



**Betsi Cadwaladr University Health Board (BCUHB)**  
**Minutes of the Health Board Meeting Held in Public on 24.1.19**  
**in Porth Eirias, Colwyn Bay**

**Present:**

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Cllr C Carlisle	Independent Member
Mr R Favager	Executive Director of Finance
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs G Harris	Executive Director of Nursing & Midwifery (part meeting)
Mrs J Hughes	Independent Member
Cllr M Hughes	Independent Member
Mrs M W Jones	Vice Chair
Mrs G Lewis-Parry	Board Secretary
Mrs L Meadows	Independent Member
Dr E Moore	Executive Medical Director
Miss T Owen	Executive Director of Public Health
Prof M Rees	Associate Board Member, Chair of Healthcare Professionals Forum
Mrs L Reid	Independent Member
Mr A Roach	Associate Board Member, Director of Mental Health & Learning Disabilities
Mrs B Russell-Williams	Independent Member
Mr C Stockport	Executive Director of Primary Care & Community Services
Mr A Thomas	Executive Director of Therapies & Health Sciences ( <i>part meeting</i> )
Ms H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance
Mr Ff Williams	Associate Board Member, Chair of Stakeholder Reference Group

**In Attendance:**

Mrs J Bates	Programme Director, NHS Wales Health Collaborative ( <i>part meeting</i> )
Mrs K Dunn	Head of Corporate Affairs ( <i>part meeting</i> )
Mr I Howard	Assistant Director of Strategic and Business Analysis ( <i>part meeting</i> )
Mrs L Jones	Assistant Director Corporate Governance ( <i>part meeting</i> )

Agenda Item	Action By
<p><b>19.10 Chair's Introductory Remarks and Apologies for Absence</b></p> <p><b>19.10.1</b> The Chair welcomed everyone to the meeting. He wished to record in public that a typographical error has been noted in the public minutes from the meeting held on 2.8.18. The word "litigation" had incorrectly been used instead of "ligature". The corrected sentence within minute 18.193.4 would be amended to read "<i>A concern was raised regarding risks associated with <b>ligature</b> points and the Director of Mental Health &amp; Learning Disabilities confirmed that the Health Board had completed around 85% of its anti-ligature work but he would provide specific assurances to the family member concerned outside of the meeting</i>" The Director of Mental Health &amp; Learning Disabilities added that the information requested at the August Board meeting had</p>	

<p>been provided to the Community Health Council advocate for the family member concerned, and confirmed that all anti-ligature work had now been completed.</p> <p><b>19.10.2</b> The Chair reported that Chair's Action had been taken since the last Board meeting in two areas – firstly to approve the recommendations from the procurement process for the provision of renal dialysis services in North Wales, and secondly to proceed with an OJEU (Official Journal of European Union) tender for a blood gas managed service contract.</p> <p><b>19.10.3</b> Apologies were noted for Mr J Cunliffe, Mrs M Edwards and Prof J Rycroft-Malone</p>	
<p><b>19.11 Declarations of Interest</b></p> <p>None declared.</p>	
<p><b>19.12 Special Measures Improvement Framework (SMIF) Task &amp; Finish Group Chair's Assurance Report 18.12.18</b></p> <p><b>19.12.1</b> The Chair highlighted that the SMIF had agreed that the Executive Team would review progress against the framework and that this would be shared at the next SMIF meeting with progress reported to the Health Board . The Chief Executive added that Healthcare Inspectorate Wales had undertaken a three day visit to the Ablett unit over the past week and no immediate concerns had been raised, although the formal written feedback was awaited. It was hoped this would provide good level of assurance to the Board.</p>	GLP
<p><b>19.13 HASCAS Investigation and Ockenden Governance Review Progress Report</b></p> <p><b>19.13.1</b> The Executive Director of Nursing &amp; Midwifery presented the paper which provided an update against the recommendations of both the HASCAS and Ockenden investigations and she reported there had been a helpful discussion at the Quality, Safety &amp; Experience (QSE) Committee on 22.1.19 regarding the format and focus of future reports. She confirmed that officers would work to develop the report to better represent progress against the recommendations.</p> <p><b>19.13.2</b> The Executive Director of Nursing &amp; Midwifery highlighted the work on end of life pathways which had been approved in principle at the Quality Safety Group subject to further consideration by the Stakeholder Group. She also drew attention to the success in recruiting a second dementia consultant nurse, and acknowledged the commitment of Board members through the completion of their dementia friends training on the 10.1.19. Achievements were noted for Wrexham Emergency Department (ED) in working towards becoming the first dementia friendly ED and for Ysbyty Gwynedd in becoming the first acute hospital in Wales to achieve dementia-friendly status.</p> <p><b>19.13.3</b> The Executive Medical Director updated the Board on aspects of mental health record keeping which had been identified within the HASCAS report. There were two significant areas of work namely the digitalisation all admissions and the</p>	

<p>impact of working to respond to a national inquiry into infected blood. He confirmed that an implication of this inquiry meant that the organisation was prevented from destroying medical records and this was creating a storage pressure for records now building up. There was a known cost pressure relating to this work which would need to be defined and built into financial plans.</p> <p><b>19.13.4</b> A discussion took place regarding the Stakeholder Group and the Board wished to record that the contribution of individuals and partners was very much appreciated and valued. It was also pleasing to note that some stakeholders had volunteered to provide additional input and support in areas of special interest and this would be mapped to a relevant sub-groups and that some individuals were also participating on relevant interview panels. The Executive Director of Nursing &amp; Midwifery undertook to discuss with the Stakeholder Group how it would wish to feed back to the Board on its achievements and how effective they had found the arrangements to be.</p> <p><b>19.13.5</b> The Chair noted that the Board would be attending the Public Accounts Committee in March and he welcomed the opportunity to reflect and report on how the organisation was moving forward.</p> <p><b>19.13.6</b> It was resolved that the Board note the progress against the recommendations.</p>	GH
<p><b>19.14 Draft Minutes of the Health Board Meeting held in public on 1.11.18 for accuracy and review of Summary Action Log</b></p> <p>The minutes were agreed as an accurate record, and updates against the summary action log were noted.</p>	
<p><b>19.15 Three Year Plan</b></p> <p><b>19.15.1</b> The Chief Executive outlined the importance of the organisation having a cohesive plan that sets out an agenda to strive towards and deliver improvements. He indicated that the draft plan included historical issues and previous commitments made by the Board in terms of services relating to neonatal care, vascular care, cancer and cardiac provision. It was acknowledged there were a range of challenges remaining to be addressed including workforce gaps, health outcomes and financial sustainability but that these would be clearly identified and addressed. The Board were reminded that an additional Board meeting had been arranged for the 28th February to allow the Board to further consider the next iteration of the plan.</p> <p><b>19.15.2</b> The Executive Director of Planning &amp; Performance indicated that detailed financial plans were currently being worked through and that the communications team were reviewing and advising upon the format, tone and language of the plan. In presenting the draft plan to the Board he made four key points – firstly that there was an ongoing commitment to engage fully with partners including the Third Sector to ensure input to and ownership of the plan via a range of mechanisms including the Regional Partnership Board and Public Service Boards. Secondly it was highlighted that the alignment of the plan and the financial budget was essential. Thirdly that whilst there had been additional investment to support the Health Board in achieving</p>	

its referral to treatment (RTT) and elective access targets, this had not resulted in the desired performance. Finally it was highlighted that there needed to be a focus on key performance indicators to identify those outcomes that can be achieved through delivery of the plan. The Executive Director of Planning & Performance drew attention to the recommendations within the paper and acknowledged that as the plan was still in draft, support from the Board to the direction of travel would be welcomed.

**19.15.3** A discussion ensued. The Chair of the QSE Committee enquired whether any areas of the plan would need to be revisited given the financial challenges facing the organisation. The Executive Director of Planning & Performance agreed that consideration would need to be given as to whether the plan was sufficiently robust to address the financial challenge but that setting out deliverables within the plan would go some way to addressing the financial challenges. A comment was made that the plan may benefit from expanding the section relating to the Board's vision for children and young people's services and the Executive Director of Planning & Performance would continue the discussion with the relevant Independent Member outside of the meeting. The Vice Chair sought assurance that the necessary capacity and capability was in place to deliver the elements of planned care as required by the plan within the timeframe. The Executive Medical Director outlined a twofold approach – through the provision of additional resources in terms of managing services more efficiently by clinical leaders, and secondly through making the services more attractive to recruit and retain clinical capacity within key specialties. A request was made by the Chair of the Healthcare Professionals Forum that diagnostics be detailed as a separate service on page 14 of the report relating to core services to be provided at each District General Hospital, and that the plan could be strengthened by adding more context around the vascular, stroke and cardiology discussions. The Executive Director of Public Health reflected that there needed to be a strong focus on population health via prevention, health inequalities, health improvement and cluster work. In terms of outcomes she confirmed that the plan was based around the Public Health Wales outcomes framework. The Executive Director of Workforce & OD reflected that conversations relating to outcomes were very often secondary care focused, and that there was a need for more integrated discussions and to bring processes together.

MW

**19.15.4** A member raised the issue of the EU Exit and suggested that this should be referenced in some way within the plan in terms of challenges faced. It was also noted that section 1.3 should also reference the enabling digital strategy. In addition it was suggested that a further enabling strategy around partnerships and engagement would be helpful – the Chair of the Strategy, Partnerships & Population Health Committee indicated that a paper was coming to the committee which would partly address this but agreed that references within the plan to partnerships and engagement could be strengthened. Financial sustainability can only be delivered through transforming services and this should be made clear within the plan. The Executive Director of Planning & Performance would ensure that the points discussed would be considered and reflected as appropriate within the next iteration of the plan.

MW

**19.15.5** The Chair summed up that the Three Year Plan had been developed as the Board was not in a position to develop a balanced Integrated Medium Term Plan (IMTP). Members confirmed that they felt the plan set out the strategic direction and provided a baseline on which to build. The Chair indicated that the Board would

need to be clear as to what its service models for primary, secondary and tertiary care would look like, and he welcomed the coherent link to A Healthier Wales. He reminded the Board that under performing and over spending was not acceptable and the Board must not find itself in the position that savings had not been delivered in the following year. It was noted that the next version of the plan would incorporate clear enabling strategies which were aligned to the organisational priorities, and that at the meeting on the 28th February the Board would need to be clear on its financial plan and the ability to deliver. Finally he confirmed that the current configuration of services did not help the Board in delivering what it needed to do and that there would be some difficult decisions ahead including disinvestment in some areas. He also asked whether an annual delivery plan would be distilled from the three year plan and the Executive Director of Planning and Performance confirmed this would be done but retained within one core document.

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

1. Note the detailed work that has been undertaken to develop the Plan and its connection to 'A Healthier Wales' and the Living Healthier, Staying Well strategy;
2. Endorse the priorities set out within the Plan for delivery over the three year period;

**19.16 Outline Business Case for the Re-procurement of a Pathology Laboratory Information Management System (LIMS) for Wales**

**19.16.1** Mrs Judith Bates (Programme Manager) joined the meeting. The Executive Director of Therapies & Health Sciences introduced the agenda item and firstly acknowledged that the matter had not been through a Committee of the Board but that there had been discussion at an Executive Team meeting.

**19.16.2** Mrs Bates confirmed that the Laboratory Information Network Cymru (LINC) Programme Board was hosted by the NHS Wales Collaborative Leadership Forum and the main driver for upgrading the current LIMS was the expiration of the current contract in June 2020 and the requirement to undergo procurement. The business case was supportive of the standardisation of pathology services across Wales and aimed to bring technical solutions to the modernisation of services with the new supplier being wholly responsible for the hardware and software elements. Mrs Bates confirmed that the timeframe for the programme was five years and there would be a requirement to maintain services in the meantime. It was noted that Deputy Directors of Finance across Wales were considering the business case at a meeting later that day and procurement could not commence until Welsh Health Boards had signed up. Robust methodology would then be developed as part of the full business case. The Chief Executive indicated that Boards would be looking at this programme as an opportunity drive transformation and there was a good level of clinical ownership to the programme. In terms of cost pressure to BCUHB, the Executive Director of Finance indicated it represented approximately £400,000 per year over five years which related to the programme costs of implementation. He considered these costs to be high and advised that the Outline Business Case had not been considered by the all Wales Directors of Finance group. A proposal had been presented In April 2018 which the group had supported in principle but noted that due governance should be followed in respect of the OBC process to establish the case for approval, the evidence of resource requirement, the procurement route and the benefits of the

<p>case and would thus allow Boards to make their decision as to whether to support the proposal.</p> <p><b>19.16.3</b> A discussion ensued. In response to a question from the Chair of the Stakeholder Reference Group, Mrs Bates confirmed that both the technical platform and software would need to be upgraded, and that there were meetings planned for mid February with Welsh Government regarding capital funding. Whilst this could not be guaranteed she was positively optimistic. The Executive Director of Finance reminded members that the significant financial risks related to implementation costs which needed to be challenged on an all wales basis.</p> <p><b>19.16.4</b> The Chair recognised the good work that had taken place on the programme but expressed his concern that although this was a national programme the due diligence processes had not been fully completed locally in that the business case had come late to the Health Board and had not been through the Committee structure. He noted that the revenue considerations should have been taken into account in the national considerations bearing in mind the Board's financial position. He proposed that the Board support that the programme proceed to full business case but records its concerns around the funding model and benefits realisation, with an expectation that due diligence and financial modelling will be carried out by the Executive Director of Finance with colleagues as the programme moves forward. The Board were supportive of the Chair's summary.</p> <p><b>19.16.5 It was resolved that the Board:</b></p> <ol style="list-style-type: none"> <li>1. approve the LINC OBC, which will allow the procurement to proceed;</li> <li>2. include the estimated costs of the OBC and the LINC Programme in IMTP/3 Year Plan.</li> </ol>	RF
<p><b>19.17 Redevelopment of the Mental Health Inpatient Unit at Glan Clwyd Hospital – Strategic Outline Case</b> [<i>Mr Ian Howard was in attendance for this item</i>]</p> <p><b>19.17.1</b> The Director of Mental Health &amp; Learning Disabilities presented the paper. He reminded members that there was a recognition that the Ablett Unit was not fit for purpose and that whilst a range of investments and improvements had been made, there remained basic flaws in design and environment. He confirmed that the strategic outline case being considered was aligned to the wider direction of travel for delivery of healthcare within BCUHB, and had been developed with the support of clinicians and stakeholders. He highlighted various sections within the paper which set out the objectives for the coming year, the strategic context, the case for change, the developing models of care and benefits and outcomes. Members were informed that the Finance &amp; Performance Committee had endorsed the strategic outline case at its meeting on the 22.11.18.</p> <p><b>19.17.2</b> A discussion ensued. There was consensus that the development was a significant step forward for the organisation and was in line with organisational priorities, although there would be challenges associated with meeting the recurring revenue costs. The Chair of the Stakeholder Reference Group noted that the coversheet referred to an increase in the index used nationally to estimate capital costs and enquired as to what the wider implications of this would be for other projects within BCUHB. The Chair asked that this be confirmed outside of the</p>	AR IH

<p>meeting. The Chair of the Information Governance &amp; Informatics Committee highlighted that there would be an impact on health records storage that would need to be taken into account as the business case progressed. The Chair of the QSE Committee noted that reference was made to space being adapted for future changing needs and enquired how that would be managed as the needs of people within mental health units could vary significantly. The Director of Mental Health &amp; Learning Disabilities confirmed that the newly built unit would be planned to be flexible as part of a move away from bed- based acute care. The known population demands would be built into the design. The Executive Director of Workforce &amp; OD suggested that it would be important for the outline business case to include clear detail of benefits realisation.</p> <p><b>19.17.3 It was resolved that the Board approve the Strategic Outline Case for submission to Welsh Government.</b></p>	
<p><b>19.18 Integrated Quality Performance Report (IQPR)</b></p> <p><b>19.18.1</b> The Executive Director of Planning &amp; Performance indicated that whilst the paper provided the position as at the end of November, Welsh Government would be publishing December performance data later that day and he also indicated that he would circulate a presentation made to the Finance &amp; Performance Committee on the 17.1.19 which provided more recent performance data.</p> <p><b>19.18.2</b> It was noted that the IQPR now included the number of measures that had improved since the last report and that the Finance &amp; Performance and QSE Committees had scrutinized their respective sections in detail. The Chair referred to a discussion at the Finance &amp; Performance Committee on the format of the report, where it was acknowledged that this was still evolving but that the narrative needed to be more robust and clearer on what needed to be done. A discussion then ensued around key highlights in each of the chapters.</p> <p><b>19.18.3 Chapter 1 : Quality</b></p> <ul style="list-style-type: none"> <li>• The Vice Chair was disappointed to see the flu vaccination figures, particularly as the flu season was far from over. The Executive Director of Workforce &amp; OD reported that the figures had improved for December and January and that overall more staff had received the vaccine than last year although there was still an attitudinal challenge with people not having faith in the vaccine. The Executive Director of Public Health informed members that BCUHB uptake in the over 65s category was the best in Wales and that it was positive to note that the vaccine was a good match for the strain of flu that was currently circulating. She added that an earlier debrief was being planned at the conclusion of the campaign but that messages should continue to be given to encourage colleagues, patients and family members to have the vaccine.</li> <li>• In terms of pressure ulcers a member noted that levels remained worryingly high despite the actions being taken. The Executive Director of Nursing &amp; Midwifery reported that a detailed discussion had been held at the recent QSE Committee. Actions being taken forward included a cleansing exercise of the Datix system, training for staff to ensure individual incidents were only reported once and more effective use of the dashboard. It was also noted that there were positive discussions as part of the Pressure Ulcer Collaborative and through working with</li> </ul>	MW

the Wales Ambulance Services NHS Trust. The Executive Director of Nursing & Midwifery added that reporting requirements to Welsh Government were changing again and that a consistent approach was needed in order for effective comparisons to be made.

- The Executive Director of Workforce & OD wished to acknowledge the achievement against the advancing equality indicator in that BCU had been identified as 37<sup>th</sup> in the top 100 employers list published by Stonewall for providing an inclusive and supportive workplace for lesbian, bisexual, gay and transgender employees.

#### **19.18.4 Chapter 3a : Planned Care**

- The Executive Medical Director confirmed that work with the Delivery Unit continued in terms of improving performance through in-house services and external procurement. A meeting of the Planned Care Board would be held on the 25.1.19 and further dialogue held with Welsh Government around expectations for the remainder of the year as part of a Special Measures meeting within the next week.
- The Chair made reference to Referral to Treatment (RTT) and noted that there was a significant improvement in diagnostic waits notwithstanding the challenges in endoscopy and ultrasound. He sought assurance that work was actively being progressed to address recruitment issues around planned care and that some of the specifically challenges areas (such as endoscopy) were receiving discrete attention. This assurance was given. The Chair welcomed this assurance but indicated that as the organisation moved into 2019-20 it would need to further improve and be clear on its trajectories.

#### **19.18.5 Chapter 3b : Unscheduled Care**

- With regards to stroke care it was noted that the report referred to each site running a process mapping session within the Emergency Departments. The Executive Director of Nursing & Midwifery confirmed that the aim was to understand and improve how patients were managed 'at the front door' and would require the workforce to work differently.
- The Executive Medical Director highlighted that significant additional recruitment would be required in order to meet the national standards regarding access to an acute stroke bed within 4 hours but that this work was actively progressing.
- The Executive Director of Nursing & Midwifery confirmed the first 90 day plan for unscheduled care had just come to an end and there had been detailed discussions at the Finance & Performance Committee with the 4 hour trajectories now being refined. In addition there had been a significant reduction in terms of ambulance turnaround times but she indicated there was a need for further consistency in primary care pathways.
- In response to a question from the Chair regarding ED waits and delayed transfers of care, the Executive Director of Nursing & Midwifery confirmed that the focus was on the 4 hour waits and to understand the acuity of patients. She added that a whole systems solution depended on primary and community care working together too.
- The Chief Executive referred to recently published Welsh Government statistics and the associated media interest, and confirmed that he had offered to participate in media interviews in order to acknowledge those challenged areas but also to highlight areas where progress had been made.

#### **19.18.6 Chapter 5 : Mental Health**



<ul style="list-style-type: none"> <li>• The Chair of the QSE Committee indicated that concerns had again been raised by the Committee regarding child and adolescent mental health services in terms of the delays in first assessment. The Executive Director of Public Health acknowledged the importance of the first assessment and indicated that two 'deep dives' had been held which had highlighted a reliance on agency staff with a spike in referrals in October 2018 having caused additional pressure. There was a need to work with families and partners to understand the referral patterns. Finally it was reported there had been a visit by the Delivery Unit late in December 2018 and the report was imminent.</li> <li>• The Vice Chair expressed concern at the persistent failure to meet the 28 day targets for adult mental health measure, noting that the IQPR stated the organisation expected to be on track by the end of January 2019. The Director of Mental Health &amp; Learning Disabilities indicated that a piece of work was being undertaken to understand the drop off in performance which would report back to the Mental Health Act Committee. He alluded to three main issues being capacity within teams; a 30% increase in referrals; and systems and processes being seen as performance measures not quality measures. It was acknowledged that the January timeline would not be met but the Director of Mental Health &amp; Learning Disabilities would ensure that an amended trajectory would be provided as to how performance would be recovered and sustained.</li> </ul> <p><b>19.18.7</b> The Chair summarised that for unscheduled care in particular the focus needed to be on delivery of a step change through the 90 days plans. He commended the motivation of staff but noted that the workforce would need to respond to the challenges via new and different ways of working.</p> <p><b>19.18.8</b> It was resolved that the Board note the report.</p>	AR
<p><i>The Board then broke for lunch [Mr A Thomas and Mrs K Dunn left the meeting. Mrs L Jones joined the meeting]</i></p>	
<p><b>19.19 Finance Report Month 8</b></p> <p><b>19.19.1</b> The Chair directed that the Month 8 finance report was to be taken as read, and the focus of discussion would be on the Month 9 report.</p>	
<p><b>19.20 Finance Report Month 9</b></p> <p><b>19.20.1</b> The Executive Director of Finance presented this agenda item. He reminded the Board that it had set a deficit budget of £35m, which became the control total set by Welsh Government. Noting that the report presented had already been scrutinised in detail by the Finance &amp; Performance Committee, he proceeded to outline the key headlines at Month 9. A deficit of £3.6m was incurred in-month, which was £1m more than planned. The £1m was predominantly as a result of not delivering planned savings, both around the original scheme (£300K) and turnaround schemes (£700K), together with overspends on care packages (£800K) offset by underspends in primary care and other budgets. In essence this meant that after 9 months of the financial year, the deficit stood at £30.2m - £1.9m away from the plan to deliver the £35m deficit budget set.</p>	

**19.20.2** Referring to the chart in 2.1 on page 7 of the report, the Executive Director of Finance highlighted that the Board had been expecting the monthly run rate deficit to reduce to £2m if all planned savings were delivered. He asked Board colleagues to bear this in mind when considering the forecast position later in the report. He stated that although some divisions had seen improvement on the previous month, this wasn't at the level required and others, most notably the Area Teams position, had deteriorated in-month due to non-delivery of savings and expenditure on packages of care. Whilst external contracts balanced in-month, the position had actually deteriorated as previous months had shown an under-spend. This had been due to Countess of Chester non-elective activity and major trauma at Aintree. The Mental Health & Learning Disabilities Division was showing a £3.4m overspend and Secondary Care was showing a £5.2m overspend.

**19.20.3** The Executive Director of Finance stated that the Board had received waiting times ('RTT') funding of £11.3m to date, therefore £2.6m was currently spent at risk. Non-achievement of RTT targets would mean that some of the additional resource provided would be clawed back as was the case last year. This created a further financial risk to the year-end position as illustrated in table 2.3 in the report.

**19.20.4** In respect of total pay, December was broadly flat in-month, however this was problematic in that many of the savings schemes, including turnaround schemes, were based upon reducing the total pay bill. Agency costs in-month were £2.3m, representing 3.6% of the pay bill. Cost increases in continuing healthcare (CHC) and funded nursing care (FNC) were cause for concern.

**19.20.5** The Executive Director of Finance gave further detail about savings, explaining that £28.7m should have been delivered by Month 9, but the position was £3m adrift. Should delivery of savings continue at the current rate, there would be a £7m shortfall at year end against the £45m target. He went on to explain in further detail about the Divisions' forecasts, and the current forecast outturn of £44m. He added that he believed that further actions were possible, above and beyond those already in train through enhanced central controls (for example procurement, travel and pharmacy) and these would bring the outturn figure down to £42m. The breakdown of this £7m overspend was £6.2m on non-delivery of savings, £2m operational overspend in Mental Health, plus other over and underspends.

**19.20.6** On a more positive note, although nursing agency spend had increased by £1m, it was noted that Medical Agency spend had reduced by 36%, from £16.5m to £10.6m. There had also been a reduction in real terms of £4m on GP prescribing between November 2017 and October 2018, reducing from £114m to £110m.

**19.20.7** The Month 9 position and impact on the forecast had been raised with the Board at its development session on 10.1.19 and on 18.1.19 the Chief Executive, as Accountable Officer, wrote to the Chief Executive of NHS Wales to formally notify him of the revised financial forecast from £35m to £42m. In response to questions from Independent Members, explanations were given regarding tracking external agency spend and the Executive Director of Finance re-stated his professional opinion that achievement of the £42m was possible, whilst noting the risks. In respect of comparisons with other Health Boards' positions, the Chief Executive undertook to

<p>share relevant data with Board colleagues after he had been appraised of the current situation at a forthcoming Cardiff meeting.</p> <p><b>19.20.8</b> The Chair emphasised that the Board needed to know exactly what measures and controls were being put in place and what had been discounted, and why. He indicated his intention to commission a financial review, and Michael Hearty, Independent Adviser, and the Wales Audit Office would be involved in formulating the terms of reference for this. He stressed that the commissioning of the review was not in any sense reflective of any criticism, however the Board required assurance that the right approach was being adopted for tackling finances. The Executive Director of Finance alluded to proposals for further central controls that had been considered by the Executive Team. He undertook to share the information as soon as the Executives had approved the controls. The Chair stated that the Executive Team must manage both finance and performance, together with any resulting tensions, as part of team dynamics. Where this was not possible, escalation to the full Board would be necessary. The Chief Executive stated that there was a range of objectives to be delivered in Quarter 4, however some elements could impact on this delivery, for example performance in Emergency Departments and RTT clawback.</p> <p><b>19.20.9 It was resolved that</b> the Board note the report presented, including the increased forecast outturn of £42.0m. The Board also noted that the management of cash remained a key priority and a request for a further £7.0m repayable strategic cash support would be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments could continue to be made during March 2019.</p>	RF
<p><b>19.21 Corporate Risk Assurance Framework (CRAF)</b></p> <p><b>19.21.1</b> The Board Secretary presented this agenda item, explaining that the CRAF provided a summary of the key risks to delivery of corporate objectives, mitigation of the risks and the external assurance arrangements that were in place. She reminded Board colleagues that the CRAF represented a compromise approach until the Three Year Plan was approved. Each risk had been scrutinised via the committee structure, then submitted to the Audit Committee for comment, followed by submission to the Executive Team prior to being brought before the Board.</p> <p><b>19.21.2</b> An externally facilitated Board workshop on risk management had taken place on 20.12.18, and actions emanating from this included changes to the Risk Management Strategy and risk appetite statement, plus revisions to risk reporting formats. Related to these were other ongoing developments including the advertisement for a new Head of Risk and the establishment of a Risk Forum chaired by the Chief Executive. Arrangements were being made for a session to follow up on the Board risk management workshop.</p> <p><b>19.21.3</b> The Board Secretary drew attention to a new risk which related to an EU Exit no deal scenario. Discussion ensued on specific risks relating to recruitment and the supply of radioisotopes. The Chief Executive asked that colleagues liaise with the Executive Director of Planning &amp; Performance, the Health Board's representative on the EU Exit national group, on escalation of known issues and other risks. The Executive Director of Planning &amp; Performance also agreed to confirm timescales</p>	MR MW MW

<p>associated with the list of further actions, some of which were specific to local arrangements. He confirmed that, assuming the Three Year Plan was approved at the March Board meeting, a more robust risk register would be available in time for the next Board meeting after that.</p> <p><b>19.21.4 It was resolved that</b> the Board noted the latest iteration of the Corporate Risk and Assurance Framework.</p>	
<p><b>19.22 Public Health Wales ‘Let’s Get Moving North Wales’</b></p> <p><b>19.22.1</b> The Executive Director of Public Health presented this agenda item. She described the large scale change approach being taken to this initiative, in partnership, and the many benefits of encouraging people to move more. It was noted that 28% of the North Wales population fail to take enough exercise and agencies and individuals were being asked to spread the important message.</p> <p><b>19.22.2</b> Following discussion, <b>it was resolved that</b> the Board note the evidence on the potential for prevention through investment in physical activity within the workforce and the wider population of North Wales, endorsed continued participation with Let’s Get Moving partners on the priorities identified to increase physical activity as set out in the Three Year Plan, approved formal ‘sign up’ to the Let’s Get Moving Partnership Agreement, and agreed to continue to play an active role in developing, evaluating and celebrating the collaborative.</p> <p><i>[Mrs G Harris left the meeting]</i></p>	
<p><b>19.23 Wales Audit Office (WAO) Structured Assessment 2018</b></p> <p><b>19.23.1</b> Mr Andrew Doughton of the WAO attended for this agenda item. The Board Secretary introduced the item, explaining that a Board workshop session had been held to consider the annual Structured Assessment report and the development of the Health Board’s management response. The report contained a single recommendation which was for the Board to fully complete previous outstanding recommendations made by the WAO in 2016/ 2017 . Mr Doughton presented the key messages from the report, and the overall conclusions, noting that much of the discussion at the Board meeting had reflected the issues identified. He explained that some of the WAO’s previous recommendations had been closed for the purposes of the audit tracker tool, as they were now being measured and monitored as part of embedded standard business processes. Discussion ensued covering mental health, concerns management, estates, the need for appropriate infrastructure to be in place for the transformational journey and the importance of getting governance right in terms of ensuring changes are made in response to WAO recommendations.</p> <p><b>19.23.2 It was resolved that</b> the Board receive the report, accept the recommendations in the Structured Assessment, and also receive and approve the management response to the Structured Assessment - noting that actions recorded as closed will, where appropriate, be included in the relevant plans such as the Three Year Plan, Annual Operational Plan, and workforce or quality strategy and plans.</p>	
<p><b>19.24 Funded Nursing Care (FNC) Update</b></p>	

**19.24.1** The Executive Director of Finance presented this agenda item for consent and explained the background to FNC issues. In response to the Chair, the Chief Executive confirmed that the Health Board was working with Care Forum Wales to address their wish to consider other related matters.

**19.24.2 It was resolved that** the Board note the identification of a calculation error by Laing & Buisson that led to a need to revise the 2017/18 FNC rate as approved by the Board in March 2018; note that confirmation of the NHS pay award has meant the 2018/19 FNC rate has now been calculated and approve the NHS component of the 18/19 rate as £167.87, with a further additional component payable by LAs; note the Inflationary Uplift Mechanism was agreed for a five year period and this ends with the 2018/19 uplift - Health Board teams will consider options for 2019/20 onwards; note the work undertaken with provider representatives to resolve the evidence of paid breaks matter and that this should be resolved to the satisfaction of all parties shortly; note the requirement to issue reimbursement resources in year and the processes in place to manage the three cohorts that require reimbursement; note that Care Forum Wales had indicated their wish to consider other matters, including continuing healthcare rates, now that FNC matters were reaching resolution.

## **19.25 Committee and Advisory Group Chair's Assurance Reports**

### **19.25.1 Audit Committee 11.12.18**

In response to the Health Board Chair, the Chief Executive confirmed that work to improve the Team Central tracker tool was underway.

### **19.25.2 Quality, Safety & Experience (QSE) Committee 29.11.18**

The Committee Chair confirmed that issues raised in her report had been covered during the current Board meeting. She added that links with the Quality & Safety Group had been improved, with one-to-one meetings regarding concerns and incident management now taking place between the QSE Committee Chair and the Executive Director of Nursing & Midwifery.

### **19.25.3 Finance & Performance Committee 22.11.18**

The Chair noted that revised terms of reference had been considered, and these were ratified.

### **19.25.4 Charitable Funds Committee 13.12.18**

The Committee Chair was pleased to report that the WAO had joined the Charitable Funds meeting, and the ISA 260 report had been presented to the Health Board with an unqualified opinion, with complimentary comments made regarding the improved annual report. Joint working arrangements were being progressed.

### **19.25.5 Remuneration & Terms of Service Committee 26.11.18**

<p>The Chair stated that the matter of agreeing revised Executive portfolios was soon to be concluded.</p> <p><b>19.25.6 Strategy, Partnerships &amp; Population Health Committee 4.12.18</b></p> <p>The Committee Chair drew attention to legacy estate issues and the request for progress reports on the Wrexham Maelor Hospital site project.</p> <p><b>19.25.7 Joint Audit and Quality, Safety &amp; Experience Committee 6.11.18</b></p> <p>The Audit Committee Chair highlighted concerns raised in the assurance report, which were being followed up. The Executive Medical Director explained the quality improvement hub, which encouraged staff training and projects.</p> <p><b>19.25.8 Stakeholder Reference Group (SRG) 11.12.18</b></p> <p>The SRG Chair highlighted that the Three Year Plan, Third Sector Strategy and Wylfa developments had been discussed.</p> <p><b>19.25.9 Healthcare Professionals Forum (HPF) 27.11.18</b></p> <p>The HPF Chair highlighted that a GMC report, job planning, EU Exit and resilience issues had been discussed. The Executive Medical Director added that he had received recent intelligence suggesting that some consultants could be planning to leave. The Executive Director of Workforce &amp; OD explained how such risks could be escalated quicker in future. The Health Board Chair requested a briefing on recruitment plans and also on the nuances of the medical contract.</p> <p><b>19.25.10 Local Partnership Forum (LPF) 27.11.18</b></p> <p>The Chief Executive reported that the LPF had good staff attendance and useful presentations were given at the meeting.</p> <p><b>19.25.11 It was resolved to note</b> the Chair's Assurance Reports presented.</p>	SG EM
<p><b>19.26 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>19.26.1</b> The Chief Executive presented this agenda item and explained that the lists were presented as part of the standard all Wales process.</p> <p><b>19.26.2 It was resolved to</b> ratify the list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	
<p><b>19.27 Documents Signed Under Seal</b></p>	

<p><b>19.27.1</b> The Board Secretary presented this update of documents signed under seal between 15.6.18-18.12.18.</p> <p><b>19.27.2 It was resolved</b> to note the update.</p>	
<p><b>19.28 Information circulated since the last Board meeting.</b></p> <p><b>19.28.1 It was resolved that</b> the Board note the information circulated as follows:</p> <p>5.2.19 Strategy, Partnerships &amp; Population Health Committee  14.2.19 Information Governance &amp; Informatics Committee  26.2.19 Finance &amp; Performance Committee  7.3.19 Charitable Funds Committee  14.3.19 Audit Committee  19.3.19 Quality, Safety &amp; Experience Committee  26.3.19 Finance &amp; Performance Committee</p>	
<p><b>19.29 Summary of in committee Board business to be reported in public</b></p> <p><b>19.29.1 It was resolved to</b> note this report.</p>	
<p><b>19.30 All Wales and Other Fora</b></p> <p><b>19.30.1 It was resolved to</b> note the following:</p> <ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee Minutes 10.7.18</li> <li>• Emergency Ambulance Services Committee Minutes 17.10.18</li> <li>• Collaborative Leadership Forum Minutes 14.6.18</li> <li>• Welsh Health Specialised Services Committee Joint Committee Briefing 13.11.18</li> </ul> <p><input type="checkbox"/></p>	
<p><b>19.31 Date of Next Meeting</b></p> <p><b>19.31.1</b> It was noted the Board would next meet in public on the 28.2.19.</p> <p><b>19.31.2</b> Board members joined the Chair in thanking Prof M Rees, at what would be his last meeting as Chair of HPF, for his valuable contribution, significant effort and commitment.</p>	
<p><b>19.32 Committee Meetings to be held in public before the next Board Meeting</b></p> <p><b>19.32.1 It was resolved that</b> the Board note the following meetings would be held:-</p> <ul style="list-style-type: none"> <li>• 5.2.19 Strategy, Partnerships &amp; Population Health Committee</li> <li>• 14.2.19 Information Governance &amp; Informatics Committee</li> <li>• 26.2.19 Finance &amp; Performance Committee</li> <li>• 7.3.19 Charitable Funds Committee</li> <li>• 14.3.19 Audit Committee</li> <li>• 19.3.19 Quality, Safety &amp; Experience Committee</li> <li>• 26.3.19 Finance &amp; Performance Committee</li> </ul>	

