

**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 4 August 2022 via video conferencing**

Board Members Present:

Name	Title
Mark Polin	Chairman
Jo Whitehead	Chief Executive
Lucy Reid	Vice Chair
Clare Budden	Associate Board Member
Nichola Callow	Independent Member
Cllr Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
John Gallanders	Independent Member
Sue Green	Executive Director of Workforce and Organisational Development
Gill Harris	Deputy CEO/Executive Director of Integrated Clinical Services
Sue Hill	Executive Director of Finance
Cllr R Medwyn Hughes	Independent Member
Dr Nick Lyons	Executive Medical Director
Molly Marcu	Board Secretary (Interim)
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Chris Stockport	Executive Director Transformation, Strategic Planning and Commissioning
Linda Tomos	Independent Member
Angela Wood	Executive Director of Nursing and Midwifery
Jane Wild	Associate Member (non-voting)

In Attendance:

Lowri Gwyn	For Translation
Philippa Peake-Jones	Head of Corporate Office
Fiona Lewis	Corporate Governance Officer (for recording)
Matthew Joyes	Acting Associate Director of Quality, Patient Safety and Experience
Sally Thomas	Head of Equality and Human Rights, Workforce and OD (for item 22/160)

Agenda Item	Action
OPENING BUSINESS	
22/137 Welcome and Apologies	

<p>The Chairman welcomed Angela Wood, Executive Director of Nursing and Midwifery who had started this week to her first board meeting.</p> <p>He reminded the board that they were welcome to make their contributions in either Welsh or English.</p> <p>22/137.1 Apologies were received from:</p> <p>Jacqueline Hughes Independent Member Adrian Thomas, Executive Director of Therapies and Health Sciences Dylan Roberts, Chief Digital information Officer Helen Stevens-Jones, Director of Partnerships and Stakeholder Engagement</p>	
<p>22/138 Declarations of Interest</p> <p>22/138.1 There were no declarations to note.</p>	
<p>22/139 Draft Minutes of the Health Board meeting held on 26 May 2022 for accuracy</p> <p>22/139.1 The Minutes of the 26 May 2022 Health Board were received and agreed as an accurate record, subject to the following:</p> <p>Minute 22/108.3 (Report of the Chair) the first sentence would be amended to read “It was noted that there were a number of areas that were receiving urgent attention, including concerns that had been raised by staff at Ysbyty Gwynedd; the Acting Executive Director of Nursing and Midwifery and the Executive Director of Workforce and Organisational Development were addressing these.”</p> <p>Minute 22/114.9 (Operating Model Implementation Infrastructure) – as a clarification, it was emphasised that the matters set out here comprised board actions and expectations</p>	<p>PPJ</p> <p>JW/GH</p>
<p>22/140 Matters Arising and Summary Action Log</p> <p>22/140.1 The Board reviewed the action log. The following points were highlighted:</p> <p>Action 3 (Review of meeting effectiveness) - it was noted that duplication between cycles of business between board and committees was being addressed for the next cycle of meetings; the issue would continue to be discussed through the board development programme.</p> <p>Action 4 (Patient Story) it was noted that the final report would be shared in today’s private board meeting initially; subject to no further issues arising, close</p>	<p>SG</p>

<p>Action 5 (ward clerk vacancies) The Executive Director of Workforce and Organisational Development confirmed that information would be re-circulated; close subject the action being concluded</p> <p>Action 10: Carlton Court IT it was noted that the issue had been reviewed and actions taken to reduce connectivity issues where possible. Closed.</p> <p>Action 18 :(diagnostic wait times) The Deputy CEO updated the board on actions underway</p> <p>Action 21 (acute intervention team) M Joyes confirmed that the review of the acute intervention team was underway. It was noted that staff concerns regarding being re-deployed were being investigated. L Reid requested a more detailed update as concerns had been raised with her as committee chair. Closed.</p> <p>It was agreed that where actions included a substantive update on the same agenda that this be referenced more clearly.</p>	<p>MJ</p> <p>DS</p>
<p>22/141 Patient Story – Long Covid service</p> <p>22/141.1 The Executive Director of Nursing and Midwifery introduced the patient story, which was then presented by the Acting Associate Director Of Quality, Patient Safety and Experience. The story featured the development of the Health Board’s Long Covid service and heard from patients affected by Long Covid.</p> <p>The availability of self-referral into the adult service was emphasised. Referrals were over 1,000 at this stage and the average waiting time was around 15 weeks. Children had previously been referred to Alder Hey, but this service had ceased in June and discussions were underway in Wales about future provision.</p> <p>Carers were part of the engagement group and a range of materials were available to carers. There was understood to be one Welsh speaker in the service. This would be confirmed.</p> <p>The Board applauded the patient story and asked whether assurance could be given that the service was structured appropriately to enable a sustainable and responsive service provision, given the high waiting times.</p> <p>22/141.2 It was resolved that the patient story be received.</p>	<p>MJ</p> <p>MJ</p>
<p>22/142 Public Forum Questions</p> <p>It was noted that no questions had been received. The Chair said he had asked that the means by which the public could table questions be examined.</p>	<p>PPJ</p>
<p>22/143 Chairman’s Assurance Report</p>	

22/143.1 The Chairman reminded the Board that it had not been possible to submit the Chair's actions report at the May Board meeting, so the matters set out dated from April would now be set out. He had approved the following matters within his delegated powers, as advised by the Board Secretary:

- Flow Cytometry Contract Award
- 3 x High Value Claims
- Lease of rooms for Neuro Development Services at Parc Menai
- Lease extension for CAMHS team at Optic Centre
- Endoscopy Contract Extension
- Temporary Building Lease for Prehabilitation Services in the East
- Regional Treatment Centres – (Phase 1): Direct Award Approval
- Contractor Request to Novate the General Dental Services TAW and Exemplar Lease
- Neurodevelopment Contract
- Tender of All Wales Framework Agreement for the Provision of Insourcing / Outsourcing Clinical, Surgical and Diagnostic Procedures
- Wrexham Imaging Tender Award

22/143.2 In addressing more substantive items in terms of his update, the Chairman reiterated that he had clearly indicated previously to the Board that the late or incomplete publication of papers for Board and Committee meetings, save in very exceptional circumstances, is unacceptable and impedes the Board in exercising its governance and assurance role and weakens the opportunity for public scrutiny. This has happened again today along with the fact that several rows in the action tracker have either not been updated, or inadequately so. Both are matters members knew he was far from happy about were in his view simple and basic expectations. Moreover, the quality of some of the papers, for example the performance report and finance report are of such quality as to offer no or little assurance.

These two items were not accompanied by the newly adopted report template, which requires a grading on the assurance level, which in the circumstances no doubt would have led to further change in terms of the assurance being provided. He had clearly laid out these and other concerns to the Chief Executive. He was concerned that the executive team had judged the reports referred to as acceptable from their perspective in running the organization. He expected the CEO to offer an explanation and proposed action in their update along with the Board Secretary if necessary in her update.

In terms of today's meeting, he stressed the need for the papers to be accepted as read and for presenters to focus on highlighting on key considerations and recommendations. He expected all contributions to be structured and succinct.

22/143.3 Despite positive feedback received from Welsh Government officials, the Chairman informed the Board that the three year integrated medium term plan

submitted has been accepted only as an annual plan. There would be a discussion on this topic and on the accounts for 2021/22.

The Board received the Chairman's report.

22/144 Chief Executive Officer's Report

22/144.1 The report of the Chief Executive Officer (CEO) was received. The Chief Executive highlighted a number of points:

The Health Board had received the draft support offer from IHI and Improvement Cymru following a joint diagnostic meeting held on 13th & 14th July and followed up with an improvement summary at a meeting on 27th July.

The feedback from those sessions was that there is currently insufficient improvement capacity to support the current range of improvement efforts within the Health Board, despite acknowledging that the organisation has one of the largest and newest improvement teams in Wales and there is insufficient capability across the organization as a whole from ward managers upwards to build and sustain improvement activity.

22/144.2 The combined IHI and Improvement Cymru programme is designed to strengthen awareness, capability and capacity at all levels of the organization, including the Board with focused training interventions being proposed to be put in place for a period of up to 12 months. Health Improvement Wales (HIW) has reported that they find our relationships with them positive, that they have confidence in our team and that the responses the Health Board made to HIW are seen to be of a good quality.

More important is ensuring that the Health Board acts on HIW reports and the HIW report on the emergency department at Bangor was due to be published within week commencing 8th August 2022, with actions in place within the emergency department at YGC in response to their findings. In response to the HIW review, more seven day working was being introduced, triage times are improving and we are much more confident around the presence of our clinical staff in both adult and paediatric waiting areas and the Health Board is seeking to implement GP referrals to the acute assessment unit.

22/144.3 The matter of the final accounts was referenced later on the agenda and in both the Chairman's assurance report for the Audit Committee and in the Finance Report. The audit by Audit Wales the audit of our accounts was ongoing. The 2021/22 accounts will be qualified. As Accountable Officer, she had recommended to the Audit Committee that the 2021/22 accounts should not be reopened and the Committee have accepted this recommendation. There will be an opportunity to discuss these matters elsewhere on the agenda today.

<p>22/144.4 Regarding the quality of paper papers and associated governance issues, she acknowledged the points made by the Chairman and the requirements to improve in this regard. The Board Secretary and CEO had agreed a more robust Standard Operating Procedure, which is designed to ensure more thorough oversight and QA process of all papers going to the Board and Committees, all associated action logs and minutes; this includes bringing forward our internal paper deadlines significantly and oversight of all papers not only by the executive director responsible for the quality of those papers, but also by the entire executive team and a more extensive QA process within the office of the Board Secretary.</p> <p>22/144.5 The report described the CEO’s other regular activities and meetings including with the Chair and Chief Officer of the Community Health Council, MS and MPs, the Welsh Health Specialised Services Committee (WHSSC), Chief Executive of Digital Health and Care Wales (DHCW) and a range of other national and locality meetings and events.</p> <p>An Independent Member expressed his concern that the report did not adequately reflect the range of concerns and challenges that existed concerning the operation and performance of the organisation and the responses to them. The CEO undertook to reflect on this observation.</p> <p>The Board received the CEO’s report.</p>	
<p>22/145 Mental Health Act 1983 (as amended by the Mental Health Act 2007)</p> <p>22/145.1 The report from the Executive Medical Director detailed an update of the Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales for 3rd May– 28th June 2022.</p> <p>22/145.2 The Board ratified the updates.</p>	
<p>STRATEGY</p>	
<p>22/146 A Clinical Strategy for north Wales</p> <p>22/146.1 The Board received the report from the Executive Medical Director seeking approval for the Clinical Services Strategy which was set out in full in the Board papers. The strategy set out the Board’s plans for the delivery of healthcare to the population informed by a population needs assessment and public engagement. The strategy took account of a range of guidance and was based on an ongoing engagement with staff. A clinical service plan 2023/26 would be developed. The Executive Medical Director highlighted the guiding principles (Section 4 of the report) that underpinned the strategy.</p> <p>22/146.2 The following principal points were made:</p> <ul style="list-style-type: none"> • paragraph 1.3 the reference to equality of opportunity would be re-phrased 	

<ul style="list-style-type: none"> • long-term workforce planning through the People Strategy would be considered • the strategy aimed to bring care closer to home, for example from acute to community and community to primary care • the Executive Medical Director remained committed through the strategy to the Board’s community hospitals, the “jewel in the crown” • pathway re-design would take account of patients’ multiple conditions • clinical engagement had been taken forward by a clinical senate • the clinical services plan should be updated in September 2022 alongside an update on clinical engagement <p>22/146.3 The Board approved the Clinical Strategy</p>	
<p>22/147 Living Healthier, Staying Well – strategy refresh</p> <p>22/147.1 The Board received the report from the Executive Director of Transformation, Strategic Planning and Commissioning presenting the outcome of the engagement feedback on the Living Healthier, Staying Well strategy. The strategy had been approved in spring 2018 originally and had been the subject of engagement, which had confirmed that the long-term goals set out in the strategy remained appropriate.</p> <p>22/147.2 The Executive Director of Transformation, Strategic Planning and Commissioning highlighted that the engagement had taken place during the Covid pandemic, so had highlighted issues around waiting times, for example. There was acceptance of the need to travel for specialist services. The feedback received had influenced the medium term plan and the Clinical Strategy.</p> <p>22/147.3 Public engagement would continue and would aim to engage with hard to reach communities – younger people may engage through social media approaches. The size of the cohort answering the questionnaire was noted.</p> <p>The role of Executive Delivery Groups would be discussed later on today.</p> <p>22/147.4 The Board approved the strategy refresh.</p>	
<p>22/148 Integrated Medium Term Plan refresh process</p> <p>22/148.1 The Board received the report from the Executive Director of Transformation, Strategic Planning and Commissioning detailing the outcome of the Welsh Government scrutiny of the Board’s Integrated Medium Term Plan (IMTP) submitted for 2022 – 2025. The report included a high level plan for the January 2023 submission to the Welsh Government.</p> <p>22/148.2 The report stated that confirmation has been received of the Minister’s decision that the plan submitted in March does not fully meet the requirements of the NHS Wales framework and therefore is not approved as an IMTP. The</p>	

<p>plan submitted has been accepted as an Annual Plan and will be subject to ongoing monitoring.</p> <p>22/148.3 The Executive Director of Transformation, Strategic Planning and Commissioning informed the board that engagement with the Welsh Government was continuing. The suggestion was the Board should focus on an annual planning process. Other health boards' three year plans had not been fully accepted.</p> <p>22/148.4 Planned care profiling was being further worked through. The Welsh Government had acknowledged that the Board had made progress in relation to its past position. It was not intended to re-write the plan wholesale.</p> <p>22/148.5 The Executive Director of Transformation, Strategic Planning and Commissioning confirmed that he was confident in the Board's capacity to submit the next iteration of the plan in January. Conversations were underway and the matter would be discussed at the PPPH Committee. A summary of the horizon scanning undertaken in July would be circulated.</p> <p>22/148.6 The draft plan would be tested against existing workforce, digital and financial plans in September. It was noted that PFIG would be considering a framework and a financial strategy; the Estates Strategy expired in 2022. The planning cycle would include the explicit review of the enabling strategies.</p> <p>John Cunliffe stressed the need to achieve cost improvements through the year.</p> <p>The Chairman decided in the interests of time that further discussions on Estates and Finance would be taken under the respective items later today.</p> <p>22/148.7 It was agreed that the IMPT refresh would be monitored through PPPH Committee.</p>	<p>CS</p>
<p>22/149 Transformation and improvement update</p> <p>22/149.1 The Board received a report from the Executive Director of Transformation, Strategic Planning, and Commissioning describing the main activities of the new transformation and improvement (T&I) team. The report described the emerging Betsi Way and set out how the T&I function aims to support the organisation by:</p> <ol style="list-style-type: none"> 1. Being a single point of coordination for all Transformation and Improvement work across the Health Board 2. Creating a professional, consistent and effective programme, project and improvement centre of excellence which robustly applies evidence-based approaches 3. Enabling and supporting a self-improving organization that prioritises the interventions that make most difference to people 	

<p>22/149.2 The Executive Director highlighted the approach to service improvement in the report (page 5) and several clinical pathway reviews. He described the prioritisation process, which was undertaken through the executive team. Patient safety ran through a number of clinical programmes. The CEO added that the risk register highlighted areas for improvement.</p> <p>The Chairman stated that the Board needed assurance that the investment in the T&I team was being realised, including a clearer description of delivery of priorities or addressing risks – the Executive Director accepted this action.</p> <p>22/149.3 The Board noted the report.</p>	CS
RISK	
22/150 Risk Management Strategy 2022/25	
<p>22/150.1 The Board received the report from the Board Secretary setting out, for annual approval, the Risk Management Strategy. The draft had been reviewed by the Quality, Safety and Experience Committee on 5 July and Audit Committee on 13 July 2022. The strategy would make risk management and assurance more integrated, forward-looking and dynamic.</p> <p>22/150.2 The strategy proposed that the Board Assurance Framework (BAF) is monitored by the Board on a quarterly basis, supported by the Board Committees alongside their regular reviews of the Corporate Risk Register. This would be reviewed by Board annually.</p> <p>The report proposed that the Risk Management Group, which currently feeds into the Audit Committee should report to the Quality, Safety and Experience Committee.</p> <p>22/150.3 In relation to Strategic Objective 5 (safety/quality of services) the stated risk appetite of CAUTIOUS reflected the current status and risk exposure in terms of vascular and Never Events. It was noted that the Digital Strategy and the IMTP would be monitored by Partnerships, People and Population Health (PPPH) Committee and that this would be amended accordingly.</p>	MM
<p>In relation to the Targeted Intervention framework, this would be reflected in the strategy going forward.</p>	MM
<p>22/150.4 The Board:</p> <ol style="list-style-type: none"> 1. Approved the implementation of the risk management strategy 2. Approved the integrated assurance infrastructure approach as set out in section 3 of the report 3. Approved the revised approach to reviewing and monitoring the BAF as set out in appendix 4 of the report 4. Approved the revised oversight arrangements for risk management as set out in section 4 	

22/151 Board Assurance Framework (BAF) 2022/23	
<p>22/151.1 The Board received the report from the Board Secretary to review and agree the revised BAF for 2022/23 and the proposed approach to monitoring thereof. The BAF included the risks deemed most significant to the delivery of the strategic objectives of the Health Board. Some are assessed as being outside of the risk appetite /and had significant gaps in controls and assurance.</p> <p>22/151.2 The report set out how the BAF structure was evolving under the Risk Management Strategy and changes to the content of the BAF; six risks from the legacy BAF were moved to the Corporate Risk Register and five new risks were proposed to be added to the BAF, as summarised below with the current score:</p> <p>1.1 Consistently safe provision of care to patients at YGC 20</p> <p>1.2 Risk of the provision of poor standards of care resulting in harm to patients 20</p> <p>1.4 Risk of a consistent failure to meet performance targets 16</p> <p>1.7 Risk of significant delays in medically fit for discharge patients adversely impacting on patient safety and flow 16</p> <p>2.3 Risk of the Health Board's failure to meet the breakeven duty, due to an inability to meet financial targets 16</p> <p>Detailed assurances in relation to all the identified risks are incorporated in appendix A of the report, and these would be reviewed in detail for completeness by the respective Board committees ahead of a further submission to the Board in November 2022.</p> <p>22/151.3 The Board Secretary drew attention to risk 2.4 in the BAF (relating to the delivery of an approved integrated medium term plan), which had been added to the BAF in light of the document not receiving approval from the Welsh Government.</p> <p>In addition, the Board was informed that the finance risk was now merged to incorporate the achievement of the break-even duty as well as the savings target under risk 2.3, because of feedback received at the June Board workshop.</p> <p>22/151.4 There was concern that some risks were not being actively addressed. In relation to risk 3.2 (listening and learning) there was a concern that this was focused only on concerns raised by staff and did not include other stakeholder sources. The Board Secretary undertook to consider this and report back to QSE in September.</p> <p>The Board Secretary undertook to review the overall presentation to Board of the BAF to enable more ease of use.</p>	<p>MM</p> <p>MM</p> <p>MM</p>

<p>22/151.5 The Chairman proposed an off-line discussion involving an Executive Director about the range of risks identified, and the level of assurance available. The Chief Executive advised that this would incorporate the Executive Medical Director as lead Executive Director for risk management. John Cunliffe offered to make contributions as part of the process</p> <p>22/151.6 Subject to the above discussion, the Board:</p> <ol style="list-style-type: none"> 1. Approved the 2022/23 BAF and the proposed approach to monitoring the BAF as set out in section 2 of the report; 2. Approved the actions agreed at the June Board workshop for the legacy BAF described in paragraph 3 3. Approved the adoption of the new BAF risks summarised above and set out in the report, as well as the BAF document subject to further discussion 	
<p>22/152 Revised Scheme of Reserved Delegation (SoRD)</p> <p>22/152.1 The Board received the report from the Board Secretary setting out the SoRD for approval. Sixteen different operational Schemes of Reservation and Delegation had now been consolidated into one document; this had been endorsed by the Audit Committee.</p> <p>22/152.2 In line with the move to the new Operating Model, this version of the SoRD had been updated and enabled standardisation, consistency and clarity in relation to the delegation of matters from the Board through the Executive Team to the Operational Divisions and Services. Its implementation was contingent on the new Operating Model. Any updates would be reported to the Audit Committee over the next 12 months as the document evolved further.</p> <p>The important role of the Chief Finance Officers in ensuring compliance (as a first line of defence check) with financial limits was highlighted.</p> <p>This clarity and standardisation in relation to Delegated Matters will be set and delivered through one single Health Board wide SoRD, which covers all Operational Divisions and Support Functions.</p> <p>22/152.3 Three areas were identified as requiring a further review to ensure they reflected the Health Board's arrangements, taking into account the provisions of the All Wales Standing Orders:</p> <p style="padding-left: 40px;">Item 47 (appointment of medical consultants) would be amended in line with the 2005 regulations.</p> <p style="padding-left: 40px;">Item 12 (Charitable Funds Held on Trust) it was noted that the SoRD was based on an all-Wales document and the Board Secretary would reflect in this version the separate status of the Board in the role of trustee.</p>	<p>MM</p>

<p>On items 10p and 10q (Staffing) it was agreed this should refer to “any action” in relation to the Performers List. The Executive Director of Workforce and Organisational Development indicated that further adjustments were required.</p> <p>It was agreed that the Board Secretary would circulate to the Board the finalised document for information.</p> <p>A concern was raised about the inconsistent use of the agreed bi-lingual board cover sheet, which the Board Secretary would investigate.</p> <p>22/152.4 The Board:</p> <ol style="list-style-type: none"> 1. approved the proposed changes to the SORD as highlighted in Appendix B of the report; 2. approved the continued development of the next level of detail (as posts are agreed within the structures) alongside the Operating Model go-live; 3. approved the continued oversight by the Audit Committee over the next 12 month period. 	<p>MM/SG</p> <p>MM</p>
<p>22/153 Corporate Risk Register (CRR)</p> <p>22/153.1 The Board received the report of the Executive Medical Director. The purpose of this standing item was to update the Board on activity for the Corporate Risk Register (CRR) since the last Board review in January 2022, including the oversight by the Board’s Committees and the work of the Risk Management Group. The report also summarised the changes that have been captured following a review and update of the risks on the CRR, noting the support provided by the Corporate Risk Team.</p> <p>The CRR enables the Board to fulfil its obligations of ensuring there are effective and comprehensive systems and processes in place to assess current and future risks deemed high enough to negatively impact on the delivery of operational objectives, whilst evaluating the effectiveness of their controls, and monitoring associated action plans.</p> <p>22/153.2 The Executive Medical Director drew attention to the eight top risks on the register. He highlighted a new vascular risk (reference 4476) that had yet to be considered through committee; risk CRR21-11 (cyber-security) was to be considered in the private Board meeting.</p> <p>There was a concern about the consistency and objectivity of the risk scoring and the impact of identified mitigations. There should be a clearer focus on cause and effect. Some risks had been on the register since 2020, which prompted a concern about the overall working of the risk management process. It was also suggested the Health Board should clearly identify any failings against statutory requirements.</p>	

<p>In relation to a concern about employing unsuitable individuals particularly in patient-facing roles the Executive Director of Workforce and Organisational Development described the process the Board used to manage this. The mitigations in place meant that a lower level risk on safe employment was in place. She undertook to discuss this issue individually.</p> <p>22/153.3 The Board noted the top corporate risks as set out in the report, and the updates to risk movement in the report.</p>	SG
GOVERNANCE	
22/154 Operating Model: Update on Implementation	
<p>22/154.1 The Board received the report of the Chief Executive providing an update on the timescale and arrangements in place to implement the new Operating Model for the organisation, and particularly the creation of the Integrated Clinical Delivery structure on 1 August 2022. The report outlined structures to Tier 4 of the organisation, an update on the recruitment and appointment to roles in this structure, the governance and assurance framework and communications and engagement plan.</p> <p>22/154.2 The Executive Director of Integrated Clinical Services highlighted the links between the governance processes and the new structures. Risks associated with the paper were being transferred to the corporate risk register. Remaining vacancies were being recruited to. Partnership working was being strengthened, including the implementation of the Health Board Leadership Team.</p> <p>There were initial signs of the new structure having an effect on the ground, for example weekend opening times.</p> <p>In relation to risk management (paragraph 7b) “encouraged” meant “expected”. The project risk log was reflected in the corporate risk register.</p> <p>22/154.3 There was concern about:</p> <ul style="list-style-type: none"> • Duplication among meetings, for example the Executive Delivery Groups and their upwards reporting arrangements, for example to avoid by-passing Board Committees. • Paragraph 11 c and the requirement for authorisations for representatives to commit the Board – this would be considered further to ensure that it operated to strengthen partnership working. <p>22/154.4 The Board noted the report.</p>	GH
22/155 Committee and Advisory Group Chair's Assurance Reports	
<p>22/155.1 The Board received reports and escalations from the following meetings:</p>	

<p>Quality, Safety and Experience Committee: 03.05.22, 26.05.22 (Extraordinary), 05.07.22</p> <p>Targeted Intervention Improvement Framework Steering Group: 04.07.22, 12.05.22</p> <p>Remuneration & Terms of Service Committee: 18.1.22, 3.2.22, 30.3.22, 26.4.22 and 12.7.22</p> <p>Partnerships, People and Population Health Committee: 20.5.22, 12 07.22</p> <p>Healthcare Professionals Forum: 10.06.22</p> <p>Stakeholder Reference Group: 06.06.22</p> <p>Audit Committee: 30.06.22, 13.07.22 and 22.07.22</p> <p>Performance, Finance and Information Governance Committee: 30.6.22</p> <p>The Chairman invited the leads from these meetings to highlight significant points to the Board:</p> <p>22/155.2 QSE –</p> <ul style="list-style-type: none"> the Committee had escalated to Board the absence of an agreed and corporate mental health improvement plan; the Chairman reminded the Board that the service had been in special measures and was now the subject of targeted intervention. He set out the expectation that the mental health improvement plan will be reported to the next QSE. concerns about learning – the Committee is not sufficiently assured in this area as there are recurring themes. The Committee has requested information about near misses to a future meeting – executives gave assurance that this was in hand. the Committee noted that the YGC improvement plan had been reviewed by Cabinet <p>22/155.2 PPPH -</p> <ul style="list-style-type: none"> A Board escalation matter was raised around the new Estates Strategy (now Asset Management Strategy) not being available to the Committee; assurance that it would come to the October Committee meeting was sought; the CEO undertook to check the position before providing assurance There should be an escalation pathway where agreed matters were not progressing – the Board Secretary would progress this The Chairman sought assurance around key senior positions in the estates infrastructure; the CEO confirmed that key individuals remained in post The PPPH was planning a joint session with the Performance Committee on a recruitment deep dive. <p>22/155.3 SRG -</p> <ul style="list-style-type: none"> The group was planning an away day to improve attendance and representation and would report back <p>22/155.4 Audit -</p>	<p style="text-align: center;">TO</p> <p style="text-align: center;">JW</p> <p style="text-align: center;">MM</p>
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<ul style="list-style-type: none"> • The Auditor General intends issuing a qualified true and fair opinion for the 2021/22 accounts, as he has been unable to obtain sufficient appropriate audit evidence that accruals, payables and related expenditure has been properly accounted for in the correct accounting period • Fifteen limited assurance reports have been received; the CEO confirmed that a strengthened approach to responding to audits was in place • The CEO confirmed that the audit plan was being reviewed in relation to the Board’s long-term issues <p>22/155.5 The Board received the reports from committees and working groups.</p>	
<p>PERFORMANCE AND DELIVERY</p>	
<p>22/156 Integrated Quality & Performance Report</p> <p>22/156.1 The Board received the report to 31 May, which had been reviewed by the Finance & Information Governance Committee and the Quality, Safety & Experience Committee. This report was the first publication of the IQPR at the Health Board and reflected the ambition of the Health Board in using technology to gain greater insight into health care performance across North Wales.</p> <p>The Executive Director of Finance commented on the development of the report in recent months and in steps being taken to improve it, including providing more up to date information.</p> <p>The Chairman indicated he had set out a range of concerns regarding this report prior to the meeting and the report was currently still not fit for purpose. It was unclear and contained errors.</p> <p>The Chairman stated that a narrative from the Committees reviewing it should be included. The report needed to provide a headline narrative on overall performance.</p> <p>The Executive Director Finance undertook to re-issue the report with the narrative clarified.</p> <p>22/156.2 The Chairman highlighted the scale and extent of under-performance shown in the report. On Unscheduled Care there was a focus on YGC performance, supported by Improvement Cymru. Work with partners on delays for patients medically fit for discharge continued.</p> <p>On Planned Care, the Health Board had worked with the Delivery Unit who were happy with the work undertaken. The Health Board was risk assessing opportunities including the use of English services.</p> <p>The Chairman asked about sickness rates. The Executive Director of Workforce and OD was confident in the staff well-being support was in place, there was more to do in supporting managers in handling sickness absence.</p>	<p>SH</p>

<p>22/156.3 The Chairman asked about mental health performance and the impact of the improvement plan: this would continue to be discussed by the QSE Committee. Recent data was showing an improving trend.</p> <p>22/156.4 The Chairman proposed a board workshop on primary care sustainability and the performance report and the report was received.</p>	MM
<p>22/157 Annual Plan Monitoring Report</p> <p>22/157.1 The Board received the report, the first in this new format, from the Executive Director of Finance for quarter one. Narrative would be added in respect of amber rated indicators.</p> <p>The Executive Director Transformation, Strategic Planning and Commissioning added that the concerns about the depth of information provided would be addressed.</p> <p>Outcomes described in the report needed to be linked to agreed measures in the medium term plan.</p> <p>On 2022.8 the diabetic foot pathway the pathways had been approved and consultant recruitment was starting.</p> <p>22/157.2 The Board noted the report.</p>	<p>SH</p> <p>CS</p> <p>CS/SH</p>
<p>22/158 Finance Report – Month 3</p> <p>22/158.1 The Board received the report from the Executive Director of Finance for 1 April to 30 June 2022.</p> <p>With regard to the financial statements for the 2021/22 financial year the Executive Director confirmed:</p> <ul style="list-style-type: none"> • While the audit is ongoing, the Auditor General intends issuing a qualified true and fair opinion as he has been unable to obtain sufficient audit evidence that accruals, payables and related expenditure have been properly accounted for in the correct accounting period. • Audit Wales continue to work to reduce any residual uncertainty with the balances. • The Health Board have had to defer the AGM and have thereby breached standing orders • An Audit Wales QA check was arranged to allow the Health Board to finalise the audit, approve the accounts and hold the AGM <p>22/158.2 There was an Audit Committee scheduled on 24 August to sign off the accounts for 2021/22. The Executive Director of Finance apologised to the</p>	

<p>Board for the errors made that had led to the current situation. A remedial action plan was in place to improve assurance and prevent a recurrence.</p> <p>22/158.3 As Accountable Officer (AO), the CEO added that the matter had been discussed at Audit Committee and she thanked the Committee for its scrutiny. She acknowledged her responsibility as AO and added her apology to the Board. The Chairman endorsed the recommendations made by the Audit Committee; the CEO confirmed that the recommendations would be implemented in full.</p> <p>In terms of Month 3, the Health Board was reporting a £2.3m adverse position against a break-even plan. This was an improvement on M1 and M2. The Health Board continued to project a break-even position as plans were in place to recover through the remainder of the year.</p> <p>22/158.4 The savings pipeline included a forecasted £13.7m of schemes against a plan of £35m, so a £21m adverse variance. In setting the 2022/23 plan, there was a 50/50 split between transformational and transactional savings. The Executive Director felt that non-pay spend could be targeted. Current pressures included drugs. The Health Board was forecasting a £7.2m spend on Covid.</p> <p>The Executive Director of Finance highlighted the range of risks set out in the report totalling £68m.</p> <p>There was concern that insufficient savings schemes had been identified at this stage and whether a break-even forecast could be justified. It was suggested work should also start on savings for 2023/24.</p> <p>22/158.5 The Chairman stated he was not assured by the report – there was overspending across almost all operational areas, and insufficient savings identified and planned. In short, the organisation was overspending and the savings performance was significantly off trajectory. It highlighted concerns as to the adequacy of financial controls.</p> <p>He asked PFIG to review the position at the August meeting.</p> <p>He called on the CEO to comment on financial control measures and other plans the executive had around the savings programme. The CEO stated that work was underway with provider colleagues to address financial control and savings requirements, and this had been discussed by the executive team earlier in the week. She felt there was ownership at all levels in the organisation of the savings requirements. There were savings that could be realised through the year. She reminded the Board that transformational savings schemes were profiled to deliver later in the year. She chaired a regular meeting with the executives on ensuring financial balance.</p> <p>The Deputy CEO added that under the new operating model conversations had taken place with operational leads to help drive savings.</p>	<p>JC</p>
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<p>The Board Secretary confirmed that the AGM had been scheduled for 29 September.</p> <p>22/158.6 The Board received the report.</p>	
<p>22/159 Capital Programme Report</p> <p>22/159.1 The Board received the report of the Executive Director of Finance, which described the sources of capital funding and the requirements around how it was spent. The discretionary capital allocation for 2022/23 was just under £11m and represented a 24% reduction on previous years.</p> <p>Additional funding of £4.25m for 2022/23 has been confirmed by the Welsh Government in support of agreed imaging and radiotherapy priorities and a number of business cases have been submitted to the All Wales capital fund.</p> <p>The Capital Investment Group had identified capital requirements over the next 10 years of £1.6bn. It was considering a range of business cases, based on criteria outlined in the report.</p> <p>In terms of the Estate Strategy refresh, the Health Board had sought a partner to support it to update the Strategy, a prioritised capital investment plan and an estate rationalisation programme. It was planned to conclude this work in November.</p> <p>22/159.2 The Board noted the report</p>	
<p>22/160 Annual Equality Report 2021/22</p> <p>22/160.1 The Board received the report from the Executive Director of Workforce and Organisational Development and the Chairman welcomed Sally Thomas to the meeting in support of this item.</p> <p>The Chairman asked about the race equality action plan, now the anti-racist plan. A Race Equality Action Group had been formed. Executive colleagues had taken on roles in relation to action around particular protected characteristics.</p> <p>The Chairman highlighted that all Board members were required to attend the current national diversity training programme. All recruitment and selection panels would be required to undertake training on value-based and equality and inclusion.</p> <p>On behalf of Jackie Hughes, the Vice-Chair passed on her thanks for the work represented here. She asked about the Gender Pay Gap – it was noted that it was a snapshot and the working groups was looking at lived experience factors. The Peace and Unity Forum for overseas and BME staff was highlighted as an opportunity for peer support, engagement and speaking up. The need to support overseas recruits was stressed.</p>	

<p>In relation to freedom to speak up, the Health Board had launched its Speak Our Safely initiative, which was tracking themes as well as responding to individual concerns. There were some compelling stories emerging from staff forums that could usefully be shared within the organisation.</p> <p>22/160.2 The Board noted the report</p>	
PEOPLE AND RESOURCES	
<p>22/161 Quality and Patient Safety Report – April/May 2022</p> <p>22/161.1 The Board received the report from the Executive Director of Nursing and Midwifery.</p> <p>She reported that in this period there had been 20 reported incidents; falls had reduced and work in this area continued. All incidents had had a Make it Safe review. There had been 12 Never Events in 2021/22; there were none to report in this period.</p> <p>There had been three Regulation 28 notices from the Coroner which were being reviewed. The two Coroner responses due in July had been submitted on time. There was an increase in formal complaints and the response rate and number of overdue incidents was being reviewed which this work would be reported to the next Board meeting. It was noted that a report was coming to QSE on Regulation 28 notices, the process for learning from them and for providing assurance as to completion.</p> <p>It was confirmed that “care actions on deterioration” had been completed and regular audits were underway.</p> <p>In relation to complaints and litigation, the aim was to create a just and learning culture. Any evidence of conduct or capability issues were taken seriously and dealt with through appropriate processes. Staff were appropriately supported through the claims process. A Learning from Events report was produced for clinical negligence claims – this was submitted to the Welsh Risk Pool. The Chairman requested that Executive Director of Nursing and Midwifery liaise with the Chair of QSE in this regard. He also requested there should be more clarity about when improvement actions would be completed.</p> <p>22/161.2 The Board noted the report.</p>	AW
<p>22/162 North Wales Vascular Service Update</p> <p>22/162.1 The Board received the report, describing progress in delivery of the Vascular Improvement Plan arising from an invited review by the College of Surgeons (RCS) and ongoing work to ensure safe delivery of vascular services through the “hub and spoke” model that was implemented in April 2019 and touching on operational pressures. The first report from the invited review was received by the Health Board in March 2021 and the second report in February 2022.</p>	

<p>In response to the first report, a group was established to develop and oversee an improvement plan. This group has participation from the Community Health Council (CHC) and lay representation. In November 2021 the Terms of Reference for the group were revised and the group became the Vascular Steering Group which now meets monthly and is chaired by the Executive Medical Director (EMD).</p> <p>Quality, Safety and Patient Experience (QSE) Committee receive regular updates on progress with the Vascular Improvement Plan. The second report from the RCS related to a case note review of 50 sets of notes. The College was able to review 47 sets of notes and raised concerns about the care received by patients and the quality of documentation.</p> <p>Two Never Events in the service and other concerns relating to safety and sustainability resulted in Health Inspectorate Wales (HIW) in March 2022 designating the vascular network a Service Requiring Significant Improvement.</p> <p>In response to these safety concerns, a series of additional measures were introduced to ensure safe delivery of care to patients. These measures were reviewed regularly and two requirements (including dual consultant operating) were removed in May 2022 after a detailed risk assessment, supported by external vascular advice.</p> <p>On 8 July 2022 the Chair of the VQP raised safety concerns in relation to the management of aortic patients following the completion of a review of 11 patients' notes. The EMD received three recommendations for immediate implementation. These were:</p> <ol style="list-style-type: none"> 1. Re-introduction of dual consultant operating (for aortic patients only) 2. Involvement of a specialist centre in the Multidisciplinary Team (MDT) meetings for all aortic cases 3. The recruitment of a vascular surgeon with aortic experience. <p>The recommendations 1 and 2 were implemented immediately and remain in force. The MDT is supported by Liverpool University Hospital Foundation Trust (LUHFT). In two instances, the dual consultant operating requirement affected waiting lists. However, no patients have needed so far to be transferred. Patients were normally seen within BCUHB before being transferred.</p> <p>22/162.2 The Board noted the report and the Chairman requested the Executive Medical Director keep the Board informed on this matter.</p>	<p>NL</p>
<p>COMMUNICATION AND ENGAGEMENT</p>	
<p>22/163 Partnerships, Engagement and Communication Update</p> <p>22/163.1 The Board received a report from the Chief Executive providing a triangulation of engagement activity across functions to show the breadth of work taking place across BCUHB, which was noted.</p>	

CLOSING BUSINESS	
<p>22/164.1 Review of Risks Highlighted within the Meeting</p> <p>There was nothing to note.</p>	
<p>22/165 Summary of Private Board Business to be reported in Public</p> <p>22/165.1 The Health Board had considered the following matters in private session on 26 May 2022:</p> <ul style="list-style-type: none"> • Bangor Health and well-being Strategic Outline Case (SOC) • Microsoft Enterprise Agreement <p>It was resolved that the report be noted.</p>	
<p>22/166 Date of Next Board Meeting</p> <ul style="list-style-type: none"> • 29 September 2022 	
<p>22/167 Exclusion of Press and Public</p> <p>22/167.1 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>	