



**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 21st January 2021 via Zoom Conferencing**

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services
Gareth Evans	Chair of Healthcare Professionals Forum
Eric Gardiner	Finance Director Provider Services
Sue Green	Executive Director of Workforce & Organisational Development (OD)
Arpan Guha	Acting Executive Medical Director
Gill Harris	Executive Director of Nursing & Midwifery / Deputy Chief Executive (<i>part meeting</i>)
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health (<i>part meeting</i>)
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 (<i>joined via audio only</i>)
Jo Whitehead	Chief Executive
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group

In Attendance:

Andrew Doughton	Audit Lead, Audit Wales (<i>part meeting</i>)
Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Simon Evans-Evans	Interim Director of Governance
Lowri Gwyn	Translator
John Morrell	Senior ICT Systems Engineer
Llinos Roberts	Executive Business Manager

Agenda Item Discussed	Action By
<p>21/1 Chair and Chief Executive Opening Statement</p> <p>21/1.1 The Chair welcomed everyone to the meeting which was being live streamed to enable members of the public to observe the meeting in real time. He added that he was pleased to confirm that simultaneous interpretation was also available. The Chair extended a warm welcome to Jo Whitehead and Louise Brereton who had taken up their posts as</p>	

Chief Executive and Board Secretary respectively. He went on to report that Sue Hill had now been appointed substantively as the Board's Executive Director of Finance and that Arpan Guha's role as Acting Executive Medical Director had been extended.

21/1.2 The Chair then reported that since the last Board meeting, Chair's Actions had been agreed to approve an extension of current lease and arrangement of a new lease for office accommodation for the Children's Neuro-development Service (West) at Parc Menai, Bangor, and to ratify the Statutory Health & Safety Policy.

21/1.3 The Chief Executive acknowledged the warm welcome she had received from staff, members and partners, and recorded her thanks to Gill Harris for acting into the role previously. She wished to acknowledge the impact of Covid across North Wales and the sacrifices made by the people of North Wales in working to keep everyone as safe as possible, together with the work of staff and their families in assisting the delivery of the Board's response to the pandemic.

21/1.4 The Chair reported that as the organisation remained under significant pressure in terms of Covid, he would ask that the Covid update be taken at this stage on the agenda.

21/14 Covid-19 Pandemic Update

[Taken out of order at Chair's discretion]

21/14.1 The Executive Director of Primary and Community Services shared a presentation which covered the following matters:

- Levels of community cases.
- Weekly hospital admission levels – highlighting that whilst these had been highest in the East, numbers were now increasing in the West and Centre and that in terms of age profile it was important to recognise that the risk from Covid was not limited to older people.
- Current capacity was over 90% full on all sites, although the number of surge beds varied from day to day.
- The workforce impact of staff working from home and/or shielding.
- Operational implications including the establishment of an operational tactical control room, the movement of some planned care activity, staffing redeployment and ratios, surge plans and critical care expansion.
- Critical care including an acknowledgement of the phenomenal response from intensive care and respiratory teams, and noting the requirement for longer ITU stays and the number of individuals under the age of 40 requiring critical care. It was also highlighted that despite the pressures that teams were facing they had been able to maintain a rich research environment.
- Hospital outbreaks – noting that the majority of Covid admissions were of community acquisition.
- The challenges being faced by care homes and the support being offered in collaboration with other public service partners.
- The continuation of Test Trace Protect which remained a large scale vital element of the public service partnership response.
- A detailed update on the vaccination programme which acknowledged the frustrations that had been expressed over the availability and distribution of the vaccine in the first few weeks. The Board was assured that the supply chain was settling down and there

were no concerns that the supply being made available was insufficient nor that North Wales wasn't receiving a 'fair share'. It was reported that a letter was being prepared for all households to provide further advice around the vaccination programme. In terms of timescales it was confirmed these were agreed based on the advice from the Chief Medical Officer (CMO) and the Joint Committee for Vaccination & Immunisation, and that a combination of mass vaccination centres and local primary care delivery centres were being utilised. In addition there was a pilot site for vaccinating within the community pharmacy setting.

- A key decision made by the Covid Cabinet to temporarily suspend planned care at Wrexham Maelor Hospital was highlighted and it was noted a separate Chair's report would be submitted to future Board meetings.

21/14.2 The Executive Director of Primary and Community Services summarised the key messages in that i) the response from staff and partners had been phenomenal; ii) that the surge was by no means over and the ability of the workforce to continue to operate needed to be maintained and protected; and iii) that the vaccination programme was settling with clear plans to enable the top 4 cohorts to be met.

21/14.3 A discussion ensued. A member enquired whether there was sufficient capacity to deliver the second vaccination to those who had already received their first vaccination. The Executive Director of Primary and Community Services confirmed that the requirement for a second dose had been factored in, however, there were ongoing national discussions around potentially delaying the second dose and final advice from the CMO was awaited. The Vice Chair enquired as to the definition of front line healthcare staff as set out in the vaccination timetable. The Executive Director of Primary and Community Services indicated there remained some debate over this but the key factor was whether a staff member was in direct contact with patients and was exposed to Covid risk. Another member alluded to some recent media coverage that invitations were being inappropriately shared by staff members. It was confirmed that there was a validation process at the clinics which would pick up on such instances and that the booking system was shortly to be amended to address this matter. The Executive Director of Primary and Community Services added that staff who were concerned that they should be vaccinated as part of cohort 2 should approach their Local Authority with this request. Another member highlighted the need to provide support to the staff working in vaccination centres who would very likely be presented with challenging situations. The Chair alluded to the vaccination delivery programme which had been published that day and sought assurance as to the ability of the Health Board to meet the expectation set out by the Minister that 7/10 of over 80s and care home staff would have been vaccinated. The Executive Director of Primary and Community Services reported that the latest data demonstrated a shortfall against the 70% target, however, additional activity loaded towards the end of the current week would hopefully improve upon this. He undertook to notify Board members as to the position at the end of the week. The Chair noted that BCUHB was now issuing more vaccinations than other Welsh Boards but was performing less well in terms of the proportion of population vaccinated, and sought assurance around the potential to improve this. The Executive Director of Primary and Community Services indicated he was fully confident in this regard and that the increased throughput would continue. He reminded members that BCUHB consistently performed well with regards to the annual flu vaccination programme, and that now the initial set up problems with the Covid vaccination

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<p>programme had been resolved he would expect the Board to perform equally well in this regard.</p> <p>21/14.4 The Chair then asked the Executive Director of Workforce and OD to comment on the workforce aspects to the vaccination programme. She highlighted that the organisation could demonstrate considerable experience of delivering vaccination programmes, although this current one differed as it was being carried out in priority phases in terms of eligibility. She noted that the original plan was a hybrid approach of using existing trained vaccinators (of which there were over 600 across the organisation) together with vaccination assistants and recruited volunteer vaccinators. The current challenge was the capacity to skill people up and get them vaccinating quickly, ensuring that inexperienced staff were paired up with trained vaccinators as appropriate. She also commended the support that had been received from Local Authorities in particular and some private partners. The Chair concluded by extending his thanks to the Executive Directors and their teams for all they were doing to help the organisation respond to the challenges.</p>	
<p>21/2 Apologies for Absence</p> <p>21/2.1 Apologies were recorded for Eifion Jones and Sue Hill.</p>	
<p>21/3 Declarations of Interest</p> <p>21/3.21 Ffrancon Williams declared an interest in item 21/15 Residential Accommodation Strategic Outline Case on the basis that he was Chief Executive of Adra who had expressed an interest in being considered as a potential partner.</p>	
<p>21/4 Draft Minutes of the Health Board Meeting held in public on 12.11.20 for accuracy and review of Summary Action Log</p> <p>21/4.1 The minutes were approved as an accurate record and updates were provided to the summary action log.</p> <p>21/4.2 The Chair noted that he had picked up on some issues regarding the briefing note on savings delivery with the Head of Value and Savings Programme.</p>	
<p>21/5 Special Measures</p> <p>21/5.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the paper and reminded members that the organisation was stepped down from Special Measures following the decision of a tripartite meeting late in 2020. She acknowledged that there were remaining issues to be resolved and that the proposed approach for sustainability through targeted intervention and adopting a maturity matrix approach was set out in the appendices. This would be further discussed at a Board Workshop in early February.</p>	

<p>21/5.2 The Vice Chair felt that it was worth reiterating that the Board fully understood there were further improvements to be made, particularly around mental health services.</p> <p>21/5.3 It was resolved that the Board support the development of a Maturity Matrix and the use of Board development / workshops in 2021 to undertake a self-assessment to support the development of the Annual Governance Statement.</p>	
<p>21/6 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>21/6.1 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>21/7 Documents Signed Under Seal</p> <p>21/7.1 It was resolved that the Board note the information presented.</p>	
<p>21/8 Quarters 3 and 4 Operational Plan Monitoring Report</p> <p>21/8.1 The Executive Director of Planning and Performance highlighted that later data would be shared with the Finance and Performance (F&P) Committee the following week. In terms of the November 2020 data he focused his presentation on the red and amber areas. The first (2.6) related to a review of external capacity for key providers and he was pleased to advise that this had been completed by the end of December 2020. Looking more generally at other red actions these were predominantly around planned care including eye care, neuro-development and neuro-physiology, and secondly across the informatics function. In terms of the implementation of the Emergency Department (ED) system this was now back on track but issues remained around the Welsh Patient Administration System (WPAS) implementation in the West.</p> <p>21/8.2 A discussion ensued. The Chief Executive made a comment that the format of performance papers was subject to review and that she was keen to open a wider conversation with Independent Members and Executives around Board and Committee papers as a whole against the context of targeted improvement. Members welcomed this intention to provide better consistency of reporting and an appropriate level of detail. In response to a question around the development of a Covid Business Intelligence Unit (17.50) the Executive Director of Primary and Community Services did not feel this would now be scored as red as the recruitment to support the Unit was now either complete or well advanced. A member expressed the view that when an action was scored red there needed to be clarity around what was being done to address it. He gave an example of neurodevelopment (16.00) and that it was stated in the report that it could take up to two years to reach the waiting list target. He felt that the scale of the problem should have been known when the plan was agreed and that there was a gap between what was planned and</p>	

<p>where the Board was now. The Executive Director of Primary and Community Services accepted that the pandemic had undoubtedly had an adverse effect on the ability to improve on the neurodevelopment target. He noted that based on his conversations with the teams he would suggest that reference to a two year time period was unnecessarily pessimistic although he could understand why it had been made. He offered to provide a greater level of scrutiny outside of the meeting and to inform board members of the latest projected date by when the 26 week target might be met. A member enquired as to the level of confidence in being able to provide full multi-disciplinary teams (MDTs) for all cancer patients. The Executive Director of Planning and Performance was not able to offer a full guarantee however he reminded the Board of the Cabinet decision to postpone some surgery from the Wrexham site and to reprovide care at other sites. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that clinical reviews would continue to ensure that highest risk cases were met first. The Executive Director of Therapies and Health Sciences assured members that MDTs had continued to be provided throughout the pandemic for cancer patients on a once for North Wales approach.</p> <p>21/8. It was resolved that the Board note the report.</p>	CS
<p>21/9 Quality & Performance Report</p> <p>21/9.1 The Executive Director of Planning and Performance presented the paper and highlighted a range of key points to members. He indicated that the planned care performance remained fragile and there were continued delays with ambulance handover. Strong performance was reported against flu vaccination and that targets for immunising staff and the over 65s had been met. Finally he drew attention to the good performance in terms of maintaining the Performance Appraisal Development Review process for staff throughout the pandemic.</p> <p>21/9.2 A discussion ensued. In response to a question regarding ophthalmology performance and progress with the development of ophthalmic diagnostic treatment centres, the Executive Director of Planning and Performance stated that the pandemic continued to impact on the ability to deliver eyecare measures. There were challenges both in terms of the number of clinics and the acuity of patients, combined with anxiety of patients in attending for their health appointment. Opportunities were being explored including involving clinicians in reassuring patients to allay their fears, and the potential for weekend insourcing work. A more detailed update was to be provided to the F&P Committee during the next week. A member enquired whether an assessment had been made of the risk of harm from people not accessing health services, and the Executive Director of Nursing and Midwifery / Deputy Chief Executive accepted that the organisation was carrying a significant level of risk in this regard although the communications team were working hard to encourage people to keep using health services, and additional processes were in place to maximise capacity whilst keeping people safe. She would wish members to take away the clear message that health appointments were made as safe as possible and prioritisation of patients took place. A further conversation ensued regarding broadening communication mechanisms with the public encouraging them to attend for health appointments (including primary care) and the potential involvement of the third sector and Community Health Council. The Chief Executive undertook to take this away as an action for further consideration. The Chair also noted that the Board's liaison officer with</p>	JW

the Welsh Government was also the lead for planned care and had shared some helpful views with BCUHB officers around capacity and activity.

21/9.3 The Vice Chair noted that the report highlighted increasing infection rates and indicated that this had been raised at the Quality Safety and Experience (QSE) Committee the previous week. She acknowledged the pressure that the Infection Prevention Control (IPC) team were under but sought assurance that the matter was being addressed. The Executive Director of Nursing and Midwifery / Deputy Chief Executive reported that actions were being taken forward but were more challenging during the pandemic. She confirmed that discussions had taken place earlier that week with performance colleagues around the provision of the right quality, safety and experience metrics. A thematic review had also been requested from the corporate concerns team, and that a pathway approach was recommended to reduce the risks in Emergency Departments (EDs) through better discharge and working with community teams.

21/9.4 A discussion took place regarding Delayed Transfers of Care (DTC) and the impact of Covid upon care homes. The Executive Director of Primary and Community Services indicated the biggest challenge for care homes was the isolation and closure requirements when a positive Covid case was confirmed amongst staff or residents. He did note however that the number of DTCs were significantly lower than for the same period last year. In terms of mental health DTCs the Executive Director of Public Health confirmed that daily meetings within the division took place to monitor discharges.

21/9.5 Finally the Chair noted that the profile of patients within the Deeside Enfys Hospital was changing. The Executive Director of Nursing / Deputy Chief Executive stated that the Covid surge had led to a need to redefine the appropriate use of the Enfys Hospitals as there was a higher acuity of patients. She wished to record her thanks to those staff who were providing this increased level of care and noted that this was only possible whilst some other services were running at reduced levels.

21/9.6 It was resolved that the Health Board scrutinise the report and consider whether any area need further escalation.

21/10 Finance Report M7

21/10.1 The Finance Director Provider Services presented the paper which reported on the period up to the end of October 2020. At that time the Board had received confirmation of transformation funding for 2020-21 which was made up of £40m to deal with the deficit, £10.3m to deal with referral to treatment performance and diagnostics and a further £700K for mental health leadership and organisational development. A cumulative position could now be reported of a £200K underspend. Other key issues of note were that savings delivery (£7.2m) continued to be relatively poor against the target (£16m) but this was not out of line with the rest of Wales and the UK. He also reported that £74m had been spent to date on Covid related issues with a forecast of £156m although this had come down slightly over the past few months as costs were refined around the Enfys Hospitals. There remained a range of risks but these were reducing month on month and further significant risks were not anticipated by year end. Finally the Finance Director Provider Services

<p>confirmed that the Board was on target to deliver a balanced position at the end of 2020-21.</p> <p>21/10.2 A discussion ensued. A member enquired what was driving the seemingly significant increase in costs as set out in the forecast of expenditure and it was reported that this had been affected by costs associated with the mass vaccination programme, Test Trace Protect (TTP) costs and the opening of the Enfys Hospitals. The Finance Director Provider Services confirmed that it was now becoming clearer how many beds were required and that the costs of returning the Enfys Hospitals back to their original state had also been built in to forecasts.</p> <p>21/10.3 The Chair requested that a verbal update be provided to the next F&P Committee on the effective use of the additional resources that had been received from Welsh Government (WG). He also requested that consideration be given to identifying a better way of reporting overspends in the context of savings and non-pay. The Finance Director Provider Services undertook to commence this discussion with the Head of Value and Savings Programme.</p> <p>21/10.4 It was resolved that the report be noted.</p>	<p>EG</p> <p>EG</p>
<p>21/11 Committee and Advisory Group Chair's Assurance Reports</p>	
<p>21/11.1 The report from the Audit Committee held on 17.12.20 was received and noted.</p> <p>21/11.2 The report from the Quality, Safety & Experience Committee held on 3.11.20 was received and noted with the Committee Chair highlighting that an update regarding the Holden report had been received, and the Committee continued to receive updates from the Mental Health and Learning Disabilities against its four key priorities. The Chair noted reference to a business case for recruitment within the IPC team and the Executive Director of Workforce and OD confirmed that this was being fast tracked.</p> <p>21/11.3 The report from the Finance & Performance Committee held on 22.12.20 was received and noted with the Committee Chair highlighting a helpful discussion around the diagnostic treatment centres with a consultant ophthalmologist and the clinical lead for orthopaedics.</p> <p>21/11.4 The report from the Charitable Funds Committee held 8.12.20 was received and noted with the Committee Chair highlighting that the planned staff lottery update to the Local Partnership Forum had been delayed until a more appropriate time, and that the Committee was seeking support from interested board members in reviewing charitable funds applications.</p> <p>21/11.5 The report from the Mental Health Act Committee held on 8.12.20 was received and noted with the Committee Chair highlighting a continuing risk around recruitment of</p>	

<p>Section 12 doctors The Executive Director of Public Health undertook to move the conversation forward in terms of ensuring a consistent process.</p> <p>21/11.6 The report from the Strategy, Partnerships & Population Health Committee held on 10.12.20 was received and noted with the Committee Chair highlighting receipt of reports on the impact of Covid on people with protected characteristics and on Black Asian and Minority Ethnic (BAME) groups. The Chair enquired as to the provision of training to Board members on the Socio-Economic Duty (SED) and the Board Secretary undertook to confirm this outside of the meeting.</p> <p>21/11.7 The report of the Stakeholder Reference Group (SRG) held on 14.12.20 was received and noted with the Advisory Group Chair highlighting the SRG's concerns around the need to reassure the public about accessing health care services in hospital settings and in primary care. The SRG Chair felt that an improved communications plan was needed and the Chief Executive indicated this would be addressed via the earlier action agreed under item 21/9. In terms of primary care services it was confirmed that it had never been the case that face to face consultations had stopped.</p> <p>21/11.8 The report of the Healthcare Professionals Forum (HPF) held on 4.12.20 was received and noted with the Advisory Group Chair highlighting that the HPF was keen to ensure that digital strategy solutions didn't exclude some cohorts of people nor cause further health inequalities. Secondly that the HPF was supportive of the conceptual model for a diagnostic treatment centre but noted the absence of an accompanying overarching clinical strategy. The Executive Director of Therapies and Health Sciences added that the optometry representative had stepped down from the HPF following several years of active engagement with and support to the forum. The Chair indicated he would write a note of thanks as Health Board Chair if the details could be passed to his office.</p>	<p>TO</p> <p>LB</p> <p>AT</p>
<p>21/12 Board Assurance Framework (BAF) and Corporate Risk Register (CRR)</p> <p>21/12.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the report and commended the work that had been undertaken to bring the documentation to this stage. She confirmed that the Audit Committee had discussed the approach in December and had welcomed the new format. She felt that ensuring an appropriate and robust BAF was essential in ensuring that the Board could respond to its Targeted Intervention status and manage organisational business according to risk and priorities. The Executive Director of Nursing and Midwifery / Deputy Chief Executive confirmed that the BAF and CRR had been reviewed by the Risk Management Group (RMG) earlier that week and the detailed discussions would inform further strengthening of the documents.</p> <p>21/12.2 The Board Secretary endorsed the comments about the level of work undertaken on developing the documentation, and acknowledged the input of members at Board Workshops also. She confirmed that the BAF would come under the ownership of the Office of the Board Secretary with a clear alignment being maintained with the CRR via the corporate risk team and the work of the RMG. The next stage would be to further refine the BAF to provide more detail around the scoring and target risks and to ensure that stated</p>	

<p>actions were appropriate. Finally she reminded members that the BAF would be a dynamic document which would be scrutinized by Committees on an ongoing basis and would come to a Board meeting twice per year.</p> <p>21/12.3 A discussion ensued. Members welcomed the format of the documentation and supported the use of language around inherent risks. The Chair of the Digital and Information Governance (DIG) Committee enquired around the decision to remove the corporate risk around national systems which he felt was still significant. In addition he noted that the health records risk had been recast as relating to patient records and confirmed that the DIG Committee had debated this previously as there were concerns as to whether this restricted the scope. The Executive Director of Primary and Community Services would follow up the background to these points and confirm outside of the meeting. The Chair referred to the relationship with the national digital health body and that it would be beneficial to consider strengthening and clarifying the role of the DIG Committee. The Audit Committee Chair was pleased to note that the RMG had been quorate when it last met as this had been a point of concern within the Committee previously. The Vice Chair welcomed the level of engagement that had gone into the documentation whilst recognising it could still be improved. She added that the QSE Committee had fed back comments on the CRR which had been received by the Committee the previous week.</p> <p>21/12.4 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1) Approve the Board Assurance Framework. 2) Review and note the progress on the management of the BAF and Corporate Tier 1 Operational Risks. 3) Comment on the style and content of the report as this is the first presentation of the combined Board Assurance Framework and the Corporate Risk Register 	CS
<p>21/13 Audit Wales Structured Assessment and Annual Audit Report</p> <p><i>[Mr Andrew Doughton joined the meeting]</i></p> <p>21/13.1 The Audit Lead (Audit Wales) presented the reports. In terms of the Structured Assessment this had focused on the operational governance challenges during the first wave, and the development of associated responses. Overall the assessment found that the Health Board had responded well and been able to adapt its governance arrangements to deliver meaningful change at pace. He suggested there would be learning around delivering programmes of complex change. The Structured Assessment had been through the agreed clearance process and progress against the recommendations would be tracked by the Audit Committee. The Annual Audit Report provided a summary of all work completed by Audit Wales in 2020 and again had been through the clearance process.</p> <p>21/13.2 A discussion ensued. The Chair noted that some of the recommendations had completion dates between October and November 2020. The Executive Director of Planning and Performance undertook to follow up outside of the meeting and provide assurance around completion of R1 (incident response and command) and R2 (reporting progress against delivery of plans). In response to a request for further clarification around the reference within the Annual Audit Report to the refurbishment of Ysbyty Glan Clwyd</p>	MW

<p>(YGC) and weaknesses in governance, the Audit Lead (Audit Wales) suggested that as other business cases developed there would be a need to reflect back on the YGC recommendations, but that the strengthening of the business case approval process would help to firm up governance. The Chair was confident that learning from YGC and some of the observations regarding the handling of business cases would be picked up in future processes.</p> <p>21/13.3 It was resolved that the Board formally receives the Audit Wales Annual Audit Report and Structured Assessment 2020.</p> <p><i>[Mr Andrew Doughton left the meeting]</i></p>	
<p>21/15 Residential Accommodation Strategic Outline Case (SOC) <i>[Ffrancon Williams left the meeting having declared an interest]</i></p> <p>21/15.1 The Executive Director of Planning and Performance reminded members that the need to improve the quality of accommodation across the acute hospital sites had been established previously, and that the development of the SOC was a milestone in responding to this need and boosting recruitment and retention. The SOC set out an indicative preferred option based on a high level analysis. He indicated that the availability of public sector capital monies would be a key factor and the joint venture option therefore remained a possibility. It was confirmed that the SOC had been supported at Executive Team and F&P Committee level and that Board support would allow the conversation to commence regarding WG capital funding. It was noted that a range of immediate steps had been taken to address immediate accommodation issues via the use of discretionary capital. Finally the Executive Director of Planning and Performance stated that local accommodation groups had been established with the Hospital Management Teams and Estates and Facilities teams to get feedback from users and ensure that the discussions were more connected.</p> <p>21/15.2 A discussion ensued. A member felt that some of the statements around registered social landlords were quite negative and some of the risks unfair. She enquired whether should the funding not come from capital sources, there may be a need to go back to consider other options. The Executive Director of Planning and Performance accepted this and acknowledged there could well be joint venture opportunities that could be explored as the SOC progressed to an Outline Business Case which would require all the options to be reviewed in more detail. The Chair commented that there would be a communications issue to be picked up with some clinical staff and he would share a related email with the Executive Director of Planning and Performance who would then follow the matter up. The Chair also enquired whether there was any scope for allocating more resources in-year to make further interim improvements. The Executive Director of Planning and Performance stated that in terms of use of capital it was simply too late into the financial year and given the restrictions to accessing sites by contractors due to the pandemic. A member referred to the reference within the paper around on call doctors and wished to flag that other staff groups participated in on call arrangements and should be reflected in terms of accommodation needs.</p> <p>21/15.3 It was resolved that the Health Board:</p> <ol style="list-style-type: none"> 1. Support the continuation of discussion with local RSL's (Registered Local Landlords) 	MP/MW

<p>regarding collaborative opportunities for healthcare staff accessing to high quality, affordable local accommodation in North Wales. These discussions are likely to include alternative funding models.</p> <p>2. Approve the submission of the strategic outline case to Welsh Government with the principal intention of securing support for the case for change.</p> <p><i>[Ffrancon Williams rejoined the meeting]</i></p>	
<p>21/16 Summary of Private Board business to be reported in public</p> <p>21/16.1 It was resolved that the Board note the report.</p>	
<p>21/17 All Wales and Other Forums</p> <p>The following documents were noted:</p> <p>21/17.1 Collaborative Leadership Forum Minutes 28.7.20 21/17.2 Emergency Ambulance Services Committee Confirmed Minutes 8.9.20 21/17.3 Emergency Ambulance Services Committee Chair's Summary 10.11.20 21/17.4 Welsh Health Specialised Services Joint Committee Briefing 10.11.20 21/17.5 Shared Services Partnership Committee Assurance Report 19.11.20 21/17.6 Welsh Health Specialised Services Joint Committee Briefing 15.12.20</p>	
<p>21/18 Date of Next Meeting</p> <p>11.3.21</p>	
<p>21/19 Exclusion of Press and Public</p> <p>21/19.1 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>	