



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board Meeting Held in Public on 5.9.19
in Conwy Business Centre, Llandudno Junction

Present:

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Prof N Callow	Independent Member - University
Cllr C Carlisle	Independent Member
Mr J Cunliffe	Independent Member
Mrs M Edwards	Associate Member ~ Director of Social Services
Mr G Evans	Chair of Healthcare Professionals Forum
Dr D Fearnley	Executive Medical Director
Mrs G Harris	Executive Director of Nursing & Midwifery
Mrs S Hill	Acting Executive Director of Finance
Cllr M Hughes	Independent Member
Mrs J Hughes	Independent Member
Mr E Jones	Independent Member
Mrs M W Jones	Vice Chair
Mrs L Meadows	Independent Member
Miss T Owen	Executive Director of Public Health
Mr A Roach	Director of Mental Health & Learning Disabilities
Ms D Sharp	Acting Board Secretary
Mr C Stockport	Executive Director of Primary Care & Community Services
Mr A Thomas	Executive Director of Therapies & Health Sciences
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance
Mr Ff Williams	Chair of Stakeholder Reference Group

In Attendance:

Mr P Burns	Interim Recovery Director (<i>part meeting</i>)
Mrs K Dunn	Head of Corporate Affairs
Ms L Hall	Associate Director (Workforce) - Deputy for Mrs S Green

Translator, members
of the public,
observers

Agenda Item	Action By
<p>19.128 Chair's Introductory Remarks</p> <p>19.128.1 The Chair welcomed everyone to the meeting and all board members introduced themselves bilingually. A warm welcome was extended to Dr David Fearnley and Mr Eifion Jones to their first board meeting, and the Chair wished to record how pleased the Board were to see Mrs Gill Harris return.</p> <p>19.128.2 The Chair made reference to the publication of the Health Board meeting papers and explained that three presentations had been added at a late stage at his specific direction to ensure that the Board had an opportunity to discuss key issues around</p>	

<p>planned care, unscheduled care and the clinical services strategy at the meeting. He also noted that papers previously submitted to the Finance & Performance (F&P) Committee had also been shared to support a discussion on financial recovery. The bilingual presentations would be loaded to the website following the meeting.</p>	
<p>19.129 Special Measures Task & Finish Group Chair's Assurance Report 9.8.19</p> <p>19.129.1 The Chair indicated that the Task and Finish Group had requested further work to the improvement log, and to quality assure what was currently in place whilst a revised framework document was awaited from Welsh Government.</p>	
<p>19.130 Apologies for Absence</p> <p>Apologies were received from Mrs Sue Green and Mrs Lucy Reid.</p>	
<p>19.131 Declarations of Interest</p> <p>Mrs Helen Wilkinson and Mr Gareth Evans declared expressions of interest in item 19.145 (Ruthin) in that they were the Chief Executive of Denbighshire Voluntary Council and the Project Director respectively.</p>	
<p>19.132 Draft Minutes of the Health Board Meeting held in public on 25th July 2019 for accuracy and review of Summary Action Log</p> <p>19.132.1 The minutes were approved as an accurate record pending noting that Cllr M Hughes was present.</p> <p>19.132.2 Updates were provided to the summary action log.</p> <p>19.132.3 A range of briefing notes circulated to the board members were noted.</p>	
<p>19.133 Committee and Advisory Group Chair's Assurance Reports</p> <p>19.133.1 Quality, Safety & Experience Committee 16.7.19</p> <p>19.133.1.1 The Committee Vice Chair presented the report and drew attention to the key assurances and risks as set out. In response to a question regarding plans to address the recruitment issues in breast radiology the Chief Executive reported that the waiting lists were being worked through and choices offered to individual patients. It was also noted that negotiations with other providers regarding additional capacity were due to conclude within the next couple of weeks when Board members would be updated on the outcome. With regards to mental health reporting to the Committee, the Director of Mental Health and Learning Disabilities confirmed that agreement had been reached with the Committee Chair regarding format and frequency. The Chair noted that a matter regarding postponed procedures had been referred to the Audit Committee as part of a wider Wales Audit Office review of planned care.</p> <p>19.133.1.2 It was resolved that the Board note the report.</p> <p>19.133.2 Finance & Performance Committee 22.8.19, 29.7.19 and 25.6.19</p> <p>19.133.2.1 The Chair presented the report and confirmed that the September meeting of the Committee would focus solely on finance and performance. It was also noted that Mr</p>	AT

<p>Simon Dean had attended the previous meeting and had acknowledged the efforts being made within BCUHB.</p> <p>19.133.2.2 It was resolved that the Board note the report.</p> <p>19.133.3 Local Partnership Forum 9.7.19</p> <p>19.133.1 It was resolved that the Board note the report.</p>	
<p>19.134 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)</p> <p>19.134.1 It was resolved that the Board 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>19.135 Annual Report 2018/19 Infection Prevention Control (IPC)</p> <p>19.135.1 The Executive Director of Nursing & Midwifery presented the report. She reminded members that the Board had invited Ms Jan Stevens back to undertake a follow up review which had now concluded, and agreed that a copy of the full report would be provided to board members. She highlighted that work was now ongoing to separate out community and hospital acquired infections and that whilst antimicrobial prescribing had improved there remained further work to do. The work of staff in improving standards and better understanding their roles in terms of infection prevention was acknowledged.</p> <p>19.135.2 A discussion ensued. A member raised a concern that the policy of prioritising the cleaning of clinical areas over non-clinical areas may give mixed messages to staff and that the culture should encourage staff in all areas to recognise the need to demonstrate good practice in terms of infection prevention. The Executive Director of Nursing & Midwifery accepted this point but explained that the evidence supported that the highest risks were around clinical areas. The Vice-Chair acknowledged the improvements in c-difficile and MRSA rates but noted it was disappointing to see an increase in other infection rates despite the significant amount of work that had been undertaken. She would wish to better understand the organisation's level of ambition for addressing this and suggested that the areas of primary and community care were key to ensuring messages around infection prevention and control were cascaded and understood. The Executive Director of Public Health added that the Third Sector also had an important role to play, and it was also stated that community engagement was key. The Executive Director of Nursing & Midwifery accepted that delivery of the IPC agenda within care homes could be stronger and that a multi-agency approach was essential. A member raised the issue of flu vaccination targets and that staff groups in particular could have had a much better uptake last year. The Executive Director of Public Health reported that the focus would continue to be on frontline staff but that more sophisticated messages were being utilised this year to encourage other cohorts of staff to take up the offer of vaccination. The Chair summarised that the Board acknowledged the progress made in certain areas and the focus as set out in section 6 of the paper. He asked that discreet consideration be given to a multiagency approach to meeting the Health Care Acquired Infection reduction targets through Safe Clean Care.</p> <p>19.135.3 It was resolved that the Board:</p>	<p style="text-align: center;">GH</p> <p style="text-align: center;">GH</p>

<p>1. Note the continued progress with the Safe Clean Care programme, and the positive impact seen to date across the Health Board.</p> <p>2. Note the annual position relating to key infections in 2018/19.</p> <p>3. Endorse and Support the continued actions required to successfully implement the quarterly programmes as part of the Infection Prevention Strategy and Safe Clean Care.</p>	
<p>19.136 Finance Report M3</p> <p>19.136.1 It was resolved that the Board note the report and would concentrate the discussion on the month 4 report.</p>	
<p>19.137 Finance Report M4</p> <p>19.137.1 The Acting Executive Director of Finance presented the report which confirmed that at the end of Month 4 the Health Board was overspent by £14.6m which was £3.0m higher than the year to date deficit reflected in the draft annual plan. The draft annual plan aimed to deliver a £35m deficit, however, Welsh Government (WG) had set a control total of £25m and a recovery plan had been developed to move towards the control total. Members were reminded of the statutory duty to breakeven and the challenges facing the Health Board in terms of meeting this. The Acting Executive Director of Finance drew the Board's attention to the recovery programme which focused on transformation in line with the organisation's strategic objectives and A Healthier Wales, and that the challenge was to ensure more schemes turned from red to green. She highlighted that financial performance by division was set out in section 3.3 within the paper.</p> <p>19.137.2 A discussion ensued. The Chair stated that the current situation remained indefensible and that it was of great concern that the Board was not on target to deliver its own target, notwithstanding the more challenging WG control total, and that it was essential to create an upward trajectory and an increased level of confidence. He reported that the Finance & Performance (F&P) Committee had recently considered an action plan against the Price Waterhouse Cooper (PWC) findings and had requested that there be a more consolidated checklist to ensure there was sufficient assurance to close off actions. The Committee had also expressed concerns around the Improvement Groups and the Chair suggested that this, coupled with an increasing run rate and failure to deliver on savings plans, failed to provide the Board with assurance that the position would improve. He requested that further assurances around the effectiveness of the Improvement Groups be provided to the next F&P Committee. The Vice Chair recalled a discussion at the July Board meeting where it was agreed that communication across the organisation regarding the seriousness of the financial position needed to be sharpened. She felt that the Month 4 figures did not indicate this had been successful. The F&P Committee Vice Chair made a number of comments to which the Chief Executive responded. He agreed that there was a connection between under-performance within secondary care, mental health and acute care as BCU was an integrated organisation, but that this also provided opportunities to improve capacity which was a good driver for cost. In terms of the consequences of some savings plans the Chief Executive reminded members there were systems in place to assess the impact of schemes but that in general terms it was likely there would be impacts upon health and social care. A question was raised around a risk set out in section 8.1 pertaining to junior doctor employment contracts and it was noted there were no associated financial estimates against this risk. The Associate Director (Workforce) indicated that this related to a very recent legal case and BCU would be looking to learn from the outcome.</p> <p>19.137.3 It was resolved that the report be noted, including the forecast position of</p>	SH

<p>£35.0m deficit.</p>	
<p>19.138 Financial Recovery <i>[Mr Phillip Burns joined the meeting]</i></p> <p>19.138.1 The Interim Recovery Director indicated to members that the paper which had been circulated had been prepared for the F&P Committee. He described the key elements to his role which were around ensuring adequate processes and procedures were in place to improve grip and control; to work with divisions, corporate departments and area teams and lastly around service redesign. He stated that he was seeing evidence of greater grip and control together with a better understanding of expectations within areas and divisions. He described the elements of work around non-pay and discretionary spend and also further measures with regards to strengthening the business case process and vacancy reviews.</p> <p>19.138.2 A discussion ensued. A question was asked regarding the appetite for recovery across the organisation and the Interim Recovery Director indicated this did vary and there were some difficult conversations regarding structures and staffing, however, there was a general acceptance of the absolute requirement to save money and to reduce the run rate. The Chair suggested that there was still much room for improvement in terms of raising cost-consciousness across the organisation and improving the granularity around unnecessary expenditure. He requested that the F&P Committee be updated in terms of communications and engagement for financial recovery. The Chair also requested that work continue to ensure better handling of business cases from a financial perspective to ensure a more robust process before their submission to the Executive Team or Committee structure, with an improved ability to track the planned improvements and outcomes. A concern was raised around the potential impact on patients from the implications of financial recovery. The Interim Recovery Director assured members that all Cost Improvement Plans were quality impact assessed and signed off locally and by Area before scrutiny by the Programme Management Office and Executive Team. The Chief Executive added that there was approximately £4m worth of plans not yet progressed which needed further review as to whether the risks could be mitigated sufficiently to allow them to progress. The Chair of the Healthcare Professionals Forum felt that there would sometimes be unforeseen consequences that it would not always be possible to measure and he would welcome further activity to capture adverse implications from a quality and safety perspective. In response to questions regarding the longer term plans for financial recovery once the Interim Recovery Director's work had concluded, it was reported that transformation and service change would be key to sustaining financial recovery. The Vice Chair suggested that learning be embedded from service redesign within mental health where the forecast overspend had been tempered through management changes. The Associate Board Member (Director of Social Services) acknowledged the difficult situation that the Board was in and the need to balance transformation, budgets and maintaining safe and quality services.</p> <p>19.138.3 The Interim Recovery Director summarised that there were a number of new schemes coming through and there was a good basis on which to start managing some movement against the £35m savings profile. He was pleased with the level of engagement from Directors with the recovery programme and that the work of the Improvement Groups would start to demonstrate benefits.</p> <p><i>[Mr P Burns left the meeting]</i></p>	<p>SH / PB</p> <p>SH/ PB</p> <p>SH/ AR</p>

<p>19.139 Planned Care presentation</p> <p>19.139.1 The Chief Executive delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> • Internal improvement to Referral to Treatment (RTT) delivery - two thirds • External support for RTT delivery - one third • Assessment of governance process • Changes to scheduling process • Focus on effective use of core capacity • Additional insourcing and outsourcing • Validation and pathway changes <p>19.139.2 The Chief Executive summarised the next steps as ensuring demonstrable results in all areas of the plan; delivering those components that were within the Board’s gift; addressing the challenge of delivering the profile in the annual plan; reviewing all actions to seek to drive further internal improvements as well as considering the potential for further additional activity (eg; outsourcing).</p> <p>19.139.3 A discussion ensued. The Chair of the Digital Information & Governance Committee noted that there was reference to ‘improved information management and governance’ and the Chief Executive clarified this related to ensuring data sources were joined up to enable the right information to get to the right people, and to avoid silo working. In response to a comment regarding working outside of job plans, the Chief Executive accepted there was a need for the organisation to be assured that there wasn’t a detrimental effect to core productivity. Members were keen to understand how the plans and trajectories this year would be different to and deliver more than previous years, and also to see clearer accountability through the identification of owners and timescales for each action. The Chair requested that the next F&P Committee receive 1) a clear trajectory for RTT with firm year-end target; 2) specialty and locality specific trajectories within the IQPR which would allow delivery to be tracked; and 3) a comprehensive action plan with identified owners and timescales to underpin RTT improvement. In addition the Chair requested that a paper be prepared for F&P and for Executive Team on RTT lessons learnt and what would be different next year, along with trajectories beyond 2019/20 when available.</p>	<p>MW</p> <p>MW</p>
<p>19.142 Clinical Services Strategy presentation <i>[Agenda item taken out of order at Chair’s discretion]</i></p> <p>19.142.1 The Executive Medical Director and the Executive Director of Nursing & Midwifery delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> • The vision • Local context eg; Living Healthier : Staying Well and A Healthier Wales • A new digital focus for clinical services • A digital health and social care approach • Engagement • Opportunities including addressing ongoing pathway issues eg; vascular services <p>19.142.2 A discussion ensued. It was suggested that rurality would need to be taken into account when thinking about connectivity and digital solutions. The Executive Director of Public Health flagged a potential risk that if the strategy was not delivered appropriately there could be an adverse impact upon the inequalities gap. The comment was made that the BCU workforce had become accustomed to coping with a lack of digital capability and this needed to be addressed. Overall, members were supportive of the direction of travel and welcomed the opportunities that the strategy could provide in terms of driving</p>	

<p>innovation. They were keen to see that the existing infrastructure was utilised and that staff were meaningfully engaged and involved with the development and further shaping of the strategy. The Chair requested that the presentation be aligned with work already undertaken and a proposed timeline for completion be developed.</p> <p><i>[Mrs M Edwards left the meeting]</i></p>	GH / DF
<p>19.144 HASCAS and Ockenden Recommendations Progress Report <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>19.144.1 The Executive Director of Nursing & Midwifery presented the progress report and highlighted that there was now evidence of positive feedback from partners and the Stakeholder Group. The Chair acknowledged the amount of work in preparing the report but was concerned at the length of the narrative. He asked that officers reflect further on the format to reduce the length of the narrative and to interpret more clearly what actions were required in order to complete a recommendation.</p> <p>19.144.2 It was resolved that progress against the recommendations be noted <i>[Mrs G Harris left the meeting]</i></p>	GH
<p>19.140 Unscheduled Care presentation</p> <p>19.140.1 The Chief Executive delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> • The Building Better Care 'plan on a page' summary across areas of Demand, Flow and Discharge • Update on the unscheduled care programme workstreams • Performance in terms of waiting times, response times, delayed transfers of care <p>19.140.2 A concern was raised that clinical coding issues had meant some information was not available. The Chief Executive reported that previous issues relating to coding had much improved generally but there had been a recent deterioration.</p>	
<p>19.141 Annual Plan Monitoring Report</p> <p>19.141.1 The Executive Director of Planning & Performance confirmed that the paper had been scrutinised at both the Strategy, Partnerships & Population Health (SPPH) Committee and by the F&P Committee. He confirmed that the report was based on a self assessment process which was signed off by Executives. A discussion took place regarding justifying the amber ratings and it was suggested that two random indicators from the end of Q2 be taken and reassessed.</p> <p>19.141.2 It was resolved that progress in implementing the operational plan be noted</p>	MW
<p>19.143 Integrated Quality & Performance Report</p> <p>19.143.1 The Chair invited members to raise issues on areas of the IQPR that had not already been discussed as part of earlier agenda items. Child & Adolescent Mental Health (CAMHS) performance was raised and the Executive Director of Primary & Community Services commended the work within the teams that brought the organisation to the brink of the 80% target set by WG under the Mental Health Measure, and indicated that he expected to see continued growth. The Executive Director of Therapies & Health Sciences also highlighted that as at July 2019 BCU was second in Wales in terms of the Single Cancer Pathway performance at 78%. The Vice-Chair noted that despite the</p>	

<p>focus, sickness absence rates appeared to be deteriorating. The Associate Director (Workforce) suggested that there was a timing issue with the data and that by November any trend would be clearer. It was noted that the format of the IQPR continued to evolve with a summary version being trialled for the September F&P Committee.</p> <p>19.143.2 It was resolved that the Board note the current performance and consider the actions being taken to deliver improved performance.</p>	
<p>19.145 Reprovision of Services from The Clinic, Mount Street, Ruthin and the Redevelopment of Ruthin Community Hospital</p> <p>19.145.1 The Executive Director of Primary & Community Services presented the paper which sought approval to proceed to WG for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary. He provided some background to the practice concerned, highlighting a range of environmental and capacity issues with the site. He also drew members' attention to a primary care estates survey undertaken in 2016. In terms of the financial implications of the options set out within the paper it was confirmed that a significant part of revenue would be picked up through General Medical Services with the remainder falling to the area team – thus making the scheme revenue neutral.</p> <p>19.145.2 It was resolved that the Board approve the Business Case to enable progress to the Welsh Government.</p>	
<p>19.146 Wrexham Maelor Hospital Continuity Programme Business Case</p> <p>19.146.1 The Executive Director of Planning & Performance indicated that the Programme Business Case (PBC) was being presented to Board as part of the scrutiny and approval process for major capital projects seeking funding from the all-Wales Capital Programme, and had been supported at F&P Committee. The PBC addressed some of the Board's highest and most immediate risks and was deemed to be revenue neutral. The question was raised regarding an associated equality impact assessment (EQIA) and it was confirmed that this wasn't required for a PBC but that the subsequent business case elements would be subject to EQIA.</p> <p>19.146.2 It was resolved that the Board approve the Programme Business Case for submission to Welsh Government.</p> <p><i>[Dr C Stockport left the meeting]</i></p>	
<p>19.147 Development of New isolation Facilities – Critical Care Unit Wrexham Maelor Hospital</p> <p>19.147.1 The Executive Director of Planning & Performance indicated that the business case addressed the issue of the lack of adequate isolation facilities within the Critical Care Unit of Wrexham Maelor Hospital. The business case had been supported by the F&P Committee and related to the discretionary capital allocation.</p> <p>19.147.2 It was resolved that the Board approve the preferred option which was the provision of 2 isolation suites which would meet modern standards in terms of layout and ventilation systems and thus avoid any restriction on the type of patients who could be cared for within that environment.</p>	

<p>19.148 Summary of In Committee Board business to be reported in public</p> <p>19.148.1 It was resolved that the paper be noted.</p>	
<p>19.149 All Wales and Other Forums</p>	
<p>19.149.1 Emergency Ambulance Services Committee Minutes 26.3.19</p> <p>It was resolved that the minutes be noted.</p>	
<p>19.149.2 Emergency Ambulance Services Committee Minutes 14.5.19</p> <p>It was resolved that the minutes be noted.</p>	
<p>19.149.3 Shared Services Partnership Committee Assurance Report 18.7.19</p> <p>It was resolved that the report be noted.</p>	
<p>19.150 Annual Summary of Consultations</p> <p>It was resolved that the Board note the external consultations responded to by the Health Board and the associated monitoring arrangements.</p>	
<p>19.151 Date of Next Meeting</p> <p>7th November 2019 @ 10.00am in Porth Eirias, Colwyn Bay</p>	
<p>19.152 Committee Meetings to be held in public before the next Board Meeting</p> <p>Audit Committee 12.9.19; Quality, Safety & Experience Committee 24.9.19; Mental Health Act Committee 27.9.19; Finance & Performance Committee 30.9.19 and 24.10.19; Strategy, Partnerships & Population Health Committee 1.10.19; Remuneration & Terms of Service Committee 4.11.19; Joint Audit and QSE Committee 5.11.19.</p>	