide a long term solution and that staff and capacity were key elements to securing improvement. The Chair acknowledged there was a strong sense of partnership to address the pressures across health and social care in North Wales. The Executive Director of Nursing and Midwifery wished to emphasise that the improvement plan was a whole system approach including working with partner agencies and addressing the prevention agenda. The Board was working closely with the Ambulance Service to explore joint opportunities and one area of collaborative focus would be in response to the high incidence of patient falls. In addition there would be work around respiratory pathways and chest pain linked to the short stay assessment areas. Work was also ongoing to realign the Minor Injury pathways, to ensure consistency. Finally the Executive Director of Nursing and Midwifery reiterated that this was a whole system piece of work and there was an increased intent to involve the public and patients in decision making.</p> <p>21.170.3 The Vice Chair noted that the report stated that an increasing proportion of patients are admitted through the EDs, however, some clinicians have said that a proportion of these admissions are because there is no alternative pathway available for patients to be seen rapidly. She asked whether the analysis being undertaken included the reasons for patients presenting or being sent in against pathways. The Vice Chair also enquired how the improvement programme fitted in with previous improvement</p>	

initiatives, and whether officers were confident that improvements will be made in time to have a positive impact upon winter pressures. The Vice Chair added that she felt the report and work streams to be very primary care light and a whole systems approach needed to take into account that around 80% of patient contacts were in primary care.

Dr Chris Subbe joined the meeting and the Chair summarised the main thrust of the questions which Dr Subbe would address in his general presentation of the paper.

21.170.4 The Clinical Lead for Unscheduled Care reported that he had been in post since the beginning of July and the initial focus was on those key areas where it was thought timely progress could be made across four workstreams. The first workstream was around step up in the community and it was evident from data that there was movement of patients from Minor Injury Units (MIUs) into EDs. An identified intervention was the upskilling and standardisation of emergency nurse practitioners, with support in place from University partner educators to deliver this. There was a good level of buy in from EDs to adopt a more collaborative working approach. The second workstream related to the hospital front door and ED interface aspects, with pathways and capacity in emergency care having been identified as a key challenge for the Health Board. A business case had been submitted for changes in staffing patterns to enable the units to take significantly more patients. The third workstream was in-patient care and focused on ensuring more efficient and effective working across the ward teams and implementing board rounds as an identified intervention, with pilots in operation on all three sites. Wards involved in the pilots were receiving weekly data to enable them to see their progress and compare themselves to similar wards. The final workstream related to step down community support for patients - mostly those with a degree of frailty who require additional support with aspects of daily living. The Clinical Lead for Unscheduled Care acknowledged that the majority of care was delivered within a primary care setting. He confirmed that there was appropriate representation on the three relevant workstreams and the teams were working closely with primary care colleagues. He recognised there were capacity challenges across all parts of the system and that there would always be scope for delivering more primary care related projects, however, the workstreams had identified what it was felt could be delivered over the next few months to address the immediate pressures.

21.170.5 The Executive Director of Primary Care and Community Services agreed that on face value the paper appeared to be light on primary care content, however, he suggested that as a move was made towards becoming a more truly integrated organisation it wouldn't always be the case that primary and secondary care were explicitly drawn out in papers. He stated that teams were absolutely clear that the pathway work for unscheduled care would follow the methodology that has been agreed in terms of transformation towards a more community focused approach. He added that a number of applications had been received from primary care colleagues in terms of how they could contribute to the unscheduled care improvement work. He assured the Board that primary care was well engaged.

21.170.6 The Executive Director of Nursing and Midwifery reported that the principle around the business case was the rapid turnaround and support of patients back to their homes without the need for them to have gone through an ED, and working on the principle of signposting patient to the right care and the right clinician. The principle of

<p>Same Day Emergency Care (SDEC) would see an estimated 30% of ED activity going straight through to the SDEC Centre which would ease congestion significantly. She also confirmed that the Executive Team had discussed the required increase in workforce capacity within EDs and some recruitment was already ongoing in order to deliver this.</p> <p>21.170.7 An Independent Member referred to Workstream 4 around step down to community and asked how this new approach would be different to previous proposals around Care Closer To Home. The Executive Director of Primary Care and Community Services stated that whilst health care delivery was working in unusual times, the teams would of course do their very best to deliver although it must also be acknowledged how tired the workforce was in general. Personally he felt there was a need to focus on things that everybody could make a contribution to, but he was not confident there would be a major impact within a short time. The Chair noted that these remarks were obviously of interest and concern to the Board and he reaffirmed that members would wish to support the Executive and wider teams in any way they could.</p> <p>21.170.8 The Chair sought clarity as to the position regarding the winter / seasonal plan and the Executive Director of Nursing and Midwifery confirmed that one was in preparation with partners against the same principles and that it would align with unscheduled care plans and be cognisant of workforce challenges. She undertook to confirm a timeframe for receipt of the winter plan outside of meeting. She also responded to a question around metrics in that there was an intention to work with the finance and performance teams to ensure metrics for unscheduled care were developed and were visible to the Board.</p> <p>21.170.9 It was resolved that the Board note the update provided on the development of the Urgent and Emergency Care Improvement Programme of work</p> <p><i>[Dr Chris Subbe left the meeting]</i></p>	GH
<p>21.171 Sustainability and Decarbonisation : NHS Wales Decarbonisation Plan 2021-2030</p> <p><i>[Mr Rod Taylor joined the meeting]</i></p> <p>21.171.1 The Director of Estates and Facilities presented the paper and highlighted that there had already been significant supporting work to the decarbonisation agenda in terms of capital and estate matters, with this now being broadened out to in the context of a decarbonisation plan. He made reference to a Board Workshop session which had considered issues of prioritisation and leadership for the programme, governance links to other strategic plans and most importantly links in terms of staff engagement. It was reported that the Carbon Trust had been appointed to support the Board in this work and a number of programmes were in train. In addition work was ongoing with the Welsh Government Energy Services, Specialist Estates Services and the local Green Group to develop plans.</p> <p>21.171.2 The Chair felt it was important to agree the Board and Committee governance routes for this programme of work. It was confirmed that the lead Executive Director was the Executive Director of Finance and the responsible committee would be the Partnerships, People & Population Health Committee. The Chair's offer of providing an Independent Member champion to the work was welcomed. In response to a question</p>	

<p>regarding delivery milestones, the Director of Estates and Facilities confirmed that by December there would be a costed plan with timelines for submission to WG.</p> <p>21.171.3 The Executive Director of Public Health commented that she welcomed the update and acknowledged this was a priority area of work for public health colleagues and partners across North Wales. She referred to the Active Travel element and noted that work had already started in this regard.</p> <p>21.171.4 The Chair enquired whether a decision had been reached regarding the additional organisational value “Protecting our Children’s Future”. The Director of Estates and Facilities noted that the Board Workshop had identified a gap in organisational values regarding the environment, and the Executive Director of Workforce and OD confirmed this matter would be taken forward via the co-design of the Stronger Together discovery phase.</p> <p>21.171.5 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the publication of the NHS Wales Decarbonisation Strategic Delivery Plan by Welsh Government in April 2021 and the requirement for all Health Boards in Wales to develop five-year decarbonisation plans. 2. Note the appointment of the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan in response to the Welsh Government targets for 2030. 3. Support the establishment of a sustainability and decarbonisation programme board led by the Executive Director Finance to progress the agenda and programme as set out in the Strategic Delivery Plan and to coordinate a wider and inclusive organisational response to achieving Welsh Government’s sustainability and decarbonisation targets by 2030. 	
<p>21.172 Residential Accommodation – proposal to move to a managed services model</p> <p>21.172.1 The Director of Estates and Facilities highlighted the key point was that the Board was moving away from seeking a solution in terms of capital, to a managed service model, and that the rationale was set out in the paper. The challenge remained in terms of the ability of the organisation to offer affordable, suitable accommodation and it was noted that this was key to successful recruitment and retention.</p> <p>21.172.2 The Chair of the Finance & Performance (F&P) Committee confirmed that the paper had been supported at a recent meeting and there had been long standing concern at the poor condition of the accommodation estate.</p> <p>21.172.3 It was resolved that the Health Board:</p> <ol style="list-style-type: none"> 1. Approve the procurement proposal for a residential accommodation managed service model as detailed within this report. 2. Note the continued opportunities to work collaboratively with local social housing providers in developing the service specification. <p><i>[Rod Taylor left the meeting]</i></p>	
<p>21.173 Committee and Advisory Group Chair's Assurance Reports</p>	

Quality, Safety & Experience Committee 6.7.21 and 7.9.21

21.173.1 The Committee Chair reported that a workshop had also been held in August to explore matters pertaining to committee assurance and reporting. The Committee Chair highlighted continued concerns around lack of progress with regards to vascular services and that a new oversight group was to be Chaired by the newly appointed Executive Medical Director. It was also noted that the Committee had supported the commissioning of a Royal College review of urology services, and the Chair requested that the terms of reference be shared with Board members and a progress update be provided to the next Board meeting.

21.173.2 The Committee Chair informed the Board that the Committee had also received a comprehensive exception report on progress against reducing ligature risks in healthcare settings across the Health Board. This update explained the difference to earlier work in terms of a previous focus on high level ligature points whereas the current programme also covered low ligature points.

Finance & Performance Committee 26.8.21

21.173.3 The Committee Chair presented the report and highlighted that the Board remained in a breakeven position with some remaining concerns around savings delivery. Capital spend remained on track and the Committee were aware of key financial risks around planned care, recruitment, robotic surgery delays and patient flow / discharge issues. The Executive Director of Nursing and Midwifery added that the contract award had now been made for robotic surgery so this would be progressed.

Remuneration & Terms of Service Committee 22.7.21 and 17.8.21

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

Strategy, Partnerships & Population Health Committee 12.8.21

21.173.5 The Committee Chair presented the report and wished to highlight the breadth of the agenda. It was noted the Committee had been pleased to receive the Welsh Language Annual Report and a report on the development of the Medical and Health Sciences School. In terms of key risks the Committee noted these remained consistent in terms of themes around recruitment, planned care and a more strategic approach to primary care access.

Local Partnership Forum 26.7.21

21.173.6 The Executive Director of Workforce and OD presented the report, drawing members' attention to the key risks and any matters for escalation to the Board as appropriate. The Chair enquired whether the issue of recruitment delays had been

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<p>resolved and it was reported that following a collaborative review, improvements were now being seen.</p>	
<p>21.174 Quality & Performance Report</p> <p>21.174.1 The Executive Director of Nursing and Midwifery introduced the report and noted that several of the areas of note had already been covered in preceding agenda items (eg; unscheduled care, infection prevention). The Executive Medical Director alluded to agency spend performance and suggested this needed to be considered as part of delivery of quality services not just from a financial perspective. He confirmed that weekly meetings on medical resourcing had just been established but warned that some level of reliance on agency would be unavoidable though. The Independent Member (University) suggested that training needs could be a potential area for exploration between the Health Board and Bangor University.</p> <p>21.174.2 The Executive Director of Nursing and Midwifery went on to describe the range of work being undertaken to address the planned care challenges including the development of Regional Treatment Centres, commissioning of outsourcing work, maximising the use of Covid 'green' sites together with the prioritisation of planned care treatment on an individual patient basis. It was acknowledged how distressing this was for patients but also the impact on staff morale.</p> <p>21.174.3 The F&P Committee Chair confirmed the report had been scrutinised by the Committee and wished to acknowledge that there were positive areas of note also – for example performance around vaccination rates and improvements in complaints response times. He referred to a significant reported increase in access to psychological therapies and asked whether this was as a result of waiting list initiatives (WLIs) or likely to be a more sustainable improvement. The Executive Director of Public Health confirmed this was primarily an outcome from WLIs however the teams continued to work hard to increase the figures longer term. An Independent Member expressed concern at the continued poor performance for children awaiting neurodevelopment assessment.</p> <p>21.174.4 It was resolved that the Health Board scrutinise the report.</p>	
<p>21.175 Operational Plan Monitoring Progress Report</p> <p>21.175.1 The Finance Director – Commissioning and Strategic Financial Planning presented the report and highlighted the emerging themes in terms of non-delivery against the plan. These were staffing, general slippage on timescales and issues with business case development.</p> <p>21.175.2 The F&P Committee Chair acknowledged the improvements that had been made to this report although some gaps in assurance and evidence remained. The QSE Committee Chair reiterated her concerns that the report in its current format did not enable the Board to measure progress against priority actions that underpinned delivery of the plan. The Finance Director – Commissioning and Strategic Financial Planning acknowledged this and assured members their concerns would be addressed. The Chair asked that he work with the respective Committee Chairs to resolve their reporting concerns and to also take on board recent discussions around whether the Board should be receiving a specific report that reflected progress more timely.</p>	RN

<p>21.175.3 The Executive Director of Workforce and OD added that the reporting cycle had to be concluded therefore the report had been provided, however, the feedback had been noted. She also noted that planning processes would also be subject to feedback from the Stronger Together discovery phase so this would also provide an opportunity for improvement. She also wished to take the opportunity to highlight that the strategic organisational development work was progressing very well with a good level of continuous engagement.</p> <p>21.175.34 It was resolved that the Health Board scrutinise the report.</p>	
<p>21.176 Finance Report Month 4</p> <p>21.176.1 It was resolved that the report is noted.</p>	
<p>21.177 Finance Month 5 Report</p> <p>21.177.1 The Finance Director – Commissioning and Strategic Financial Planning presented the report and highlighted that a revised financial plan had been submitted to WG which forecast a balanced position for 2021-22; this position was reflected in year to date performance so far. A continuing challenge was noted as savings delivery performance was currently £12.1m against a target of £17m. It was stated that savings plans needed to be aligned fully to the transformation programme as much of the current plans were non-recurrent. The Finance Director – Commissioning and Strategic Financial Planning reported that the planning assumptions around the strategic support to planned care recovery would be reviewed in Month 6 to ensure maximum value was achieved.</p> <p>21.177.2 The F&P Committee Chair expressed concern at the non-recurrent savings element and suggested that the previous approach of identifying ‘pipeline’ savings be renewed to provide a longer term savings plan. The Chair added that the Board would not be able to agree an Integrated Medium Term Plan (IMTP) without having an agreed savings programme to achieve break even. The Finance Director – Commissioning and Strategic Financial Planning acknowledged these points but also that the ongoing impact of Covid meant it was extremely challenging for services to deliver savings at this time. The Chief Executive highlighted the need to work within the financial envelope, and she indicated that recent conversations with the Director General had set out the requirement on Health Boards to maintain a breakeven discipline whilst moving towards a longer term planning cycle, ensuring that a short-term financial focus did not prevent long term strategic investment. The Chair also stated that the Minister had indicated to Health Board Chairs they should consider having further schemes ready to go should funding become available later in the year. The F&P Committee Chair accepted that savings were linked to transformation but sought assurance that there was a robust process to ensure visibility and confidence in savings plans. The Chief Executive undertook to consider with colleagues how best to provide this assurance to Independent Members.</p> <p>21.177.3 It was resolved that the report is noted.</p>	<p>JW SH</p>
<p>21.178 Vascular Steering Group Update</p>	

21.178.1 The Executive Medical Director presented the report. He wished to clarify there was no intention to change the service model that had previously been agreed. He acknowledged that the ongoing discussions were very important both in terms of the quality of the service and the patient experience, but also relating to the impact on staff. He confirmed that he had chosen not to share an action plan at this stage as he had requested further work to clarify the actions, ownership, and interim mitigating actions in order to maintain quality and safety in the short term. It was his intention to share a refreshed action plan with the QSE Committee in November. This action plan would incorporate actions previously agreed but also some new actions more recently raised by the service. The Executive Medical Director reported that the vascular steering group had adopted some changes in reporting including escalation processes for instances where the service model was not followed. The group would be reviewing the establishment in terms of medical and nursing workforce to ensure there was a clear understanding of the position in terms of recruitment and the ability to safely staff the hub and spoke sites. Finally he reported that a Vascular Oversight Group (VOG) had now been established on a fortnightly basis to ensure grip and pace in delivery of actions.

21.178.2 The Chair noted with concern the comment in the QSE Committee Chair's report that the action plan required considerable more work in order to provide assurance. He asked what had led to this conclusion, given that the Board had previously been assured that significant work had gone into its development. The Executive Medical Director suggested that many of the actions could be underway but he felt that the clarity of how they were expressed could be strengthened as could ownership and timeliness. The Chair also referred to the statement in the paper that "the Acute Director of the hub site will ensure that the hub and spoke arrangements are properly implemented in liaison with the other two Acute sites and Area teams where appropriate". He reminded the Board that this had not been resolved to date and presumably remained a challenge for those individuals to deliver. The Executive Medical Director responded that this issue had been a challenge for some time and he anticipated that the fortnightly meetings of the VOG would assist in rapidly understanding where the issues are and ensuring escalation and communication between both hub and spokes were effective. The Executive Director of Nursing and Midwifery assured members that where there were blockages in managing patients these were escalated from local site meetings to ensure oversight. She also agreed that there was a shared responsibility for this agenda, and this could not rest wholly with the hub. The Chief Executive added it was important to have clarity on the responsibilities that the hub (Ysbyty Glan Clwyd) had to the network as a whole, and around the responsibilities that site managers had in terms of provision of appropriate services on their sites. She suggested that the decision making process be reviewed in order to provide this assurance.

21.178.3 The QSE Committee Chair expressed frustration that concerns had been evident around vascular services for quite some time and there was a perception that every time there was a change in leadership, some pace and progress were lost. She felt that members had to date been provided with reassurance rather than assurance and that evidence based assurance was essential if the Board was to be able to provide the public and patients with confidence in the service. The Executive Medical Director confirmed that an element of revisiting the action plan would be to ensure it was more evidence based. He accepted the point around pace and set out his intention to ensure more accountability.

NL LB

<p>21.178.4 It was resolved that the Board receive the update from the Vascular Steering Group and note the updated approach in responding to the first stage of the Royal College of Surgeon's report on the Vascular Surgery Service</p>	
<p>21.179 Ysbyty Gwynedd Covid-19 Outbreak Review Report</p> <p>21.179.1 The Executive Director of Nursing and Midwifery presented the paper and confirmed that it had also been scrutinised at the last QSE Committee. She wished to highlight the work that continued to ensure all premises had robust and effective infection prevention control (IPC) arrangements in place whilst recognising that staff were fatigued and this would inevitably impact – for example in the completion of IPC audits. She stated that the Safe Clean Care (SCC) programme was being maintained and had resulted in IPC controls being better embedded and clinical representation being strengthened. The unscheduled care pressures continued to add a level of concern and were being assessed dynamically hour by hour. Gaps in domestic staff were being closed but recruitment challenges more generally continued. In terms of the external independent review report, the immediate responses to lessons learned had been included as an appendix and any gaps would be addressed through the SCC programme.</p> <p>21.179.2 The Chair welcomed the paper which he felt was more fit for purpose than a previous iteration and did address the terms of reference for the review with clear recommendations. He did note there were no timelines against the recommendations but expected this to be picked up by the Executive Team. He noted that the Board must continue to seek to minimise the likelihood of further outbreaks through delivery of the SCC and the work of the Strategic Infection Prevention Sub Group.</p> <p>21.179.3 It was resolved that the Board receive the report, subsequent findings and recommendations. It is also requested to receive the progress reports against each of the actions and the update against the Safe Clean Care (SCC) improvement programme.</p>	
<p>21.180 Nurse Staffing Levels Tripartite Annual Report</p> <p>21.180.1 The Executive Director of Nursing and Midwifery presented the report which had already been through the QSE Committee. She provided the Board with assurance around the work relating to the extension of the Act under Section 25b to include acute paediatric inpatient wards. She confirmed that all appropriate wards had been identified, escalation policies and business continuity plans had been reviewed and now included actions to maintain staffing levels in those wards. Systems were in place to record locally the reasons for any deviation from the planned roster and to record action taken. Processes were also in place to review and recalculate the nurse staffing levels every six months using a nationally agreed template which also provided a FAQ element for patients. The presentation of the Nurse staffing level will be made to the Board on an annual basis using the national reporting template aligned with the Inpatient Adult Nurse staffing report. The template on which the Paediatric Nurse Staffing Levels are to be displayed has been agreed nationally and will be in place on all paediatric wards from October 2021. Finally it was reported that student numbers had increased in preparation and taking into account additional recruitment it was anticipated that the requirements will be fulfilled by the autumn of 2022 but a delay was acknowledged.</p> <p>21.180.2 It was resolved that the Board:</p>	

<ol style="list-style-type: none"> 1. Note the updated report of the Triennial Nurse staffing report with updates from closed investigations for the 2020/21 reporting period. 2. Continue to support the ongoing recruitment and retention initiatives already in progress. 3. Note Paediatric requirements in line with the revisions to the Nurse Staffing levels (Wales) Act are subject to a separate report and business case once triangulated reviews are complete 	
<p>21.181 Pharmaceutical Needs Assessment (PNA)</p> <p>21.181.1 The Executive Director of Primary Care and Community Services presented the report, reminding members they would had seen a draft PNA previously. He confirmed that formal consultation had now taken place in line with regulations and responses had helped to identify some gaps in provision and potential future requirements. The Board was now required to formally publish the PNA for the next five year period.</p> <p>21.181.2 The Chair enquired as to whether where the PNA identified potential gaps, these would form part of the Board's planning processes and it was confirmed this was the case and there was a process in place to ensure this happened.</p> <p>21.181.23 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. note the outcome of the statutory consultation on the draft PNA; 2. consider and approve the identified current and future gaps in provision; 3. approve for publication by the 1st October 2021 the updated PNA document. 	
<p>21.182 Adult and Older Person's Mental Health Unit Glan Clwyd Hospital Outline Business Case <i>[Ian Howard, Mike Smith and Iain Wilkie joined the meeting]</i></p> <p>21.182.1 The Executive Director of Public Health presented the paper which sought Board approval for the business case which aimed to improve the quality of patient care, and support service transformation, through the development of a new Adult and Older Person's Mental Health Unit at Glan Clwyd Hospital. The Unit would replace the existing Ablett Unit at Glan Clwyd Hospital, and the Older People's Mental Health inpatient facility at Bryn Hesketh, at a capital cost of £67.7 million. It was highlighted that the business case sought to take a holistic view of mental health and wellbeing and to deliver against key objectives including:</p> <ul style="list-style-type: none"> • To provide services which meet the Strategic Direction outlined within Together for Mental Health (T4MH) in North Wales and deliver the model of care developed through the quality and workforce groups. • To create a quality clinical environment that is fit for purpose, safe and humane. • To improve workforce recruitment and retention and absenteeism through providing an environment that supports staff to deliver safe, effective care to patients, carers and families. • To improve the quality of the estate by reducing backlog maintenance, reducing running costs, and achieving environmental sustainability • Flexibility: to deliver the flexibly to respond to future need – the solution should be designed to respond to future changes in service delivery. 	

21.182.2 The QSE Committee Chair indicated there was evidence to suggest that in-patient beds should be reduced in mental health and sought assurance that this aspect had been appropriately considered. The Executive Director of Public Health confirmed that bed modelling had been undertaken carefully and she was not aware that other Health Boards had reduced their numbers although this would obviously remain an opportunity in the longer term. The Interim Director of Nursing added that as the number of out of area placements was being reduced, bed numbers in North Wales needed to be able to cope with that demand. An Independent Member wished to support a reduction in out of area placements.

21.182.3 The QSE Committee Chair then referred to challenges with children and young people in terms of the transition to adult services, and the Executive Director of Public Health confirmed this had been taken into account in developing the business case. She added that the proposed new unit would be more holistic and community focused and it was intended to increase links with Child Adolescent Mental Health Services (CAMHS).

21.182.4 In response to a question around the scope for amendments at the various business case stages it was confirmed the concept stage was at the Strategic Outline Case point which was then firmed up into an Outline Business Case when the preferred option was decided upon and then the final stage of Full Business Case added the detailed design work and final costings. The Executive Director of Public Health confirmed that the evidence around bed modelling had been thoroughly checked and did support future proofing of the estate.

21.182.5 The Chief Executive added that Welsh Government were working towards the development of a community based Tier 4 service and that discussions had commenced around potential building solutions in Abergele for CAMHS and the ability to deliver a Tier 4 service.

21.182.6 The Chair enquired whether there were any relevant planning considerations on the site. The Assistant Director - Strategic & Business Analysis reported that an independent report had been provided in terms of the change of location and he had a high level of confidence that the planning application stage would on this occasion be successful.

21.182.7 **It was resolved that** the Board approve the Business Case for submission to Welsh Government.

[Ian Howard, Mike Smith and Iain Wilkie left the meeting]

21.183 Delivery of Primary Care Audiology Services

21.183.1 The Executive Director of Primary Care and Community Services presented the paper and highlighted this was a significantly positive piece of work in terms of the associated benefits of expanding audiology care within primary care including the building of an ear wax management service. It was confirmed that the paper had been through the F&P Committee and was a priority area aligned to strategic and financial plans.

<p>21.183.2 The Executive Director of Therapies and Health Sciences added his support to the paper and acknowledged that the development of the service was very exciting and other parts of the UK and internationally were watching with interest.</p> <p>21.183.3 The QSE Committee Chair enquired as to where the service would physically be located and it was confirmed that in most cases this would be within primary care premises but if this was not possible or appropriate then other community based facilities would be identified. The QSE Committee Chair went onto ask whether a commissioned service would be more sustainable in terms of recruitment. The Executive Director of Primary Care and Community Services responded that a High Street option had been considered however it was concluded that the proposed audiology programme offered greater resilience.</p> <p>21.183.4 The Chair enquired about the responsibility for benefits realisation and it was confirmed that the operational teams were extremely engaged in ensuring the success of the programme and delivering improvements, and that they would be supported by the Programme Management Office.</p> <p>21.183.5 An Independent Member raised the point of recruitment challenges in terms of bilingualism, noting that children and older people will be high users of the service. The Executive Director of Primary Care and Community Services accepted there would undoubtedly be challenges, particularly for the more specialist posts as was mirrored elsewhere in primary care. He undertook to explore this concern further with the relevant teams.</p> <p>21.183.6 It was resolved that the Board approve implementation of a Primary Care Audiology Service across North Wales, as described within the Health Board's annual plan for 2021/22.</p>	CS
<p>21.184 Safeguarding Annual Report <i>[Michelle Denwood joined the meeting]</i></p> <p>21.184.1 The Associate Director of Safeguarding presented the report highlighting that supporting detail was contained within the three key appendices. She noted there was an increased level of activity and complexity of cases since the onset of the pandemic, and that the organisation had worked quickly and effectively to ensure appropriate processes were in place to maintain a safe service. In addition multi-agency engagement remained at 100% across all activities which was commendable. The Associate Director of Safeguarding stated there had been earlier concerns around the reduction in reporting from all agencies however levels had been maintained, and in some areas increased, in North Wales. She suggested that the audit activity provided assurance and evidence of improvement particularly in relation to the domestic abuse and harm agenda whereby different practices had been utilised to target vulnerable groups. Finally it was highlighted that resource remained a key area of challenge for the Safeguarding Team and that the forthcoming changes to liberty safeguards had been reflected in the risk register.</p> <p>21.184.2 In response to a question regarding the risk analysis section it was confirmed that the score was the inherent risk before any controls were taken into account. The Chair noted there had been a reduction in reporting regarding children at risk and asked if there was a concern that the lack of face to face opportunities had detrimentally affected</p>	

<p>safeguarding. The Associate Director of Safeguarding confirmed that there were concerns at the North Wales Child Safeguarding Board but that face to face consultations did still happen where required and where appropriate but there would be different priorities and interpretations across the six Local Authorities. The Director of Social Services reminded members that referrals were reduced over the past year as many came via the education system and schools were not open for long periods. Social work generated referrals would still have continued. The Chair noted the report made reference to concerns over the quality of child at risk reports and that some further sampling would be undertaken. The Associate Director of Safeguarding responded that there would be opportunities for higher scrutiny through the lead manager role prior to the reports being sent to Local Authority colleagues. Finally the Executive Director of Nursing and Midwifery confirmed that the safeguarding business case would be submitted to Executive Team for consideration as soon as some remaining advice had been received from the national group.</p> <p>21.184.3 It was resolved that the Board receive the Annual Report for the period of 2020-2021 noting the progress, assurance and the innovative work led by the Corporate Safeguarding Team to implement learning throughout the organisation to help keep our patients, staff and the organisation safeguarded.</p> <p><i>[Michelle Denwood left the meeting]</i></p>	
<p>21.185 Welsh Language Services Annual Monitoring Report</p> <p>21.185.1 The Executive Director of Public Health confirmed that the Board had a statutory duty to report on progress against delivering the Welsh Language Standards, and that the report had been scrutinised and supported at the SPPH Committee. She felt the report demonstrated the work and challenges that still lay ahead but also provided an opportunity to demonstrate areas of action and where progress had been made in terms of Welsh Language. She wished to draw out progress made against Standard 63 in terms of the provision of educational courses and also to note that further work on Standard 37 regarding the provision of more Board papers bilingually was being undertaken ahead of a further paper to the Board early in 2022.</p> <p>21.185.2 An Independent Member wished to commend the Welsh Language Team for their hard work and the evident progress made but indicated she remained concerned over the capacity and resourcing of the Welsh Language Team. The Chair noted that this had been raised as a concern before and the Executive Director of Public Health confirmed that an assessment in terms of capacity to further meet Standard 37 was being carried out, alongside defining wider priorities for the service. The Chair also referred to 'More Than Just Words' and it was confirmed that this remained a focus for BCUHB and good progress was able to be evidenced. The Director of Social Services added that there was a very active forum in North Wales and she acknowledged the contribution from BCU officers which was much appreciated.</p> <p>21.185.3 It was resolved that the Board approve the report.</p>	
<p>21.186 Annual Consultations Summary</p>	

<p>21.186.1 It was resolved that the Board note the external consultations responded to by the Health Board and the associated monitoring arrangements.</p>	
<p>21.187 Items to Refer to Committees</p> <p>21.187.1 There were no items to refer to Committees.</p>	
<p>21.188 Review of Risks Highlighted within the Meeting</p> <p>21.188.1 The Board Secretary indicated this new agenda item was to invite the Board to reflect on key areas of risk that had arisen as a cross-check that they were appropriately reflected on risk registers and were on the workplan for the Risk Management Group. It was felt that the discussions throughout the meeting did not indicate any actions that needed addressing in this regard.</p>	
<p>21.189 Review of Meeting Effectiveness</p> <p>21.189.1 Members were invited to reflect on the meeting effectiveness. A comment was made by an Independent Member, and supported by others, that there was an element of duplication in some papers already having been through the Committee structure and being presented to Board in the same format when perhaps a summary would have sufficed. There were also comments made that information in some papers was out of date by the time it reached Board. These comments would be followed up by the Chair and Board Secretary.</p> <p>21.189.2 The Chief Executive noted her appreciation in the way that the meeting had been chaired which enabled all to make a valuable contribution, and that guests had been welcomed.</p>	MP LB
<p>21.190 Summary of Private Board business to be reported in public</p> <p>21.190.1 It was resolved that the Board note the report</p>	
<p>21.191 Date of Next Meetings</p> <p>21.191.1 It was noted that the Board would next meet as follows: Board to Board with Community Health Council 21.10.21 Health Board 18.11.21</p> <p>21.191.2 The Executive Director of Therapies and Health Sciences took the opportunity to inform members of a memorial service arranged during Organ Donation Week, for which he would circulate the details. He encouraged everyone to ensure they and their loved ones had the important conversation with families around their wishes for organ donation, in order that as many live saving or life changing operations could be fulfilled.</p>	AT
<p>21.192 Exclusion of Press and Public</p>	

<p>21.192.1 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>	
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