



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public on 30th March 2021
Via Zoom conferencing

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
Cheryl Carlisle	Independent Member
Gareth Evans	Chair of Healthcare Professionals Forum
Sue Green	Executive Director of Workforce & Organisational Development
Arpan Guha	Acting Executive Medical Director
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
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
Mark Wilkinson	Executive Director of Planning & Performance

In Attendance:

Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Gwilym Ellis-Evans	Vice Chair of Stakeholder Reference Group
Lowri Gwyn	Translator
Debra Hickman	Secondary Care Nurse Director (<i>for Gill Harris</i>)
Fiona Lewis	Corporate Business Officer (<i>for livestreaming support</i>)
Llinos Roberts	Executive Business Manager (<i>for livestreaming support</i>)

Agenda Item Discussed	Action By
21.62 Chair's Introductory Remarks 21.62.1 The Chair welcomed everyone to the meeting.	
21.63 Apologies for Absence 21.63.1 Recorded for Eifion Jones, Nicky Callow, John Cunliffe, Gill Harris, Morwena Edwards and Ffrancon Williams.	
21.64 Declarations of Interest 21.64.1 None declared.	
21.65 Status Report - COVID 19 Outbreak Ysbyty Gwynedd (YG)	

21.65.1 The Chief Executive introduced the agenda item by stating that the Board was taking the outbreak very seriously and had put in place a range of actions to manage the situation which were now starting to have a positive impact. She wished to acknowledge the harm and distress that any hospital outbreak of Covid-19 brings with it.

21.65.2 The Secondary Care Nurse Director confirmed that a Level 3 outbreak had been confirmed within 24 hours of escalation on site and a senior leadership team was immediately established to undertake a rapid review of events and to put into place a series of actions which continue to be monitored. The actions include no staff movement being allowed without prior risk assessment and sign off by the senior team; review of the red and green pathways in terms of the appropriateness of patient movement with any non-clinical moves being escalated; screening on admission and at day five which was now demonstrating a reduction in variation; the commissioning of an external review; the completion of a self-assessment across the organisation, and the development of an action plan including a range of 90 day improvement cycles. The Secondary Care Nurse Director added that more recent epidemiology data was indicating a mix of hospital and community transmission. She assured members that a stabilisation of the outbreak was now being observed and that there was an interruption of the transmission cycles. It was noted that there was a significant culture change and the Board was working closely with Public Health Wales to underpin programmes with behavioural science. The Secondary Care Nurse Director referred to the avoidable elements of healthcare associated infections and that a zero tolerance approach to non-compliance would be taken. Joint working would be fundamental to achieving this and there were Local Authority and stakeholder partners working collectively with the Health Board. The Chief Executive added that the external review would be described as a subject matter expert review and she would ensure that Board colleagues were fully satisfied with the independent nature of the review.

21.65.3 A discussion ensued. An Independent Member asked whether officers were of the view that the situation was preventable or inevitable, recalling that members had previously expressed concern at local transmission rates in the West. He felt that members of the public would now be looking for confidence in the site and services moving forward, and sought assurance that the appropriate actions were put in place to minimise Covid-19 infections at YG and that the flow of patients to and from the site being monitored with the benefit of the lessons learned from previous outbreaks and compliance with current discharge guidance. The Chief Executive responded that the multi-agency Strategic Co-ordination Group (SCG) met on 29th March and the situation at YG was discussed with colleagues reporting cautious optimism around the situation in Gwynedd and Anglesey, and that the risk was reducing. The Secondary Care Nurse Director added that BCUHB discharge arrangements reflected national guidance and were risk based and clinically led.

21.65.4 An Independent Member enquired as to the level of support, information and instruction that staff had been given. The Secondary Care Nurse Director responded that work continued to support staff across all sites around Covid-19 behaviours including the production of 'FAQs'. She acknowledged there would be variation and that the aim would be to reduce this through accessible leadership and a visible senior presence. In addition there were staff representatives on the Outbreak Control Team (OCT). Members were given some reassurance that feedback and concerns from staff on the YG site to date had been minimal but this remained an area for continued focus and that staff were encouraged to challenge and raise any concerns.

21.65.5 The Vice Chair noted that the Board had had a detailed discussion around the YG outbreak at the private Covid-19 briefing during the previous week, and she informed members that the Hospital Management Team had been invited to attend the Quality, Safety & Experience (QSE) Committee on 4th May to allow for further scrutiny of actions and how learning had been taken on board. She noted that the role of the OCT was to investigate the source of the outbreak and enquired whether intelligence and data from Test Trace & Protect (TTP) was being utilised. The Executive Director of Public Health responded that TTP information was helpful in determining if there were clusters in the community and the Health Board was working closely with Local Authority partners in both a local and regional setting and involving schools, care homes and workplaces. She confirmed that the OCT had access to the TTP data.

21.65.6 The Chair referred to the current concerns around Covid-19 infections within Holyhead and asked the Executive Director of Public Health to update the Board. It was reported that exceptional work with partners was being undertaken following recognition of greater than anticipated numbers of infection in Holyhead. An incident management team approach was in place to ensure simple and effective testing which was easy for patients to access. The Executive Director of Public Health felt that the efforts were now making a difference and the incident management team was able to see an improvement. The Chair added that he had received positive feedback from partners also and he wished to record his thanks to all those involved.

21.65.7 The Acting Executive Medical Director assured members that he had reiterated to clinical staff that every opportunity should be taken to enforce the need to follow infection prevention and control procedures, and he had required clinical leaders to have more visibility to encourage good team behaviours and to challenge non-compliance.

21.65.8 A point of accuracy was raised with regards to the narrative within the paper around RIDDOR reporting which incorrectly implied that all staff cases were reportable. The Executive Director of Workforce and OD accepted that “reported as appropriate” would have been more appropriate wording.

21.65.9 The Chair sought assurance as to the level of confidence that the immediate actions to bring the YG outbreak under control were appropriately in place, and whether planned actions were appropriately in train to seek to prevent further outbreaks. The Secondary Care Nurse Director stated that the numbers of transmissions were significantly reduced and assurance could be taken from this that the actions had positively impacted upon the numbers. She acknowledged that there was still work to do – for example responding to new guidance around the screening of in-patients at day five - but she was confident that the organisation had the appropriate rigour around monitoring and supervision. She also added that a challenge going forward would be sustaining improvement in behaviours. The Chief Executive indicated that she took confidence from the decline in numbers, from partners’ feedback and assurances from clinical Board colleagues. She suggested that a further key piece of assurance would come from the external review. The Chief Executive acknowledged it was impossible to say that there would not be another outbreak in a hospital setting but she accepted the Board had a responsibility to minimise any such occurrences and maximise the organisational ability to quickly control any outbreak. The Chair enquired as to the status of the self-assessments which were due in by the 22nd March and the Secondary Care Nurse Director confirmed they had all been received and collated, and would support the area plans in terms of the Safe Clean Care programme.

<p>21.66.3 The Chair wished to record in public that the Board would be considering modelling information around a potential third wave in the later private session.</p> <p>21.66.4 It was resolved that the Board note the report and supporting presentation and endorse decisions made by the Executive Incident Management Team (EIMT).</p>	
<p>21.66a 2021-22 Annual Plan in Draft - Update</p> <p>21.66a.1 The Executive Director of Planning and Performance presented the paper which provided an update in public session against the requirement to publish an annual plan for 2021-22. He confirmed that the full draft plan was to be discussed in the later private session and that the Board anticipated publishing the final plan before the end of June 2021.</p> <p>21.66a.2 It was resolved that the Health Board note the report</p>	
<p>21.67 BCUHB Glan Clwyd Laundry Transfer</p> <p>21.67.1 The Executive Director of Planning and Performance presented the paper which detailed the final stage of the transfer to an all Wales laundry service which had commenced in 2016. He confirmed that the preferred option and agreed direction of travel had remained unchanged throughout and a move to a single service provider was still supported. It was noted that the paper set out a staged transfer of resources to allow NHS Wales Shared Services Partnership to run the service as from April 2021, and issues of assets, transport, TUPE arrangements and financial resources were also set out in the paper.</p> <p>21.67.2 The Independent Member (Trade Unions) wished to highlight the amount of work that had taken place in terms of supporting staff throughout the process which had been much appreciated by the workforce. The Chair enquired regarding Executive Team sign off and it was confirmed that the Executive Director of Finance had kept the Executive Team sighted on progress through her membership of the relevant Shared Services Group, and that the paper had received approval from the Chief Executive prior to publication. He also confirmed there were no financial implications to the Health Board.</p> <p>21.67.3 It was resolved that the Health Board:</p> <ol style="list-style-type: none"> 1. Approve the transfer of all identified constituent parts in relation to Finance, workforce and Logistics to allow NHS Wales Shared Services Partnership (NWSSP) to continue the running of the Glan Clwyd laundry until the conclusion of the All Wales Laundry Programme and transformation towards the new facility as outlined within the Programme Business Case. 2. Approve the continued occupation and use of the existing Glan Clwyd Laundry production unit subject to MOTO (Memorandum of Terms of Occupation) completion. 3. Endorse the continuation of the underpinning support services such as IT, externally provided maintenance, or any other service provided to the Laundry by the Health Board or 3rd party until suitable transfer, novation, migration activities be scheduled as listed above. 	

<p>4. Note further transformation activity will be scheduled.</p> <p>5. Note that the staged transfer will allow the NWSSP to run the service from April 2021 with a further stage to address elements in relation to asset transfers and other more complex elements.</p>	
<p>21.68 Consultation on the Welsh Government White Paper ‘Rebalancing Care and Support’ : BCUHB response</p> <p>21.68.1 The Executive Director of Planning and Performance presented the paper which set out the Board’s draft response to the consultation. The White Paper was intended to strengthen the social care sector in Wales and improve the quality of care, with responses sought by the 6th April 2021. It was noted that the response had been informed by the discussion held at the private Board Workshop on the 8th March, and in addition there was a collaborative response being developed with partners.</p> <p>21.68.2 The Vice Chair felt that the legislation could have a significantly positive impact but she felt that demographic and commissioning differences would need to be taken into account across Wales. Another member reiterated the importance of ensuring that the patient was always central to any decisions.</p> <p>21.68.3 It was resolved that the Health Board approve the BCUHB consultation response to the Welsh Government White Paper ‘Rebalancing Care and Support’.</p>	
<p>21.69 Date of Next Meetings</p> <p>22.4.21 2.00pm Joint Board to Board with Community Health Council</p> <p>20.5.21 9.30am BCUHB Health Board</p>	
<p>21.70 Exclusion of Press and Public</p> <p>21.70.1 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>	