

**Betsi Cadwaladr University Health Board (BCUHB)  
Minutes of the Health Board meeting held in public  
on 10 March 2022 via Zoom conferencing**

Present:

<b>Name</b>	<b>Title</b>
Mark Polin	Chair
Jo Whitehead	Chief Executive
Lucy Reid	Vice Chair
Louise Brereton	Board Secretary
Clare Budden	Associate Board Member
Cllr Cheryl Carlisle	Independent Member (Community)
Professor Nichola Callow	Independent Member (University Representative)
John Cunliffe	Independent Member (ICT)
Morwena Edwards	Associate Board Member
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
John Gallanders	Independent Member
Sue Green	Executive Director of Workforce and Organisational Development
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member (Trade Union)
Cllr R Medwyn Hughes	Independent Member (Local Authority)
Dr Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member (Community)
Teresa Owen	Executive Director of Public Health (part meeting)
Linda Tomos	Independent Member (Community)
Chris Stockport	Executive Director of Primary Care and Community Services

**In Attendance:**

Mandy Jones	Acting Secondary Care Nurse Director
Helen Stevens-Jones	Director of Partnerships, Communication & Engagement
Matthew Joyes	Acting Associate Director of Quality Assurance
Glynne Roberts	Director, Test, Trace & Protect
Molly Marcu	Acting Deputy Board Secretary
Philippa Peake-Jones	Head of Corporate Affairs – Minutes
Llinos Roberts	Executive Business Manager – Secretariat
Jody Evans	Corporate Governance Officer – Secretariat

Agenda Item	Action
<p><b>22/53 Welcome and Apologies</b></p> <p><b>22/53.1</b> The Chair welcomed attendees to the meeting noting apologies had been received from Gill Harris, Richard Micklewright and Adrian Thomas. Members were informed that Clare Budden would be joining at 10:15 but would need to leave the meeting between 12:00 and 13:00; and that Teresa Owen would be joining late.</p>	
<p><b>22/54 Patient Story</b></p> <p><b>22/54.1</b> The Acting Associate Director of Quality Assurance shared the carer's story. An Independent Member thanked the family involved for sharing their experience and noted that unfortunately it was a distressing but familiar story highlighting the inconsistency of the Health Board's systems regarding Covid. The following questions had been raised and it was agreed that a written response would be provided within seven days of the meeting, given the technical issues:</p> <ul style="list-style-type: none"> <li>• Was there a written protocol for designated carers?</li> <li>• How did the protocol allow for the human factor and how was this progressing?</li> <li>• How could supposedly experienced nursing staff create care plans without inclusion of the family?</li> <li>• Was the patient accompanied to Ysbyty Gwynedd and what was the policy for transfer of vulnerable patients?</li> <li>• Why was the patient sat in the middle of a room with other patients who could have had Covid?</li> </ul> <p><b>22/54.2</b> The Executive Director of Workforce and Organisational Development agreed to respond following the meeting, with regards to details on recruitment of ward clerks for all sites, duties of which included answering ward phones and liaising with family members. The Acting Associate Director of Quality Assurance agreed to respond outside of the meeting to confirm the Patient and Carers Experience Team's arrangements for ensuring that learning was embedded and that this was reported through governance processes.</p> <p><b>22/54.3</b> An Independent Member raised the lack of reference in the story to third sector organisations, many of which were funded by the Health Board. The Chief Executive advised that these conversations would normally be taken forward as part of the care planning and wider social services and that the challenge was to ensure that the front line workers were aware that the services were available for patients and carers.</p> <p><b>22/54.4</b> The Chair requested that patient and carer stories presented going forward were followed up to ensure that changes/learning had been embedded. It was agreed that this should be tracked through a comprehensive improvement plan which was being formulated at the end of the year. The Chief Executive</p>	<p><b>SG</b></p> <p><b>MJ</b></p>

<p>requested assurance of remedial actions to be incorporated within future patient stories to the Board.</p> <p><b>22/54.5</b> It was agreed that The Acting Associate Director of Quality Assurance and Morwena Edwards discuss the issue regarding the social workers referral point outside of the meeting noting that staff had now returned to the office, despite working practices having continued, and that senior managers were in contact with the ward.</p> <p><b>22/54.6</b> It was resolved that the patient story be received and reflected upon.</p>	<p><b>MJ</b></p> <p><b>MJ/ME</b></p>
<p><b>22/55 Declarations of Interest</b></p> <p><b>22/55.1</b> There were no declarations to note.</p>	
<p><b>22/56 Draft Minutes of Health Board Meeting held in Public on 20 January 2022 and Extraordinary Health Board Meeting held in Public on 15 February 2022 for accuracy</b></p> <p><b>22/56.1</b> The Minutes of the 20 January 2022 Health Board were agreed as an accurate record subject to Jackie Hughes and Lyn Meadows being incorporated as attendees.</p> <p><b>22/56.2</b> The Minutes of the 15 February 2022 Health Board were agreed as an accurate record subject to Lyn Meadows being incorporated as an attendee. It was noted that both Cheryl Carlisle and Gill Harris were only absent from this meeting due to attending a meeting elsewhere on Health Board business.</p> <p><b>22/56.3</b> It was resolved that the Draft Minutes of Health Board Meeting held in Public on 20 January 2022 and Extraordinary Health Board Meeting held in Public on 15 February 2022 be approved as an accurate record, subject to the two amendments noted above.</p>	
<p><b>22/57 Matters Arising and Summary Action Log</b></p> <p><b>22/57.1</b> Board members reviewed the action log, with the items below being highlighted:</p> <ul style="list-style-type: none"> <li>• On review action 10 related to the Operational Plan Monitoring Report not the Quality and Performance Report and the action had been updated to reflect.</li> <li>• Further improvement work would be completed prior to the next action log publication to ensure that concise and clear updates were reflected in the log rather than an audit trail and actions would be given a Red/Amber/Green (RAG) rating to show where timing for completion was on track or slipping.</li> </ul> <p><b>22/57.2</b> An Independent Member advised that item 14 did not reflect the concern raised and that the response had not addressed the issue raised. It was agreed to rectify this concern.</p>	<p><b>MM/PPJ</b></p> <p><b>MM/PPJ</b></p>

<p><b>22/59 Report of the Chair</b></p> <p><b>22/59.1</b> The Chair gave a verbal report on activities since the previous meeting noting that he and others had appeared before the Public Accounts Committee, and would be doing so again in the Autumn. The Chair also reported that he had a meeting with the Minister scheduled for the following morning. It was noted that the extraordinary meeting scheduled for 30 March would be to primarily receive the IMTP but in addition a paper on Regional Treatment Centres (RTCs) would likely be tabled along with other items as judged necessary.</p> <p><b>22/59.2</b> The Board noted the following Chair's Actions since the Health Board meeting on 20 January 2022:</p> <ol style="list-style-type: none"> <li>1. Purchase of Forge Road Surgery (24/1/22)</li> <li>2. Flow Cytometry Contract Award (4/2/22)</li> <li>3. Accommodation for CAMHS TI team – extension of lease contract/licence at the Optic Centre (7/3/22)</li> <li>4. Lease of rooms for the Neurodevelopment Service (West Area) – Intec Building, Parc Menai (7/3/22)</li> </ol> <p><b>22/59.3</b> The Chair advised that at the Healthcare Professionals Forum on the 4 March 2022, Jane Wild had been elected as the new Chair following the stepping down of Gareth Evans from the role and that she had been invited to join the Board as the Chair elect for the forthcoming Board meetings and workshops.</p> <p><b>22/59.4</b> The Chair advised that it was his intention to be very strict about late publication of papers going forward to ensure that the public and Board had at least seven days to consider items prior to the meeting. On this basis no further papers would be accepted outside the seven day timescale unless expressly agreed by the Chair.</p> <p><b>It was resolved that</b> the report of the Chair be noted.</p>	
<p><b>22/60 Report of the Chief Executive Officer</b></p> <p><b>22/60.1</b> The Chief Executive drew the Board's attention to the IMTP documents and highlighted the proposed all Wales approach to international recruitment. Questions were then invited.</p> <p><b>22/60.2</b> An Independent Member commented on appendix one, and expressed their support for the principles set out within the Charter, highlighting that the document did not appear to commit to the immediate aftermath of an incident and the response for relatives. Family members would typically have questions and want answers at the time, with the expectation that they would not have to wait for formal public enquiries or similar proceedings.</p> <p>In response to a request to insert an additional line reflecting the immediate support response from the Health Board, the Chief Executive advised that this</p>	<p>JW</p>

<p>was possible.</p> <p><b>22/60.3</b> An Independent Member observed that a recruitment risk was incorporated within the Corporate Risk Register, whilst the Employment Services Directorate and Payroll were a red risk. In view of ongoing recruitment issues across Wales, clarification was sought on the impact and level of risk exposure of the red status on the Health Board's own recruitment's processes. In response, the Chief Executive explained that this was a significant risk that all health boards collectively shared and that there was a desire to safely reduce some of the steps to recruitment.</p> <p><b>22/60.4</b> The Executive Director of Workforce and Organisational Development added that an improvement review had been commissioned in Autumn 2021 and that Shared Services were part of the review and were working closely with the Health Board. It was noted that there might be an opportunity going forward to bring some services in-house and that this was under review. Members noted a threefold increase in recruitment and the significant waste in the current recruitment processes. Proposals would be brought forward as part of the recruitment improvement review to be further discussed at a Board Workshop in June.</p> <p><b>22/30.5</b> It was resolved that the report of the Chief Executive be noted.</p>	SG
<p><b>22/61 Targeted Intervention Improvement Framework</b></p> <p><b>22/61.1</b> The Chief Executive introduced the paper highlighting that it was important to note that whilst there had been particular aspirations in place for May, the paper sought to demonstrate how more broadly the Maturity Matrices (MM) and the TI process was starting to deliver benefits for patients and generate benefits for staff particularly in terms of increased joint working in Multi-Disciplinary Teams (MDT).</p> <p><b>22/61.2</b> The Vice Chair asked what action was being taken and how it was translating into progress on improvement across services. The Chief Executive highlighted that the point of the TI and MM was to provide a framework to improve performance across four areas and that particularly in relation to Mental Health this was about patient care experience and outcomes. As the work progressed it would be possible to ascertain whether the interventions were starting to make a real difference.</p> <p><b>22/61.3</b> The Board were informed that the focus at the start of the TI and MM work was around process and as the organisation progressed, further assurance around impact would be evidence based. With regards to triangulation, the MM assessments should triangulate with other areas of governance which together would be reviewed through the TI Outcomes and TI Steering Groups, with an independent assessment by the Good Governance Institute to ensure that they were objective.</p> <p><b>22/61.4</b> An Independent Member noted there was an increase in referrals for MH Assessments and queried if this had resulted in a greater demand for in-</p>	

<p>patient services and if so, whether the current system had the capacity to deal with the numbers or had there been any changes made to thresholds for admission. The Chief Executive advised that she did not have the data to hand but that when inpatient beds were fully occupied, support was sought from English Trusts within the MH system rather than patients going into generic medical beds. It was noted that on occasion it had been close to capacity but that the arrangement was a reciprocal one whereby English Trusts were able to transfer patients to the Health Board. It was noted that support was given to Powys Health Board for some specialist areas of provision.</p> <p><b>22/61.5</b> An Independent Member noted that the role of Independent Members was not accurately reflected within the terms of reference, in section 5.1.1. It was agreed that Linda Tomos would share alternative wording outside of the meeting. It was agreed that Executive Members and Independent Members should meet before the May Board meeting.</p> <p><b>22/61.6</b> It was resolved that the progress in delivering Targeted Improvement be noted and the Targeted Improvement Steering Group Terms of Reference be approved subject to the revision of section 5.1.1 as referenced above</p>	<p>LT</p> <p>GH</p>
<p><b>22/62 Covid 19 Update</b></p> <p><b>22/62.1</b> The Chief Executive acknowledged that the report and presentation had been taken as read and highlighted the change in the management of Covid Test Trace and Protect (TTP) as set out by Welsh Government. There was now a move away from TTP in line with Welsh Government guidance and necessary work was ongoing with Local Authority partners. The Board noted that vaccinations were currently well on track with the plan to start vaccinating the younger cohort and those most at risk with boosters. Appointments would be made via Office 365, which meant that the process would commence ahead of schedule with the support of Welsh Government. This being the case, it was noted that vaccination wastage would be avoided wherever possible. Despite vaccinations being on target, community incidents moved up and down with an average of 80 Covid positive in-patients at any one time. The Board noted that Covid 19 remained volatile and policy development continued. An Independent Member queried the accuracy of the 4 March situation.</p> <p><b>22/62.2</b> It was resolved that the report and supporting presentation be noted and the decisions made by the Gold Command Operational Resilience meeting be endorsed.</p>	
<p><b>22/63 ITEM FOR CONSENT Mental Health Act</b></p> <p><b>22/63.1</b> It was resolved that the report be noted and the approvals in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12 Process and Criteria Document for S12 Approved Doctor approvals be ratified.</p>	
<p><b>22/64 Integrated Medium Term Plan</b></p>	

<p><b>22/64.1</b> The Executive Director of Primary Care and Community Services advised that work on the plan continued to progress with the intention to submit a balanced IMTP. Whilst the work progressed, it was challenging and Welsh Government had been informed that there were a number of significant risks to delivery that required mitigations in order for the plan to be deliverable. These were highlighted as being similar to other Health Boards and included the Covid pandemic and extraordinary financial cost pressures such as energy costs and National Insurance increases. The situation in Ukraine was cited as generating cost pressures and supply chain complications. It was also noted that, just like in other Health Boards, planned care backlogs were a concern.</p> <p><b>22/64.2</b> It was noted that the current iteration of the IMTP demonstrated the Health Board’s intention to deliver tangible outcomes, however significant due diligence work was required in relation to planned care demand and capacity, which would be completed within two weeks in time of the meeting of the Board on 30 March 2022.</p> <p><b>22/64.3</b> An Independent Member highlighted that it would be helpful to see the plan in the language of choice. The Executive Director of Primary Care and Community Services advised that a pre-translated plan would be shared before 23 March with translation being completed as soon as possible.</p>	CS
<p><b>22/65 People and Organisational Development Strategy</b></p> <p><b>22/65.1</b> The Chair advised that he wished to refer this item to the Extraordinary Board Meeting on 30 March as the plan could not be approved due to the number of gaps which still needed to be addressed, alongside the IMTP document, citing workforce assumptions as an example.</p> <p><b>22/65.2</b> The Executive Director of Workforce and Organisational Development advised that the IMTP would only be delivered with the People Strategy and that it would build upon the Stronger Together route map which was aligned with national strategies and also the strategies in Primary Care, Mental Health and Learning Disabilities, in addition to work on improving the health of the population of Wales which she was directly involved in at a national level.</p> <p><b>22/65.3</b> An Independent Member proposed that a completed document that had been adapted and simplified be presented alongside the IMTP at the Extraordinary Meeting. It was agreed that the Chair of the People, Partnerships and Population Health (PPPH) Committee would work with the Executive Director of Workforce and Organisational Development to review the actions required to complete the document outside of the meeting. It was agreed to build into the plan some quantitative and evaluative measures and that a critical friend be involved in this process.</p> <p><b>22/65.4</b> It was resolved that the approval of the People Strategy 2022 – 2025 be deferred.</p>	SG/LT

## **22/66 The Operating Model**

**22/66.1** The Executive Director of Workforce and Organisational Development apologised for the errors in the documentation shared, and advised that these would be addressed outside of the meeting and circulated ahead of the extraordinary meeting of 30<sup>th</sup> March 2022. The Board were informed that whilst the Operational Governance and Assurance Framework was unchanged by the proposals, its application would strengthen operational priorities and alignment, whilst adding clarity and simplicity to assurance routes throughout the organisation. It was noted that the EQIA had been created with impact assessments internally for the people who would be affected and externally for the Health Board's communities with some helpful feedback received.

SG

**22/66.2** Independent Members raised concerns around not seeing the Model before, concern about the loss of corporate memory due to the departure of key staff, and the proposed timing of implementation. The Executive Director of Workforce and Organisational Development advised that the Operating Model was based on the feedback received from across the organisation as part of the Stronger Together discovery exercise, which had highlighted that there was an urgent need to change. The 'Operating Model 'go live' process was now taking place in September as discovery had started in April 2021. The Board noted that it would not be possible to deliver the Operating Model unless cultural change was achieved.

**22/66.3** The Chief Executive advised that for colleagues exiting the organisation, the transfer of their knowledge, to safeguard that information for the benefit of the organisation, would take place. It was noted that although a big change, there was confidence that it was the right organisational model to be able to achieve improvements for the organisation at scale, giving the ability to provide personalised care for individuals enabling more effective working than at present.

**22/66.4** An Independent Member observed that the testing of the Model and framework was internally focussed and queried whether it should be tested externally too. It would be important to ensure that risks were not structured in the way previously discussed in the Risk Management Strategy. Members noted that there were a few mistakes in people's job titles and concern was raised that the Chief Digital Information Officer should (CDIO) also attend PPPH. The Executive Director of Workforce and Organisational Development advised that risks should be structured consistently, that prior to going live external testing would take place and that the CDIO would attend PPPH.

**22/66.5** An Independent Member suggested that a number of the ambitions/principles described in appendix 2 were helpful and supported them. It was noted that the document also described some changes to some of the decision making forums and groups and wanted to understand how this fitted in with the previously agreed governance structure which included for example the Executive Team, Executive Delivery Groups (EDGs) and subgroups reporting into the Committees and felt that there was a risk of duplication. The Executive Director of Workforce and Organisational Development advised that the EDG



<p>reporting lines through to Board committees remained unchanged, whilst the EDGs would enable better and more extensive focus and strengthen assurance. With regards to the Executive Team and the proposed Health Board Leadership Team it was noted that bringing these teams together would ensure cohesive decisions were made whilst enhancing visibility of assurance from health communities, and reducing silo working.</p> <p><b>22/66.6</b> An Independent Member noted that there was reference to deciding strategy at an operational level and queried how this would work in terms of the Board's responsibility for strategic decisions to ensure that decisions made at operational level were in keeping with the strategic priorities set by the Board. The Executive Director of Workforce and Organisational Development clarified that it was the Board's role to set strategy and that everything was directed to delivering the operational plan in support of that strategy through the structure, whilst acknowledging that the description might require further work. It was noted that the application of the Operating Model would continue to be monitored post implementation in order to identify any aspects that were not working effectively.</p> <p><b>22/66.7</b> The Chair advised that further work was required in order to understand how Board to Ward assurance would work and that further work on precise structures was required. Clarification around how the Executive Team would fulfil its responsibilities and discharge accountability if the Health Board Leadership Team structure was introduced was required, together with further clarification around EDG leadership to ensure that they remained Executive led. Further work on accountabilities and responsibilities would be needed given the number of senior managers departing, along with an explanation as to how control would be maintained during the transition. The Board would also wish to be assured that both Executives and senior managers understood and were content with the Model and thought needed to be given to public perception and the maintenance of confidence. It was agreed that the Chair and Chief Executive would work outside the meeting to agree the further actions required to progress the Operating Model.</p> <p><b>22/66.8</b> It was resolved that approval of the Operating Model be deferred to the Extraordinary Board Meeting on 30 March 2022.</p>	<p>SG</p> <p>JW/MP</p>
<p><b>22/67 Regional Treatment Centres</b></p> <p><b>22/67.1</b> The Chief Executive gave a brief update on the Regional Treatment Centres noting that a proposal would be presented to the Extraordinary Board Meeting on 30 March to align with the planned care recovery plan highlighted in the IMTP.</p> <p><b>22/67.2</b> It was resolved that the update be received and that the Regional Treatment Centre proposal be presented at the Extraordinary Board Meeting on 30 March 2022.</p>	
<p><b>22/68 Committee and Advisory Group Chair's Assurance Reports</b></p>	

## **22/68.1 Covid Cabinet**

**22/68.1 .1** The Chair's assurance report was noted.

## **22/68.2 Quality, Safety & Experience (QSE) Committee**

**22/68.2.1** The Vice Chair reported that there had been two Serious Incident Investigations reported in January and March meetings and that the Committee had asked for changes to be made to the subsequent action plans to ensure that they were less transactional and that whole Health Board improvement plans were produced. The Vice Chair noted that she had met with the Chair of the Vascular Quality Panel. It was noted that the Committee had raised concerns around Patient Safety Reports and the need to ensure that sustained learning was demonstrated and an improved report would be presented to the Board meeting on 30 March as part of the Quality Highlight Report. The Board endorsed the approach.

**22/68.2.2** An Independent Member noted that he would have thought that the CCTV Policy would have been received via Information Governance (IG). It was noted that it had been received at the Committee under a Health and Safety Report but that it had been developed with IG colleagues and could be shared with the Performance, Finance and Information Governance Committee. It was agreed that the Executive Director of Workforce and Organisational Development would share the CCTV policy with the Chair of this Committee outside of the meeting. It was noted that there were no further issues to escalate given that the vascular services item was already on the Board agenda.

**22/68.2.3** The Board noted and received the QSE Committee Chair's report

SG

## **22/68.3 Performance, Finance & Information Governance Committee**

**22/68.3.1** The Chair of the Performance, Finance and Information Governance Committee highlighted the risks reviewed in the Committee, these being the increased energy costs, the ability to deliver recurrent savings, recruitment issues and ambulance handovers. It was noted that additional costs from additional contracts were being managed. The Chair of the Performance, Finance and Information Governance Committee wished to formally acknowledge the success of Sub-Regional Neonatal Intensive Care Centre is (SURNICC) programme and formally extend his thanks to all involved.

## **22/68.4 Partnerships People & Population Health (PPPH) Committee**

**22/68.4.1** The Board noted and received the PPPH Chair's report.

## **22/68.5 Targeted Intervention Improvement Framework (TIIF) Group**

**22/68.5.1** The Board noted and received the TIIF Chair's report.

**22/69 Vascular Services**

**22/69.1** The Executive Medical Director presented the paper highlighting that the paper had been written prior to the QSE Committee. The Board noted the significant action that had taken place against the nine recommendations identified in the second stage review. The Executive Medical Director advised that the Vascular Quality Panel had been established, that communication with patients and families affected had been issued and that there was enhanced capacity across Wales but also with Liverpool around Multi-Disciplinary Team (MDT) work, with action moving at pace. Workshops had taken place with regards to professional standards and there was a weekly review of case notes which was also showing improvement in note keeping. The Board were also informed that the position was dynamic and changing and was being monitored on a daily basis.

**22/69.2** An Independent Member asked if the aspects that needed to be addressed urgently in the CHKS report received at the end of January had taken place. The Executive Medical Director clarified that the CHKS was an external organisation who had been approached to clarify if there had been any changes in outcomes since the hub and spoke model had been implemented in 2019. It was noted that the report received had not given the detail and clarity required. On this basis CHKS had been asked to review data and their methodology to ensure that the Executive Medical Director was able to return to the Board via QSE and report on outcomes.

**22/69.3** An Independent Member raised recruitment issues and that more staff appeared to be involved in data entry and what the accuracy would be. It was noted that the quality of clinical records was the responsibility of the clinicians and that a digital health record had been implemented. The staff highlighted would be support staff who would be collating records within the IMTP proposals and there was work ongoing to ensure that support was available at the spoke sites.

**22/69.4** Concern was raised around the movement of patients into orthopaedics and the Executive Medical Director clarified that there was no change to patients who required a vascular surgeon, the change was around the diabetic foot pathways, it was noted that the change was to ensure that the most suitable clinician was allocated to each patient. It was noted that the Executive Medical Director and the Executive Director of Workforce and Organisational Development were working on recruitment and that advertisements would be live as of Monday 14 March 2022 and that correct procedures would be followed to ensure the best recruitment was possible.

**22/69.5** The Chair queried if the quality of clinical records extended beyond the Vascular Service and the Executive Medical Director confirmed that it did but the impact had yet to be determined. It was noted that the Clinical Audit Plan for the

NL/LR

<p>forthcoming year would ensure a comprehensive approach to records, consent and do not resuscitate. It was agreed that work would continue with the Vice Chair on long term improvements and that in the third monthly update to the Minister, a review of the quality of records was required.</p> <p><b>22/69.6 It was resolved that</b> the update from the Vascular Steering Group, with the focus being on quality, safety and patient experience and the decision-making timeline be noted.</p>	
<p><b>22/70 Quality and Performance Report</b></p> <p><b>22/70.1</b> The Executive Director of Finance advised that the ongoing work on the report would mean that the live data would be available for April with the first new Quality and Performance Report being available for the May Board meeting. It was noted that the new report provided a dashboard and an executive summary.</p> <p><b>22/70.2</b> The Executive Director went on to present the latest Quality and Performance Report highlighting performance in unscheduled care. Whilst some indicators showed an improvement on December, pressure was being experienced in the system and across the whole of the UK NHS. The challenge highlighted was of patients being medically fit for discharge (MFD) not being able to be discharged. There was a need for an integrated action plan with Social Care to address the situation. It was noted that in relation to Mental Health, the information being received from the division concerned reviewing pathways as well as the performance of current service provision.</p> <p><b>22/70.3</b> The Chief Executive highlighted that along with all the local health organisations there was agreement to take part in a system re-set with a really strong focussed attempt to deal with ambulance delays and MFD. It was noted that the impact so far had been that the reset was already helpfully, with a strong focus on the longer waiters. Members noted that the length of time people were waiting for discharge was starting to reduce. The Board were informed that there was a link between nurse staffing and ambulance delays and that one of the reasons that the Health Board had supported the emergency staffing business case was that 30 ambulance journeys a day would be better suited to an alternative pathway.</p> <p><b>22/70.4</b> The Chief Executive advised that the falls pilot in the East was looking very positive, with whole organisation roll out hopefully to be implemented.</p> <p><b>22/70.5</b> The Chief Executive advised that the focussed attention of the system reset had highlighted delays that patients faced awaiting transport to tertiary providers. It was noted that a trial of working differently with therapy colleagues to support earlier discharge was ongoing with the next phase of the development being same day emergency centres. It was noted that there were consistent approaches within each of the services but these were able to be tailored where necessary, although capacity remained the issue.</p>	

<p><b>22/70.6</b> An Independent Member raised concerns that although measures were in place to reduced planned care wait times, the targets remained unmet. The Chair advised that he and the Chief Executive had discussed this and the opportunity to take a deep dive into particular service areas and a detailed plan on unplanned care was required. It was noted that planned care recovery would return as part of the IMPT being received on 30 March. It was also noted that unscheduled care and planned care were received at PFIG and that appendices to the reports on outsourcing and insourcing to increase capacity across the North Wales network could be included.</p> <p><b>22/70.7</b> The Vice Chair agreed to raise her points with regards to the report outside of the meeting alongside a discussion around double handling with GP's.</p> <p><b>22/70.8</b> An Independent Member welcomed the improvement around neuro and <b>Child and Adolescent Mental Health Services (CAMHS)</b> but was disappointed over Adult Mental Health performance. The Executive Director for Public Health advised that the Targeted Information Framework moved the organisation to the foundation phase, that she was seeing real progress but that further change was required and acknowledged with regards to the ways of working, reporting and action planning. It was noted that further movement needed to be achieved in prevention and early intervention.</p> <p><b>22/70.9</b> The Board discussed Primary Care and what should be included in the report, it was agreed that the Executive Director of Primary Care and Community Services and the Executive Director of Finance would discuss what contractors produce to include as a first step.</p> <p><b>22/70.10</b> The Board discussed Managed Practices, the Chair requested that the Executive Team consider which practices were under considerable pressure and required escalation, and that a clear report be provided to identify requirements going forward. It was agreed that the Executive Director of Primary Care and Community Services and the Executive Director of Finance would work together to develop a proposal.</p> <p><b>22/70.11</b> A discussion took place around mortality reporting and it was agreed that the Executive Medical Director would work with John Cunliffe on what would be helpful.</p> <p><b>22/70.12</b> It was resolved that the report be noted.</p>	<p>LR</p> <p>CS/SH</p> <p>CS/SH</p> <p>NL/JC</p>
<p><b>22/71 Finance Report</b></p> <p>The Executive Finance Director advised that the current position was a balanced outcome noting the Welsh Government Covid funding. The Executive Finance Director was asked if her concern had changed since the PFIG meeting with regards to energy prices and she advised that she had no additional concerns other than those stated in the Committee meetings.</p> <p><b>22/71.1</b> It was resolved that the report be noted.</p>	

<p><b>22/72 Operational Plan Monitoring Progress Report</b></p> <p><b>22/72.1</b> The Executive Director of Finance presented the paper. The Chair noted that the report referenced the accountability review and queried that if there was a change with the new Operating Model whether the accountability review would report into PFIG in the same way. The Executive Director of Finance advised that it would.</p> <p><b>22/72.2</b> An update was received around cancer targets given that they were reporting as red with no response. The Acting Executive Director of Therapies advised that they were all off target and linked to the production of a business case which had been delayed due to the absence of a critical member of staff, but given this, the team had taken the opportunity to engage in some benchmarking. It was noted that the business case had since been produced and was proceeding through appropriate governance channels.</p> <p><b>22/72.3</b> A discussion took place around the Health and Safety Improvement Plan and implementation on year 2, noting that the HSE Inspection reported into QSE and that the rating had slightly improved signalling more confidence and getting back on track as the organisation moved into year 2.</p> <p><b>22/72.4</b> The Chair highlighted the Workforce Optimisation Programme asking how the sharing of the product of the KPI targets and review would be undertaken. It was noted that the recruitment improvement review would report through to PPPH in April/May as the first workforce report and that there were two workforce reports per year.</p> <p><b>22/72.5</b> The Chair requested additional assurance on Safe Clean Care. The Chief Executive advised that further detail could be shared. Safe Clean Care was a transformational improvement, the focus being around the ongoing maintenance agenda. It was agreed that further work would take place outside of the meeting to ensure that it was part of the improvement methodologies.</p> <p><b>22/72.6</b> It was resolved that the report be noted.</p>	
<p><b>22/73 Regional Population Needs Assessment</b></p> <p><b>22/73.1</b> The Executive Director for Public Health presented the Regional Population Needs Assessment advising that it was a joint regional piece of work that colleagues would remember from five years ago. It was noted that the assessment supported planning arrangements and linked the Health Board to the Social Services and Wellbeing Act. The Population Needs Assessment had been approved by the Regional Partnership Board (RPB). It was noted that the document had been checked and worked through, although much of the content was dictated to by Welsh Government. The Board noted that it was being presented for approval and would go through all other organisations for approval and should be the start of any discussion.</p> <p><b>22/73.2</b> It was agreed that an Executive summary should accompany the document for future presentation. The Board requested assurance from the</p>	

<p>Executive Director for Public Health and the Executive Director of Primary Care and Community Services that sufficient attention had been given to what was set out in the document, highlighting the market stability report. The Executive Director for Public Health advised that it placed the organisation in a good place and that there was a need to make the planning cycle clearer for clinicians. The Executive Director of Primary Care and Community Services advised that planning had derived from the Population Needs Assessment.</p> <p><b>22/73.3 It was resolved that</b> the final draft of the North Wales Population Needs Assessment be approved.</p>	
<p><b>22/74 – Welsh Language Standards</b></p> <p><b>22/74.1</b> The Executive Director for Public Health presented the item noting Standard 37 required organisations like the Health Board to translate documents into Welsh. It was noted that at a previous meeting it had been agreed to undertake an assessment as to whether the standard was being complied with.</p> <p><b>22/74.2</b> The main considerations were:</p> <ul style="list-style-type: none"> <li>• whether the subject of the document related to a matter that was relevant to, affected, or was of importance to a large number of individuals (<i>defined as residents of Wales acting in their personal capacity</i>)</li> <li>• whether the subject of the document dealt with issues regarding the Welsh language</li> <li>• whether the document was one that would be publicly displayed</li> <li>• whether it was known that a percentage or a large number of the predicted audience were Welsh speakers, and for whom the Welsh language was an important consideration to them or they operated through Welsh</li> <li>• whether more than one person asked for the document to be available in Welsh</li> <li>• whether the document was likely to attract public response and attention (e.g. on social media)</li> <li>• whether the document was one which individuals were required to respond to</li> </ul> <p><b>22/74.3</b> The Executive Director for Public Health outlined the options:</p> <ol style="list-style-type: none"> <li>1. Continue with current process of translating agenda, minutes, presentation and standing items.</li> <li>2. Apply the assessment to <b>all</b> Board papers, which could eliminate the need for the translation of standing items (although this would not have a significant impact on the total word count and turnaround).</li> <li>3. Implement the assessment process over the next three Board meetings with a six-month review of achievability and long-term sustainability.</li> </ol> <p><b>22/74.4</b> It was noted that the main consideration was about the timescale of</p>	

<p>papers, lack of capacity and that external agencies had been shocked at the number of documents requiring translation.</p> <p><b>22/74.5 It was resolved to</b> implement the assessment process over the next three Board meetings with a six-month review of achievability and long-term sustainability.</p>	
<p><b>CLOSING BUSINESS</b></p>	
<p><b>22/75 Items to Refer to Committees</b></p> <p><b>22/75.1</b> Nothing to note.</p>	
<p><b>22/76 Review of Risks Highlighted within the Meeting</b></p> <p><b>22/76.1</b> It was agreed that risks were on the Corporate Risk Register or on the Board Assurance Framework.</p>	
<p><b>22/77 Review of Meeting Effectiveness</b></p> <p><b>22/77.1</b> Members were asked to reflect on the meeting effectiveness and share these with the Board Secretary or the Acting Deputy Board Secretary.</p>	
<p><b>22/78 Summary of Private Board Business to be reported in Public</b></p> <p>The Board Secretary noted the Quality Update.</p> <p><b>It was resolved that</b> the report be noted.</p>	
<p><b>22/79 Date of Next Meeting</b></p> <ul style="list-style-type: none"> <li>• 30 March 2022 (extraordinary meeting)</li> <li>• 26 May 2022</li> </ul>	
<p><b>22/80 Exclusion of Press and Public</b></p> <p><b>22/80.1 It was resolved that</b> 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>	