



**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 20th May 2021 over Zoom conferencing**

Present:

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| Mark Polin | Chair |
| Louise Brereton | Board Secretary |
| Nicky Callow | Independent Member ~ University (part meeting) |
| Cheryl Carlisle | Independent Member |
| John Cunliffe | Independent Member |
| Morwena Edwards | Associate Member ~ Director of Social Services |
| Gareth Evans | Chair of Healthcare Professionals Forum |
| Sue Green | Executive Director of Workforce & Organisational Development (OD) |
| Arpan Guha | Acting Executive Medical Director |
| Gill Harris | Executive Director of Nursing & Midwifery / Deputy CEO |
| Sue Hill | Executive Director of Finance |
| Jackie Hughes | Independent Member |
| Medwyn Hughes | Independent Member |
| Eifion Jones | Independent Member |
| Lyn Meadows | Independent Member |
| Teresa Owen | Executive Director of Public Health (part meeting) |
| 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:

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| Kate Dunn | Head of Corporate Affairs (for minutes) |
| Jody Evans | Corporate Governance Officer (for livestreaming support) |
| Ann Llwyd | Translator |
| Llinos Roberts | Executive Business Manager – Chair's Office (for livestreaming support) |

| Agenda item | Action by |
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| <p>21.73 Chair's Introductory Remarks</p> <p>21.73.1 The Chair welcomed everyone to the meeting and confirmed that proceedings were again being live streamed to enable members of the public to observe the meeting in real time. Members were invited to contribute in the language of their choice.</p> <p>21.73.2 The Chair also recorded in public that the following Chair's Actions had been agreed since the last meeting:</p> <ol style="list-style-type: none"> 1. To agree the Stroke Improvement Plan Phase 1 2. Approval of a range of Section 12(2) doctors 3. Approval of acceptance of the recommended tender for the reinstatement works following the decommissioning of Ysbyty Enfys Brailsford, Bangor | |

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| <p>4. Contract Award for the Testing, Maintenance & Repair of Community Equipment 5. Approval of the award of GMS Contract for St George's Surgery, Wrexham</p> | |
| <p>21.74 Chief Executive's Report</p> <p>21.74.1 It was resolved that the Health Board note the report of the Chief Executive.</p> | |
| <p>21.75 Apologies for Absence</p> <p>21.75.1 It was noted that Prof Nicky Callow would need to leave the meeting at midday.</p> | |
| <p>21.76 Declarations of Interest</p> <p>21.76.1 None declared.</p> | |
| <p>21.77 Draft Minutes of the Health Board Meeting held in public on 11.3.21 & 30.3.21 for accuracy and review of Summary Action Log</p> <p>21.77.1 It was resolved that the minutes of the Trustees Health Board meeting held on the 11.3.21, the Health Board meeting held on 11.3.21 and the Health Board meeting held on 30.3.21 be approved as accurate records.</p> <p>21.77.2 Updates were noted against the summary action log.</p> | |
| <p>21.78 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>21.78.1 It was resolved that the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.</p> | |
| <p>21.79 Covid-19 Pandemic Update</p> <p>21.79.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the paper and highlighted a reduction in frequency of Executive Incident Management Team (EIMT) meetings. She confirmed that appropriate arrangements were in place for any key decisions required in between meetings. Secondly she highlighted that BCUHB was now seeing the return of some planned surgery including orthopaedics which was significant to report given the numbers of patients now waiting.</p> <p>21.79.2 A presentation was then delivered which set out:</p> <ul style="list-style-type: none"> • That a significant reduction in Covid levels was now being seen across North Wales in terms of both community and hospital levels; • That there was a notable growth in testing opportunities; • Testing activity had decreased generally but this was expected given the current situation and was not currently a matter of concern; • The number of indexed contact cases had reduced and the situation was being carefully monitored as restrictions were lifted; • A number of community projects were underway on the 'protect' activity; • Work was underway to respond to variants of concern and responding to risks around returning travellers; | |

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| <ul style="list-style-type: none"> • A number of outbreaks had previously been recorded and there was a clear ambition to learn from these and avoid further outbreaks; • The Safe Clean Care (SCC) programme had been refreshed in support of a zero tolerance approach to Health Care Associated Infections, upholding the value of do no harm; • SCC workstreams were led by senior leaders and there was currently excellent clinical engagement. • Vaccination delivery and uptake continued to be excellent and the organisation had been able to respond collaboratively to changes in national clinical guidance; • BCUHB was currently on target for the remainder of the vaccination cohorts; • Work continued with Local Authorities to consider plans for the future of the vaccination programme including sustaining some elements of the Mass Vaccination Centres and planning for booster vaccination requirements. | |
| <p>21.79.3 A discussion ensued. An Independent Member sought clarification on the current figures for hospital in-patients particularly in the West and the Executive Director of Primary Care and Community Services confirmed that the current total was 44 with 25 confirmed Covid in-patients in the West. Another Independent Member indicated she would wish to see more communications and publicity around the success of the vaccination programme in Wales compared to other parts of the UK. The Chief Executive wished to acknowledge the support from retired and redeployed colleagues to the vaccination programme, and the efforts of many volunteers and primary care colleagues. The Independent Member went onto enquire how travellers returning from amber areas and into quarantine were picked up in terms of tracking. The Executive Director of Public Health confirmed there were currently over 3000 travellers isolating in Wales and there was a significant associated piece of work both with the national arrivals team for Wales and with regional and local tracing links. Where necessary there would also be work with enforcement organisations.</p> | |
| <p>21.79.4 An Independent Member enquired as to planning for the autumn flu vaccination programme in the context of Covid. The Executive Director of Nursing and Midwifery / Deputy Chief Executive reported that a range of scenarios were being considered with partners to take into account a Covid booster programme being run alongside the seasonal flu programme. The Executive Director of Public Health agreed to provide more information within the Covid update at the next Health Board meeting.</p> | TO |
| <p>21.79.5 In response to a question regarding the communication plan and timescale for vaccine passports in Wales, the Executive Director of Nursing and Midwifery / Deputy Chief Executive confirmed there was a dedicated webpage maintained by Welsh Government with the latest information. She undertook to check and confirm that the BCUHB website directed patients to this resource.</p> | GH |
| <p>21.79.6 The Chair enquired if it could be estimated when the remaining second doses would be completed within North Wales. The Executive Director of Nursing and Midwifery / Deputy Chief Executive was not in a position to confirm this but stated that Wales was still working within the principle of a 12 week interval between doses. In terms of longer term vaccination delivery plans it was confirmed these were being worked up and once a paper was taken to the Executive Team it would be shared with Board members.</p> | GH |
| <p>21.79.7 It was resolved that the Board note the report and presentation and endorsed the decisions made by the Executive Incident Management Team.</p> | |
| <p>21.81 Infection Prevention Annual Report</p> | |

21.81.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the annual report and noted that it also incorporated some future steps relating to Safe Clean Care. She highlighted:

- Her personal thanks to all involved in developing learning and bringing Infection Prevention Control (IPC) to the forefront.
- That the report noted a range of innovative work including a move to the use of clear face masks in recognition that the use of facemasks resulted in the loss of the personal touch in the delivery of care.
- That a general improvement in overall infection rates could be noted and BCUHB was one of the better performing areas in terms of MRSA MSA infections with this learning being embedded more widely through the principle of harm-free care.
- The work of the health and safety and organisational development teams in supporting the infection prevention and control programme was acknowledged, in terms of fit testing and reaching out to colleagues across the organisation.
- The launch of the Stronger Together programme would also be instrumental in moving forward the infection prevention programme, recognising the estates challenges around isolation and de-camp facilities to allow for deep cleaning of environments.

21.81.2 The Vice Chair referred to the behavioural elements set out within the report and felt that these applied equally to everyone. She also suggested that the lessons learned as set out in the report were more contributory factors to the outbreaks which would need to be addressed to ensure that lessons were actually learned. She also referred to the RIDDOR reportable Covid infections and suggested that whilst there were common findings identified these were not lessons learned, and also sought clarification how the stated remedial action would be monitored. Finally she queried the exclusion of reference to the Health and Safety Executive (HSE) notices that the Board had received as a result of Healthcare Acquired Infections (HCAIs). The Executive Director of Workforce and OD confirmed that work was ongoing with the Health and Safety teams to ensure delivery could be demonstrated against actions. The HSE had recently advised that HCAIs should only be reported through RIDDOR if the organisation was able to demonstrate a direct link. In terms of the improvement notice issued for Ysbyty Glan Clwyd around the level and nature of fit testing training, this had now been fully complied with. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that the Quality, Safety and Experience (QSE) Committee had recently received a presentation from the Ysbyty Gwynedd Hospital Management Team and in terms of lessons learnt from the site outbreak this had enabled a helpful reflection on human factors and behaviours.

21.81.3 In response to a question around a dip in compliance score for the national cleaning standards in December 2020, the Executive Director of Nursing and Midwifery / Deputy Chief Executive indicated there were challenges within audit programmes and that work was ongoing with informatics colleagues to ensure data could be captured in real time. Teams had also been reminded of the requirement to undertake the audits and to release staff to participate.

21.81.4 The Chair suggested that the scale of the effort and achievement in terms of maintaining IPC across the three Rainbow Hospitals and the Mass Vaccination Centres, and the commendable performance in terms of infections when compared to other Health Boards should have been more widely acknowledged and celebrated within the report. He also noted a reference within the report to increasing the number of staff within the corporate IPC team and asked if the Executive Team were confident that this additional capacity would be sufficient to deal with any future waves alongside the routine IPC workplan. The Executive Director of Nursing and Midwifery / Deputy Chief Executive responded that this was ongoing and the recruitment of an IPC Lead would be key to moving forward. The critical aspect for

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| <p>IPC was of course that it became everyone's business and was owned across the organisation.</p> <p>21.81.5 The Chair sought confirmation that the mortality reviews were being suitably responded to. The Acting Executive Medical Director confirmed that his office and that of the Executive Nurse Director were working closely to ensure that the review of mortality contributed to enhanced learning. He indicated that the importance of this subject was such that an all Wales process was being determined which would be beneficial in terms of providing a uniform framework for learning.</p> <p>21.81.6 The Chair noted the target date of December 2021 to have a zero tolerance approach to HCAs seemed a long way into the future and sought assurance that this was an indicative target which would be brought forward if possible. The Executive Director of Nursing and Midwifery / Deputy Chief Executive confirmed that the ambition to deliver this earlier was currently being applied but again relied on IPC becoming part of every single individual's behaviours.</p> <p>21.81.7 In response to a question regarding the commissioning of an independent review of HCAs which would inform the action plan, the Executive Director of Nursing and Midwifery / Deputy Chief Executive confirmed this would be reported to the QSE Committee and to Board. In the meantime she was arranging to meet with the report author to identify any early lessons.</p> <p>21.81.8 It was resolved that the Board receive the Infection Prevention & Control annual report for assurance.</p> | |
| <p>21.82 Targeted Intervention Improvement Framework : Chair's Report from Steering Group</p> <p>21.82.1 The report was received</p> | |
| <p>21.83 Targeted Intervention Improvement Framework</p> <p>21.83.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the paper and confirmed that engagement remained ongoing in terms of sharing the principles of Targeted Intervention. Indicative scoring had been checked with Independent Member colleagues and across other parts of the organisation with a focus on ensuring that where Executive Leads felt there was progress, this was also recognised across the wider organisation and by partners. The Chief Executive confirmed there was a sound process for the involvement of Local Authorities.</p> <p>21.83.2 The Executive Director of Public Health provided an update against the mental health maturity matrix. She welcomed the support and scrutiny from the Independent Member 'buddies' in developing the matrix which was in three parts – children's services, adult services and the transition period. The matrix had been developed in the context of shaping priorities for mental health services and focusing on development work to ensure Welsh Government requirements could be met. She also wished to highlight to the Board that was ongoing with the Concordat for Crisis Care which would enable key strands of activity to be brought together. An Independent Member welcomed the focus on transition and wished to emphasise that the matrix was at a baseline starting point, acknowledging the improvements to be made.</p> | |

21.83.3 The Executive Director of Planning and Performance provided an update against the strategy, planning and performance maturity matrix. He confirmed that its development was being shared with performance and planning teams to ensure local ownership. He drew members' attention to a proposed addition to the matrix regarding the development of a medical and health sciences school for north Wales as it was felt this provided evidence of the organisation's increasing maturity and was a key strategic issue for the Health Board. An Independent Member indicated she had been impressed with how teams had mobilised at short notice to support the matrix and she was supportive of the methodology with a focus on improvement and progression.

21.83.4 The Executive Director of Workforce and OD provided an update against the leadership matrix which she felt cut across all other domains in terms of organisational development programmes and 'resetting' the organisation. She highlighted that the matrix had been refreshed in light of the Socio-Economic Duty to ensure it reflected the Board's commitment to providing services across communities and the promotion of equality.

21.83.5 The Executive Director of Nursing and Midwifery / Deputy Chief Executive provided an update against the engagement matrix which she also felt was a cross-cutting area. She referred to current conversations around the ability to listen effectively and to engage fully. She confirmed that stakeholder mapping would include the public who were essential to the effective co-design of services.

21.83.6 An Independent Member made reference to the engagement and communications work undertaken to date but was concerned that this was restricted to stakeholders and needed to be widened to engage and consult with patients and staff to ensure they understood the Targeted Intervention process and how it differed to Special Measures. She felt that this was a broader task outside of the leadership domain. The Executive Director of Workforce and OD indicated she would always apply the principle of working to deliver what was right for the organisation and ensuring ownership to that work – with Targeted Intervention almost being a by-product of that. She would wish to see an environment for engagement that was accessible and appropriate. The Chief Executive referred to the ongoing engagement piece with Local Authorities which was resulting in an emerging approach for other partners. In terms of staff communications she noted that this was very often weaved in with other opportunities she was minded to think through how the organisation could consider patient and public involvement and encouraging co-design work.

21.83.7 The Chair made reference to a comment from the Chief Executive of NHS Wales recently on the positive nature of the tri-partite meeting arrangements and the approach being taken. He asked that the approved matrices be shared with the partners within that tri-partite arrangement.

21.83.8 It was resolved that the Board:

1. Note the progress to date.
2. Agree the Matrices – including the addition of reference to the development of a medical and health sciences school for north Wales to the Strategy matrix
3. Agree the initial baseline scoring for each matrix.
4. Agree the Targeted Intervention Improvement Steering Group Terms of Reference

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21.84 Committee and Advisory Group Chair's Assurance Reports

21.84.1 The Audit Committee Chair presented the report from the meeting held on 18.3.21 and highlighted the impact of the pandemic on the internal audit plan, and the continued concern around the pace of improvement around governance arrangements within the Mental Health and Learning Disabilities Division following a limited assurance audit report. The

Health Board Vice-Chair added that she had been disappointed to receive this limited assurance report however she was confident that the findings would be addressed and that the refresh of the Together for Mental Health Partnership Board would support this. The Board also noted the schedule of approved financial claims that were linked from the report, and endorsed that the Risk Management Strategy and Policy remain extant pending the annual review in June/July.

21.84.2 The Quality, Safety & Experience (QSE) Committee Chair presented the report from the meeting held on 2.3.21 which was received. The Committee Chair provided a verbal update from the QSE meeting held on 4.5.21 highlighting that the vascular report was taken in private session due to pre-election Purdah requirements and she was pleased to see it in the public session on the Board agenda. She also noted that representatives of the Hospital Management Team in Ysbyty Gwynedd (YG) had attended the QSE Committee to present regarding the Covid-19 outbreak. Whilst numbers had now reduced considerably it had emerged that learning from outbreaks on other hospital sites had not been fully embedded. An external independent review into the outbreak would provide valuable information in due course.

21.84.3 The former Finance & Performance (F&P) Committee Chair presented the report from the meeting held on 25.3.21 which was received.

21.84.4 The F&P Committee Chair presented the report from the meeting held on 29.4.21 and highlighted the positive year-end position in terms of a small surplus. He also noted that performance on savings was better than expected given the impact of Covid. Finally he acknowledged the challenge around waiting lists and the lengthy recovery timeframe.

21.84.5 The Charitable Funds Committee Chair presented the report from the meeting held on 9.3.21 which was received.

21.84.6 The Mental Health Act Committee Chair presented the report from the meeting held on 12.3.21 which was received.

21.84.7 The Remuneration & Terms of Service Committee Chair presented the report from the meeting held on 1.2.21 which was received.

21.84.8 The Strategy, Partnerships & Population Health (SPPH) Committee Chair presented the report from the meeting held on 15.4.21. She highlighted the progress with developing the Stronger Together Programme which would be a fundamental element of improving culture and behaviours. The Committee had suggested that the Health Board should receive staff survey data and the Executive Director of Workforce and OD undertook to share the headlines and associated actions from a recent survey undertaken in the autumn of 2020 at a future Health Board meeting.

21.84.9 The Digital & Information Governance Committee Chair presented the report from the meeting held on 26.3.21 and highlighted the Committee's concern around risks to the Digital Strategy relating to national systems.

21.84.10 The report from the meeting of the Stakeholder Reference Group held on 22.3.21 was received and it was noted that the election process was ongoing to identify a new Chair and Vice Chair.

21.84.11 The Healthcare Professionals Forum (HPF) Chair presented the report from the meeting held on 5.3.21 and was pleased to note that feedback from the HPF had been incorporated into the Targeted Intervention maturity matrices. The Executive Director of

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Therapies and Health Sciences extended thanks to Professor Michael Rees whose tenure as Vice-Chair had ended recently. The Executive Director of Workforce and OD added that she had met with HPF colleagues recently around organisational development and ensuring appropriate representation on tactical delivery groups.

21.84.12 The Executive Director of Workforce and OD presented the report from the Local Partnership Forum held on 19.1.21 and wished to record her thanks to Trade Union partners for their significant support over the period of the pandemic. The Health Board Chair noted reference in the report to a lack of managerial representation and it was confirmed that attendance had been challenged over the past year but had improved at the April meeting.

21.85 Operational Plan Monitoring Report Q3 and Q4

21.85.1 The Executive Director of Planning and Performance confirmed that the report had been agreed by the Executive Team and scrutinized at the F&P Committee. In addition the SPPH Committee had received a supplementary report against any undelivered actions and how these were being carried forward into 2021-22. The Chief Executive reminded members that the process for reviewing all Board and Committee reports was being strengthened and the Executive Team intended to refresh the process for gleaning performance data from frontline colleagues. She assured members that the aim was to ensure reporting was as complete and accurate as possible.

21.85.2 A discussion ensued. An Independent Member made a general observation that the report could be improved by more clarity being evident around the percentage of completion against projects which would provide a snapshot view of how well the organisation was doing. The Executive Director of Planning and Performance indicated he would be happy to look at this if specific examples could be provided.

21.85.3 In response to a point raised regarding a limited pilot around virtual out-patient appointments the Executive Director of Nursing and Midwifery / Deputy Chief Executive acknowledged that the narrative could have been clearer in terms of confirming that this had moved on in some areas. The Executive Director of Planning and Performance also accepted that para 4.3 could have been expressed more effectively and he confirmed the intention to reflect that there was now a separate Digital Services Strategy which would crucially link into the separate emerging Clinical Services Strategy.

21.85.4 Whilst acknowledging the ongoing work to address formatting and content of this report the Vice-Chair felt there was a lack of transparency and the paper did not meet the objective of providing an update against key actions in the annual plan. She made reference to the Digital Health Record target and that to a member of the public reading the report it would appear this was completed, whereas the Board was aware it was not. She was also disappointed that similar concerns had been raised for the last year. The Executive Director of Planning and Performance confirmed that as a Q3/4 report progress had been scored on whether the output for the reporting period had been achieved, not the overall delivery.

21.85.5 The Executive Director of Public Health referred to the mental health section and acknowledged that interpretation of data to provide a status update was key and would be improved for the future.

21.85.6 The Audit Committee Chair expressed his concern at the level of assurance that the paper provided in that actions had been reported as on track for several months and then suddenly changed to red status but the narrative did not support this. He used the business case for the North Wales Medical School as an example. The Executive Director of Planning

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| <p>and Performance stated that the Q3/4 plan was developed in October when the timeline was to produce a business case by the end of March, however, timelines had subsequently been revised with Welsh Government.</p> <p>21.85.7 The Chair sought assurance that these concerns would be resolved before the next meeting both in terms of the accuracy of the description of progress, and the level of confidence in the processes to ensure the data as depicted in reports is signed off and accurate. The Chief Executive undertook to ensure this happened with immediate effect.</p> <p>21.85.8 It was resolved that the Health Board note the report.</p> <p><i>[Teresa Owen left the meeting]</i></p> | <p>JW MW</p> |
| <p>21.86 Quality & Performance Report</p> <p>21.86.1 The Executive Director of Planning and Performance presented the report. He highlighted there had been less progress than hoped with regards to Child & Adolescent Mental Health Services (CAMHS) and access to neurodevelopment assessments, and confirmed that these aspects featured in the organisation's plans for investment in 2021-22. Pressures continued to be seen within unscheduled and urgent care with increased attendances at both Emergency Departments (EDs) and Minor Injury Units (MIUs) which were now affecting the four hour target and ambulance handover. He concluded by noting a positive trend in staff sickness rates which was one of the best in Wales.</p> <p>21.86.2 The Vice Chair noted that the report indicated there were CAMHS recovery actions set out on page 28 however there was no reference to these on that page nor in the wider report. The Executive Director of Planning and Performance apologised for this error which he would rectify outside of the meeting.</p> <p>21.86.3 In terms of unscheduled care the Executive Director of Nursing and Midwifery / Deputy Chief Executive reported that the Health Board was working with Welsh Government to devise a whole systems approach improvement plan involving primary care, Local Authorities and Ambulance Services. With regards to planned care, Welsh Government had identified funding to target the long waiters. The Executive Director of Therapies and Health Sciences added that cancer lists were running about 1000 above pre Covid levels but it was positive to see patients now presenting.</p> <p>21.86.4 The Chair noted that several of the risks and barriers identified within the report related to informatics/IT, capacity, workforce and estates and he suggested that an assessment be undertaken as these were key enablers to deliver many of the organisation's aspirations. The Chief Executive noted that the organisation was due to refresh its workforce strategy in 2021/22 which would provide an opportunity to ensure the workforce was in line with identified service needs. In addition a conversation had commenced around ensuring informatics support to prioritise the digital requirements. In response to a question regarding robotic surgery it was confirmed that Community Health Council colleagues had been updated on the procurement process and it was hoped that BCUHB would take delivery of the robot by early July.</p> <p>21.86.5 It was resolved that the Health Board scrutinise the report and request any further assurance relating to any specific areas which have not achieved the required performance measures.</p> <p><i>[Nicky Callow left the meeting]</i></p> | <p>MW</p> |

21.87 Finance Report M12

21.87.1 The Executive Director of Finance presented the report, highlighting that the Board had set a plan for £40m deficit based on £45m savings and that the plan had been revised in-year in line with Welsh Government guidance. She was pleased to report that the Month 12 position was a surplus of £0.4m and extended her thanks to colleagues for their commitment during the year. It was reported that the surplus was achieved following receipt of £51m strategic support from Welsh Government of which £10.3m was utilised for performance improvement and £0.7m for additional capacity and capability. In terms of costs relating to the pandemic response these totalled £172m and had been covered by Welsh Government. The Executive Director of Finance highlighted significant elements of this response such as the temporary hospitals (£31m), Test Trace & Protect (£13m) and Personal Protective Equipment (£5m). Members' attention was also drawn to other elements such as block contracts with NHS England against which a refund of £1.5m was anticipated following a revision of the contract during the second part of the year. The overall savings delivery within the Covid context was £18.4m of which £11.3 was recurrent. It was reported that cash and capital targets and payment of non NHS invoices were all met. Finally the Executive Director of Finance confirmed that Audit Wales had commenced their review of the organisation's financial accounts and the Board was asked to delegate approval of the accounts to the Audit Committee as in previous years.

21.87.2 The F&P Committee Chair wished to add his thanks to the teams for their achievements over the past year. He felt that continued monitoring of any additional funding and savings would be key going forward but recognised that the organisation would continue to incur Covid related costs in 2021/22. The Chair referred to a communication from the Chief Executive of NHS Wales regarding £19.9 additional allocation and the Chief Executive confirmed that the requirements set out within that letter were being addressed, along with ensuring that monies were aligned to the Board's operational plan and appropriately endorsed by the Health Board. The Executive Director of Finance confirmed that the draft 2021/22 plan quantified the financial risk to breakeven as £28.2m but that was prior to the announcement regarding further recovery monies. She added that the Month 1 position had now been finalised and was in line with the draft plan which would be refreshed by the end of June.

21.87.3 It was resolved that:

1. The Board note the draft financial position for 2020/21
2. The Board delegate authority to approve the 2020/21 audited annual accounts and returns to the Audit Committee.

21.88 Annual Assurance Report on compliance with Nurse Staffing Levels (Wales) Act 2016

21.88.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the annual report which had previously been scrutinized by the QSE Committee. She highlighted that the Board was complying in terms of the information it collated. The report incorporated a triannual review to align harm against staffing levels and also outlined the extraordinary year which had affected staffing levels due to redeployment and absences/shielding.

21.88.2 It was resolved that:

1. The Board note and support the following next steps which are incorporated into the overall Health Board recruitment and retention programme:
 - a. Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally
 - b. Succession planning for the future, ensuring we are developing our next generation

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| <p>leaders</p> <ul style="list-style-type: none"> c. Creatively co-designing our post graduate programmes as key attractors d. Analysing workforce data to better inform Nurse recruitment and retention initiatives e. Review of implementation of new roles to support the nursing recruitment pipelines f. Expansion of quality improvement driven collaborates to assist in reducing variation and harm reduction with a zero tolerance approach g. Development of a Nurse performance dashboard as a further monitoring and assurance tool in real time h. Further analysis of deviations from previous reporting periods and analysis of the first triennial reporting period of the Act <p>2. The Board support the sharing the outputs of the Nurse Staffing reviews with the Finance and Performance Committee to support changes to the Nurse staffing establishments as presented</p> | |
| <p>21.89 Mental Health and Learning Disabilities Division Targeted Interventions Progress Update</p> <p>21.89.1 The Vice Chair suggested that the report provided more granularity to support the Targeted Intervention maturity matrix and highlighted the importance of establishing a baseline. She indicated that the areas requiring most improvement were children's and adult mental health services, but that positive improvements had been made in terms of aligning the governance structures with wider arrangements. The Chief Executive drew members' attention to areas of early progress as set out in Table 1 whilst acknowledging there was much work still to be done.</p> <p>21.89.2 It was resolved that the Board note the work undertaken by the Mental Health and Learning Disabilities (MHLD) Division in the self-assessment process against the maturity matrix, which supports the Welsh Government Targeted Interventions Framework.</p> | |
| <p>21.90 Primary Care Update and the response to the Covid-19 pandemic</p> <p>21.90.1 The Executive Director of Primary Care and Community Services presented the paper and highlighted a range of ways in which the pandemic had affected general practice – both adversely and positively. He suggested there was a perception across the UK that general practice had not widely been providing a service over the past year when in reality it had never been busier. He reminded members that the majority of people who had contracted Covid had not accessed secondary care services but had been treated and supported within a primary and community setting. In addition the suspension of much secondary care activity had had a knock on effect to primary care. The Executive Director of Primary Care and Community Services outlined how challenging infection prevention and control requirements had been in that much of the primary care estate was not built to deal with the sort of situation that had been faced during the pandemic. He noted that whilst many consultations had commenced virtually, face to face care had very often taken place where appropriate to ensure the best intervention and outcome. He felt there was a need to establish a longer term balance between alternative digital technology and face to face consultations.</p> <p>21.90.2 The Vice Chair acknowledged the challenges that primary care had faced and welcomed the innovative approach that had been demonstrated in many areas. She noted that the paper reported an increase in activity within general practice and suggested that some of these contacts would be from patients enquiring around delays in diagnostics or referral to treatment appointments. She asked whether the Board could be more proactive in sharing messages around planned care to assist primary care colleagues. The Executive</p> | |

multidisciplinary group had been established, led by one of the national leads in diabetic footcare and further supported by a diabetologist. The group also had carer and patient representation and its remit was to develop a single unified and agreed pathway based on most recent clinical evidence. The Acting Executive Medical Director added that other pathway work was also progressing with some having been completed. In terms of communication and engagement the process was broadly positive with a patient safety culture survey having been commissioned. Once the complex data had been reviewed it would also be incorporated into the overall improvement plan.

21.91.4 A discussion ensued. The Audit Committee Chair expressed disappointment at the pace of progress in implementing the recommendations which he felt caused a degree of concern for the population and a reputational issue for the Board. He queried why the areas for improvement had only now been highlighted given the assurances the Board was given prior to the decision to centralise the service. The Acting Executive Medical Director responded that when the service began there would have been agreement around the target model, but there had been poor progress. He suggested this lack of progress was in part due to the ability to operationalise some aspects during the pandemic. He felt that with the additional recommendations now incorporated, the improvement trajectory would move forward at pace. He confirmed his personal commitment to follow this through, although much of the history predated his role on the Health Board. The Chief Executive confirmed the organisation's commitment to ensure demonstrable progress as it moved out of the pandemic.

21.91.5 The F&P Committee Chair accepted the complexities around the pathway work but was disappointed that some were not concluded after two years. The Acting Executive Medical Director reiterated that he accepted progress had been poor generally, however, some pathways were developing well and had been submitted to the Clinical Advisory Group and were awaiting implementation.

21.91.6 An Independent Member welcomed the intention to invite the RCS to undertake a follow up review. He alluded to a viewpoint amongst some stakeholders that vascular services should be reorganised further. The Acting Executive Medical Director stated that in his opinion the evidence around the service model did not support anything other than a hub and spoke model, and he noted that clinical evidence in a number of documents clearly articulated the benefits of a centralised service. Personally he was of the view that the Board should focus on moving the agreed model forward not starting again.

21.91.7 In response to a query around the 9 urgent recommendations and whether the service was currently safe, the Acting Executive Medical Director indicated that the RCS opinion on surgical clinical outcomes found no red flags in respect of indicators such as mortality rates, length of stay and readmissions and the 9 recommendations were identified as having the potential to impact on patient safety. The Acting Executive Medical Director indicated he would personally be confident to access the service himself but he accepted this was a subjective view. The Independent Member enquired as to resources and capacity to implement the 9 urgent recommendations and it was confirmed that whilst support had been forthcoming it had been identified that more resources would be required.

21.91.8 An Independent Member asked how members of staff working within the service would be advised about the report and the associated recommendations. The Acting Executive Medical Director confirmed that the service was being supported to be able to respond to the required actions. Once the improvement plan was accepted by the Board then an engagement programme would commence including a specific event with staff. The Chair asked that a date for this event be confirmed outside of the meeting.

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| <p>21.91.9 The QSE Committee Chair set out her view that the inability to evidence progress on occasions came down to the granularity of the actions themselves, and that a number were too vague to be able to effectively monitor and evidence progress against them – in particular those relating to pathways. The Chair asked that the Acting Executive Medical Director meet with the QSE Committee Chair separately to refine and agree the narrative as appropriate. The QSE Committee Chair went on to suggest that any findings from the imminent case note review would need rapid and robust response.</p> <p><i>[Prof Nicky Callow rejoined the meeting]</i></p> <p>21.91.10 The Executive Director of Workforce and OD noted that whilst the Acting Executive Medical Director was the lead on vascular services, there was a collective responsibility on the wider Board in terms of executing service change to deliver improved outcomes. The Chair felt that the Board was right to seek assurance that the Executive Team remained committed to the original decision around the model of care. He noted that two previous Medical Directors had provided assurances around the pathway development which did not correlate with elements of the review that was now being presented. He noted that the Executive Team were considering investment of resources to enable progress to be made and he asked for clarification outside of the meeting as to when this would be done. The Chair also set out his expectation that the Board receive an update at each subsequent Health Board meeting until satisfied that appropriate progress had been made.</p> <p>21.91.11 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. note the update and the recommendations following the receipt of the first part of the Royal College of Surgeons' report 2. note and endorse the revised improvement plan as detailed in the action tracker | <p>AG</p> <p>JW</p> |
| <p>21.92 Review of NHS Wales Local Health Board Model Standing Orders and Standing Financial Instructions</p> <p>21.92.1 It was resolved that the amendments to Standing Orders and Standing Financial Instructions be adopted with effect from the end of the Health Board meeting on 20th May 2021.</p> | <p>LB</p> |
| <p>21.93 Pharmaceutical Needs Assessment</p> <p>21.93.1 The Executive Director of Primary Care and Community Services presented the paper, highlighting a change in legislation which required all Health Boards to develop a pharmaceutical needs assessment by October 2021. He extended his thanks to the team for delivering on this ask during very pressured times. The document would be subject to a 60 day consultation and Board Members would be invited to contribute as part of that process.</p> <p>21.93.2 The Chair noted that the document identified some gaps in service provision and the Executive Director of Primary Care and Community Services confirmed this was apparent across the cluster footprint, and the shortfalls would be addressed on the ground with individual localities. In the longer term as contracts came up for new renewal the approach to dealing with them would also be informed by the needs assessment.</p> <p>21.93.4 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Approve the draft Pharmaceutical Needs Assessment 2. Approve the commencement of the statutory 60-day consultation process from the beginning of June 2021 | |

21.94 Ysbyty Gwynedd Hospital – Fire Safety and Infrastructure Compliance Programme Business Case

21.94.1 The Executive Director of Planning and Performance presented the paper which related to the completion of business case work across the three main District General Hospital sites following the identification of technical infrastructure issues in relation to fire safety although he assured the Board that these did not impair the continued use of the hospital. Individual detailed cases would be developing following this strategic business case. In terms of the strategic context for the Ysbyty Gwynedd site a hospital would be envisaged on that site for at least the next 30 years and it therefore made sense to complete this much needed update and address some of the estates issues that had been identified during the pandemic. The Executive Director of Planning and Performance confirmed that the matter had received support at the F&P Committee.

21.94.2 It was resolved that the Health Board approve the Ysbyty Gwynedd Hospital - Fire Safety and Infrastructure Compliance Programme Business Case for submission to Welsh Government.

21.95 Diagnostic Treatment Centre Strategic Outline Case

21.95.1 The Executive Director of Planning and Performance presented the paper and highlighted that the F&P Committee had considered an earlier version of the Strategic Outline Case at its March meeting. The proposal remained as an innovative one seeking to separate out elective care from unscheduled care and ensure that the Board was more easily able to maintain the flow of elective work irrespective of pressures within unscheduled care or future pandemics. The proposal would reduce waiting lists by improving productivity and efficiency, and improve clinical outcomes and patient standards through the application of consistent clinical standards. It would also be expected to reduce time to first appointment through proactive clinical triage. The Executive Director of Planning and Performance noted that since the F&P Committee meeting a change had been made to amplify the organisation's commitment to explore the full range of options at the Outline Business Case stage which could include innovative approaches to funding and delivery of services that could see a greater role for the private sector.

21.95.2 The F&P Committee Chair confirmed he would be supportive of the change to explore further options. He sought clarity around the related strands of work and the Executive Director confirmed these were the refresh of Living Healthier Staying Well, the Clinical Services Strategy and refresh of the Estates Strategy.

21.95.3 The Executive Director of Nursing and Midwifery / Deputy Chief Executive wished to support the exploration of further options such as the private sector which had not been made explicit in the original business case. She noted that all board members were acutely aware of the long waits being experienced by patients for diagnostics and elective surgery. The Chief Executive confirmed the commitment to work hard to progress this matter in partnership with Welsh Government.

21.95.4 It was resolved that the Board:

1. note the change made to the SOC previously approved by the Finance and Performance Committee and approve it as the basis for subsequent discussions and progression with Welsh Government
2. support the development of the Outline Business Case (OBC), which will incorporate the progression of a managed service option which would have the potential benefits of being quicker to implement and require less burdensome capital requirements

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| <p>21.96 Digital Strategy : Our Digital Future</p> <p>21.96.1 The Executive Director of Primary Care and Community Services presented the paper and highlighted two key risks. Firstly in terms of digital exclusion he confirmed that the team were taking an active interest in what they can do to contribute to addressing this risk. Secondly in terms of the resources required he confirmed that by the time work on developing the strategy had concluded, the risk had reduced as a range of strands of work had been brought together which would enable prioritisation and articulation of cases for investment.</p> <p>21.96.2 The Digital and Information Governance Committee Chair confirmed that the Strategy had been supported at Committee and he wished to commend the team on an excellent piece of work which he felt provided a route for the way forward and opportunities for prioritisation of investment.</p> <p>21.96.3 The Associate Member (Director of Social Services) welcomed the development of the Strategy but would wish to see a stronger narrative and vision around Welsh language aspects and that linguistic requirements were considered at the outset of any developments. She suggested that the “More Than Just Words” forum could be a useful vehicle for discussion. The Executive Director of Primary Care and Community Services welcomed this offer and undertook to ensure a better read across in terms of the Welsh language. The Associate Member (Director of Social Services) then went on to refer to digital exclusion and suggested there were opportunities for discussion with Local Authority colleagues regarding interventions with individuals in communities.</p> <p>21.96.4 The Vice Chair was supportive of the Strategy and noted how the pandemic had demonstrated the positive effect that digital services could have on healthcare. She observed whether there was an opportunity to encourage more of a focus at an all Wales level to inform key areas such as electronic prescribing. The Chair referred to a recent conversation with the Chair of the new Digital Health and Care Wales organisation and suggested that a collective engagement approach around digital services would be helpful. He would arrange this through his office.</p> <p>21.96.5 The Chair welcomed the provision of a Socio-Economic Duty impact assessment against this key strategy. He also sought assurance that once approved as a strategy the many ambitions and intentions would be reviewed and prioritised. The Executive Director of Primary Care and Community Services confirmed this was the case.</p> <p>21.96.6 It was resolved that the Health Board approve the Digital Strategy.</p> | <p>CS</p> <p>MP</p> |
| <p>21.97 Maintaining Good Governance During Covid</p> <p>21.97.1 The Board Secretary presented the paper which provided an update to similar submissions over the past year, recognising the need to balance reducing the burden of corporate meetings whilst ensuring good governance and appropriate decision making mechanisms.</p> <p>21.97.2 It was resolved that the Board:</p> <p>(1) note and support the update outlining the governance arrangements now in place; and</p> <p>(2) support the proposal to formally step down the Cabinet meetings at this time, acknowledging that the Cabinet could be stood up again if required in due course.</p> | |
| <p>21.98 Board Cycle of Business</p> | |

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| <p>21.98.1 The Board Secretary reported that this report would normally have come to Board for approval by this time however it had been deferred to align with the outputs of the governance review and would be considered as part of that suite of documents in July.</p> | |
| <p>21.99 Summary of Private Board business to be reported in public</p> <p>21.99.1 It was resolved that the Board note the report</p> | |
| <p>21.100 Collaborative Leadership Forum Minutes 1.12.20</p> <p>Noted</p> | |
| <p>21.103 Date of Next Meeting</p> <p>15th July 2021</p> | |
| <p>21.104 Exclusion of Press and Public</p> <p>21.104.1 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> | |