



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 18th November 2021 via Zoom conferencing

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
Clare Budden	Chair of Stakeholder Reference Group
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services (<i>part meeting</i>)
John Gallanders	Independent Member
Sue Green	Executive Director of Workforce & Organisational Development
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair (<i>part meeting</i>)
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive (<i>part meeting</i>)

In Attendance:

Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Simon Evans-Evans	Interim Director of Governance (<i>part meeting</i>)
Matt Joyes	Acting Associate Director of Quality Assurance (<i>part meeting</i>)
Lowri Gwyn	Translator
Fiona Lewis	Corporate Business Officer (<i>for live streaming support</i>)
Llinos Roberts	Executive Business Manager – Chair's Office (<i>for live streaming support</i>)
Paolo Tardivel	Director of Transformation & Improvement (<i>part meeting</i>)

Agenda Item Discussed	Action By
<p>21.206.1 Welcome and Apologies for Absence</p> <p>21.106.1.1 The Chair welcomed everybody to the meeting which was again being live streamed to enable members of the public to observe the meeting in real time. Members were reminded they were welcome to contribute in the language of their choice. The Chair went onto welcome Mr John Gallanders and Mr Richard Micklewright to their first meeting as</p>	

<p>newly appointed Independent Members to the Health Board, representing the Third Sector and Finance respectively.</p> <p>21.106.1.2 Apologies for absence were noted for Mr Gareth Evans and Cllr Medwyn Hughes. It was noted that Mrs Jo Whitehead would be late joining the meeting.</p>	
<p>21.206.2 Declarations of Interest</p> <p>21.206.2.1 Prof Nicky Callow declared an interest in item 21.221 in that she was previously the line manager of one of the vascular consultants.</p>	
<p>21.207 Patient Story <i>[Matt Joyes joined the meeting]</i></p> <p>21.207.1 The Acting Associate Director of Quality Assurance shared the audio version of the patient story.</p> <p>21.207.2 An Independent Member felt there was a lot of learning from the story with wider implications than just vascular services. She enquired whether it was normal practice for the procedure described in the story to be carried out on the ward, and whether the infection was hospital acquired. The Executive Medical Director responded that there were times when a balance needed to be struck between patient experience and the urgency of treatment. He was confident that in this case it had been carefully considered and deemed appropriate to undertake the treatment on the ward although he had asked clinical teams to consider whether this practice was becoming over-normalised. The Executive Director of Nursing and Midwifery added that podiatrists on the ward adhered to Royal College guidance and their competence was signed off as part of their Continuing Professional Development. The Chair asked that this matter be reported back to the Quality, Safety & Experience (QSE) Committee. In terms of the source of infection the Executive Medical Director was not able to confirm this, but explained that this was very often the case. The Independent Member asked how staff had reacted to the story and the Executive Medical Director confirmed that the story had been shared at the Vascular Steering Group and at clinical governance team meetings and he had been encouraged at the discussions in terms of teasing out the learning. The QSE Chair did not wish to add any comments other than to confirm the QSE Committee had raised a number of points at their meeting on 2nd November. She welcomed the clarity of the presentation of the report to the Health Board. Another Independent Member suggested that future patient stories could benefit from providing more contextual history and incorporating a whole pathway approach.</p> <p>21.207.3 It was resolved that the Board receive and reflect upon the patient story.</p> <p><i>[Matt Joyes left the meeting]</i></p>	<p>NL</p> <p>GH (MJ)</p>

<p>21.208 Draft Minutes of the Health Board Meeting held in public on 23rd September 2021 for accuracy</p> <p>21.208.1 The minutes were approved as an accurate record.</p>	
<p>21.209 Matters Arising and Summary Action Log</p> <p>21.209.1 Updates were provided to the summary action log</p>	
<p>21.210 Report of the Chair</p> <p>21.210.1 The Chair reported that the following Chair's Actions had been undertaken since the last Health Board meeting:</p> <ul style="list-style-type: none"> • Board Chair's Action to accept the BCUHB Construction Contractor Works Framework as detailed in the contract award recommendation and approved at the Finance & Performance Committee in August 2021 • Dual Performance, Finance & Information Governance (PFIG) and Board Chair's Action to approve an extension to the Licence to Occupy Forge Road GP Managed Practice Premises • Board Chair's Action to approve settlement of a high value claim in the specialty of ophthalmology • Dual Chair's Action (Board and Finance & Performance Committee) to ratify the decision of the tender evaluation panel that the contract for the provision for the delivery of Outsourced Planned Care Services – Orthopaedics should be awarded to Spire Healthcare, with a potential contract value over 2 years and 6 months of £15 million. 	
<p>21.211 Report of the Chief Executive</p> <p>21.211.1 The Deputy Chief Executive presented the report and wished to highlight that significant demands were still being seen within Emergency Departments (EDs) and work continued with Local Authority colleagues to improve the discharge situation.</p> <p>21.211.2 The Chair then raised the matter of the Holden Report which was completed in 2013. He reminded the Board that the organisation had last year appealed against a decision from the Information Commissioner to publish the report on the basis that it could identify specific individuals. Discussions had continued with the Information Commission since January 2021 to seek a mutual agreement to publish the report whilst protecting the identification of specific individuals, as required to do under data protection law. The ongoing legal process had prevented the Board from discussing the matter in public until now, however, the Chair was pleased to report that an agreement had been reached with the Information Commissioner, and endorsed by the Tribunal in the last week. The Health Board was therefore able to publish the report on 18th November 2021 with minimal redactions to protect personal data and as agreed with the Information Commissioner and the Tribunal.</p> <p>21.211.3 The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that she was pleased to be able to publish the report following this agreement and wished to</p>	

record her thanks to the Information Commissioner. She also extended her gratitude to the member of the North Wales community who originally asked for this report to be released and who had been working with the Health Board to move the matter along. She stated that the organisation was absolutely committed to being open with its community and at the same time protecting personal data as it was required to do. She welcomed the mutual agreement with the Information Commissioner that allowed both of these to happen. The Executive Director of Nursing and Midwifery noted that the Board had reflected long and hard on the circumstances around the Holden Report and the impact that not publishing it has had on the community, including staff. The report was written 8 years ago and was written by the external investigator as a confidential report which had always limited the ability of the Health Board to publish it. Staff had raised legitimate concerns and the Board needed to ensure that any actions taken to publish it did not undermine the confidence of those staff and other staff in raising concerns in the future as to do so would risk patient safety. In taking the learning from the report it had been decided that similar reports would now automatically be written for public release through the appropriate committee, and a process had been developed to ensure this happened. Members were informed of examples to this commitment in action including the release of the review in Llandudno Hospital following concerns which went to QSE Committee on 2nd November 2021, and the independent investigations into other serious occurrences which were underway now and would all now be reported in public to the QSE Committee. It was noted that the organisation was also considering whether any other historical reports should be made public, such as the review into concerns within speech and language services. The Executive Director of Nursing and Midwifery stated that although the Holden Report described the Hergest Unit in 2013, the fact that the report had not been made publically available had damaged community confidence in the Health Board, and she hoped that the release of the report and a commitment to future open reporting would help address this.

21.211.4 The Executive Director of Public Health stated that as the new executive lead for mental health services she was pleased with the progress that had recently been made. Like all services across the UK, mental health services had significant challenges to address including staffing numbers, managing demand for beds, ensuring the appropriate mix of patients and dealing with the impact of Covid-19. She reported that the Health Board acknowledged the challenges mental health services faced around the time of the Holden Report, both at the Hergest Unit and the wider services, and was pleased that inspections from Healthcare Inspectorate Wales (the independent regulator of healthcare) showed improvements in care within services. The new leadership team for mental health were working hard to continue to make sustained improvements, and this aligned to the targeted intervention framework with Welsh Government (WG). The Executive Director of Public Health hoped that the publication of the Holden Report would demonstrate to the North Wales community the Board's commitment to openness and building trust, and that people reading the report would recognise that it described a unit 8 years ago and that many changes had been and would continue to be made to improve health and care for the people of North Wales.

21.211.5 The QSE Committee and Mental Health Capacity & Compliance Committee Chair felt there would understandably be concerns at the report and whether the recommendations from 2013 had been actioned appropriately. She felt that whilst services would obviously have changed since that time it was important to demonstrate learning from any reviews regardless of how they originated. She welcomed the refreshed process for external reviews

<p>and the intention that any future ones would be commissioned in the knowledge they would be published.</p> <p>21.211.6 It was resolved that the Health Board note the report of the Chief Executive.</p>	
<p>21.212 Targeted Intervention Improvement Framework</p> <p>21.212.1 Chair's Report from Meeting Held 6.9.21</p> <p>The report was noted.</p> <p>21.212.2 Chair's Report from Meeting Held 29.9.21</p> <p>The report was noted</p> <p>21.212.3 Self-assessment</p> <p>21.212.3.1 The Executive Director of Nursing and Midwifery reported that a recent meeting with Welsh Government had been positive, although formal feedback was awaited. The Chair added that the self-assessment had been scrutinized and amended at a recent Board Workshop.</p> <p>21.212.3.2 It was resolved that the Board:</p> <ul style="list-style-type: none"> • Note the amended TIIF update paper from 23 September 2021 • Note the progress in delivering Targeted Improvement. • Agree the self-assessment reference points against each matrix <ol style="list-style-type: none"> a. All Ages Mental Health 1 b. Strategy, Planning and Performance 1 c. Leadership Governance and Culture 1 d. Engagement 1 • Agree the target reference point for May 2022 <ol style="list-style-type: none"> a. All Ages Mental Health High 2 b. Strategy, Planning and Performance High 2 c. Leadership Governance and Culture 2 d. Engagement High 2 	
<p>21.213 Covid-19 Update</p> <p>21.213.1 The Executive Director of Nursing and Midwifery delivered a presentation which highlighted:</p> <ul style="list-style-type: none"> • Community infection levels were rising with Gwynedd currently being the county with highest rates in Wales • Confirmed cases by age demonstrated an upturn in younger age groups 	

- There were 141 inpatients as at 17.11.21 with an increasing level in Ysbyty Gwynedd (YG)
- A range of Executive Incident Management Team (EIMT) decisions that had been taken
- Operational issues including impact on primary care, acute hospitals, ambulance turnaround and domiciliary/residential care
- Test Trace and Protect activity
- Vaccination programme activity including:
 - 1,209,209 vaccinations had now been given in North Wales;
 - update on the current phase including booster programme delivery;
 - performance against the JCVI cohorts.
 - key issues around capacity, concerns around travelling distances and queues.

21.213.2 A discussion ensued. The Stakeholder Reference Group (SRG) Chair enquired as to why Pfizer was the preferred vaccine for boosters as it would appear that storage requirements did create challenges. The Executive Director of Nursing and Midwifery confirmed this was a logistical matter and primarily as this was the vaccine that had been made available to the Health Board, although work continued on other options alongside this. The SRG Chair also enquired as to the plans for Wales following announcements in England regarding second doses for 16-19 year olds. The Executive Director of Nursing and Midwifery was aware that WG guidance had just been updated and she would check and feedback. An Independent Member raised the matter of uptake by staff and it was reported that 11,000 staff had now received their third dose but the English decision around mandating the vaccine had not to date been considered in Wales.

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21.213.3 The Executive Director of Public Health reiterated that in terms of both flu and Covid-19, vaccination was one of the best safeguards that the Health Board could provide for its communities. An Independent Member referred to the cancellation rate and wondered whether these were true cancellations or whether the appointment was rebooked. The Executive Director of Nursing and Midwifery would check and respond outside of the meeting. She also confirmed that where possible and appropriate, boosters were being administered to in-patients.

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21.213.4 An Independent Member suggested that the current strike action within public transport would impact upon attendance for vaccinations and would likely affect the more vulnerable population groups. The Executive Director of Nursing and Midwifery responded that the Emergency Preparedness Resilience & Response (EPRR) lead was working with Local Authorities to mitigate the impact of the strike action. She also addressed a question around sanitising stations and access to face masks on hospital sites in that a situation report had been requested across all sites as it was acknowledged that different levels of consistency had developed. The Executive Director of Workforce and OD added that the ongoing Health and Safety Executive (HSE) inspection was also addressing covid-secure measures and initial feedback on signage and 'meet and greet' arrangements on acute sites had been positive. An Independent Member expressed her continued concern at the situation in care homes in terms of discharge from hospital and capacity and that Local Authorities had shared their concerns and described challenges with the Minister.

21.213.5 An Independent Member enquired around the possibility of administering vaccines in schools as was happening in England, and sought assurance that the demand for vaccines would be met out in communities. The Executive Director of Nursing and Midwifery indicated that walk-in sessions had been established to encourage a better take-up by

<p>children but accepted there could be other ways of improving uptake by working with schools. The Executive Director of Public health was aware of some specific instances with shortages of the flu vaccine but she had no general concerns about availability, and supply and demand was being closely monitored.</p> <p>21.213.6 An Independent Member asked around the in-patient capacity across BCUHB particularly with the oncoming winter, and the Executive Director of Nursing and Midwifery confirmed that the Executive team and others were looking to make additional ward space available to support the population, however, the workforce would always remain a limiting factor. The Independent Member then enquired as to whether there was a difference between a booster dose and third dose, and made reference to current issues within vaccination centres in terms of queue management. The Executive Director of Public Health confirmed that the doses were different with a higher level 'top up' third dose being offered to those with severe weakened immunity, whilst the booster dose was to extend the duration of protection for those with regular immunity. The Executive Director of Nursing and Midwifery responded regarding vaccination centres, acknowledging there had been recent challenges with queues. Messages continued to be reinforced to ask people to attend on time for their appointment time but she accepted that further support needed to be given to ensure the most vulnerable were not waiting for long periods without shelter or seating.</p> <p>21.213.7 An Independent Member felt that the second dose take up rates for 12-17 year olds (4%) seemed very low. The Executive Director of Nursing and Midwifery responded this would predominantly be a timing issue in reporting. The Independent Member also suggested that alternative mechanisms to a letter should be offered for 12-15 year olds. It was reported that social media was utilised and the offer of walk-in sessions was now made, but accepted that communication and invitation mechanisms could be widened for this age group. The Executive Director of Nursing and Midwifery undertook to follow up the point of whether there was evidence that take up increased for this age group when social media was more widely used.</p>	<p>GH</p> <p>GH</p>
<p>21.214 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>21.214.1 It was resolved that the Board note the report and ratify 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.</p>	
<p>21.215 Emergency Scheme of Reservation & Delegation</p> <p>21.215.1 It was resolved that the Board approve the Emergency Scheme of Reservation and Delegation (SORD).</p>	
<p>21.216 Transformation Update <i>[Paolo Tardivel joined the meeting]</i></p>	

21.216.1 The Director of Transformation & Improvement presented the paper which set out the Transformation and Improvement Strategy and approach for the Health Board. He highlighted that the focus was on improving outcomes for the population but at the same time supporting financial efficiency and value for money. Significant preparatory work was underway in terms of controls, governance and recruitment to deliver the ambition of a self-improving organisation with a clinically led workforce. He confirmed that reporting would be made through the Executive Delivery Group (Transformation and Finance) and up to the PFIG Committee. He also indicated that there was a session scheduled for the private Board Workshop on 2nd December 2021.

21.216.2 A discussion ensued. An Independent Member enquired around the team structure and the Director of Transformation & Improvement responded that there would be an improvement function focused on mainstreaming service improvement on a longer-term basis, together with a range of specialists to add rigour. There would also be a programmes function to ensure a consistent Project Management Office approach, and a flexible resource pool of project managers. A key area of work would be on pathways and value based care. The Independent Member disagreed with the statement in the paper that previous transformation work had been focused on cost savings. The Director of Transformation & Improvement Financial accepted that cost savings were not the only driver but that there had been a higher emphasis on this during the period of financial recovery. He reiterated the need for transformation to lead on improving patient experience whilst tracking financial improvements and ensuring benefits realisation. The Independent Member also challenged whether improvement should be solely clinically led, and the Director of Transformation & Improvement acknowledged there was a balance to be struck but it was essential to ensure specialist knowledge was in place at the outset. Another Independent Member suggested that clinically led should be interpreted as a wide range of allied healthcare professionals. The Director of Transformation & Improvement accepted this point and would amend the narrative accordingly.

21.216.3 The SRG Chair felt that the success of the programme would be measured in terms of delivery of the vision. She felt that some of the narrative was very optimistic – for example the use of phrase “a perfect experience”. The Director of Transformation & Improvement suggested that the programme needed to have high ambitions but he would reflect on this point. An Independent Member enquired as to where the prevention agenda fitted in and it was confirmed this would be core to the development of the various workstreams and would be aligned to strategic plans and ambitions.

21.216.4 The Chair felt it was important to note that this was the first time the Board had seen a Transformation Strategy. He noted that transformation was a key focus for the organisation and was pleased that investment was now being made to move it forward although he was concerned that the team may be overwhelmed. The Executive Director of Primary Care and Community Services stated that success would only be achieved through an organisation-wide commitment, and that the transformation team was there to support and enable not to take sole responsibility for delivery. The Chair also welcomed the focus on value and the reference in the paper to prioritisation. He indicated the Board would expect additional assurances based on the comments made when the matter was further discussed at the Board Workshop.

21.216.5 It was resolved that the Board endorse the Transformation and Improvement strategy and approach outlined in the paper

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(CS)

<i>[Paolo Tardivel left the meeting]</i>	
<p>21.217 Strategy Development Update</p> <p>21.217.1 The Executive Director of Primary Care and Community Services presented the paper highlighting a range of key points:-</p> <ul style="list-style-type: none"> • The refresh of the Living Healthier Staying Well (LHSW) Strategy had included recent engagement events from which feedback clearly supported the relevance of the Strategy's goals. • Other feedback indicated that the organisation could communicate its plans and goals far more succinctly. In response, officers had looked at how other organisations had met the challenge with a consistent feature being the need for simplicity of message and a 'plan on a page'. • Progress on the development of a Clinical Services Strategy continued under the leadership of the Executive Medical Director, with a clinical 'summit' being held to test and shape the strategy. In addition there had been strengthened arrangements to reflect the public voice, and the Board was on track to have this Strategy by the end of March 2022. <p>21.217.2 A discussion ensued. The Chair sought assurance around the development of the Integrated Medium Term Plan (IMTP) and the Executive Director of Primary Care and Community Services indicated the organisation was on track to deliver a three year IMTP which would be the first for some time. He set out the challenge of ensuring a flow and alignment with other key documents and ensuring that the content was deliverable by the Health Board and its partners. An Independent Member enquired as to the level of confidence that the IMTP would achieve the aims and be within the timeframe. The Executive Director of Primary Care and Community Services was absolutely confident at the level of enthusiasm within the teams to deliver the IMTP and he welcomed the positive level of ambition. He felt it would be challenging to deliver within the timeframe but he was confident of the ability to do so, recognising that the Clinical Services Strategy also needed to be in place. The Executive Medical Director added that in order to manage expectations it was important to be clear on what the Clinical Services Strategy was and was not, as it would not provide a definitive update against every single pathway nor would it map every staff member to the delivery of every clinical outcome. The SRG Chair was pleased to learn of the range of consultation that was taking place, and requested that feedback be provided to those who contributed to close the loop.</p> <p>21.217.3 It was resolved that the Board receive the update on work underway to develop and align the Health Board's key strategies.</p> <p><i>[Jo Whitehead joined the meeting]</i></p>	CS
<p>21.218 Strategic Outline Case: Llandudno Junction/Conwy Primary Care Development</p>	
<p>21.218.1 The Executive Director of Primary Care and Community Services presented the paper which sought approval to the Strategic Outline Case (SOC) and confirmation that the development was part of the Board's strategic thinking. This would then progress to seeking approval from WG to move to the next formal stage. It was highlighted that there had been long-standing conversations in terms of a development in the Llandudno Junction / Conwy area to ensure fit for purpose primary care provision. The provision had been challenged</p>	

<p>both by increased housing developments, disability access requirements and the pandemic. The Executive Director of Primary Care and Community Services stated that the development was most certainly aligned to the organisational strategy for its primary care estate and remains a priority for investment across the Area Teams. He indicated that the paper also made reference to a number of longer term potential options including whether there would in time be a need to have premises in both areas and he would be keen to start this conversation with WG.</p> <p>21.218.2 A discussion ensued. An Independent Member welcomed the development but made a wider comment that the Health Board could be more engaged with Local Authority planning to ensure sustainability within primary care. Another Independent Member enquired how the Health Board ensured the older buildings within the primary care estate met disability access requirements. The Executive Director of Primary Care and Community Services responded that every effort was made to support primary care contractors to meet the requirements but some premises were more challenged than others. Reasonable adjustments were regularly made in order to meet individuals' needs but this often affected efficiency and were not sustainable arrangements. The Independent Member raised some specific queries around the lease for the Gyffin premises, the potential for residential development of the Maes Derw site, and funding of the highways development – the Chair asked that these be responded to outside of the meeting.</p> <p>21.218.3 It was resolved that the Board approve the Strategic Outline Case for Conwy / Llandudno Junction for onward Welsh Government approval decision and funding.</p>	CS
<p>21.244 Emergency Department (ED) Workforce Business Case</p> <p>21.244.1 The Executive Director of Nursing and Midwifery presented the paper, highlighting there had been a good discussion at the recent PFIG Committee where members had supported the business case in principle, but not formally approved it at that stage. She acknowledged that the business case was long-awaited and following wide engagement and benchmarking she felt it was representative of future thinking for EDs. The development of the business case had enabled a review of skill mix options and a 'below the line' nursing establishment had been included to support the extra activity and address long waits in EDs. With the implementation of the business case it was proposed there would be gateways to release funds in line with the ability to recruit, whilst maximising capacity in unscheduled care across the whole pathway and supporting patients to self-care where appropriate. Finally it was stated that recruitment would be on a pan North Wales basis.</p> <p>21.244.2 The PFIG Committee Chair referred to the gateway reviews and recalled that a commitment had been given to provide three-monthly reports to the Committee, subject to approval by the Board. The Executive Director of Nursing and Midwifery confirmed this was the case and that the format of those reports would be agreed with him as PFIG Chair. She added that a bid around SDEC (Same Day Emergency Care) principles had been supported in part by WG and the organisation would be working towards an emergency floor concept. The Executive Director of Finance confirmed that scrutiny had occurred around the investment into EDs and the expected efficiencies and benefits. She also felt that an opportunity would be provided to look at the wider pathway of unscheduled care not just EDs.</p>	

<p>21.244.3 The Chair requested clarity on the timeline for investment and savings plans, together with associated monitoring arrangements. The Executive Director of Finance confirmed she would ensure this was covered in a paper to the December PFIG Committee. The Executive Director of Workforce and OD added that oversight through the Executive Delivery Group (Transformation & Finance) would also help drive effective reporting, but she suggested that recruitment remained a key challenge and potential barrier. An Independent Member made the point that the paper was very biased towards medical and nursing and that it should reflect the wider range of clinical and support services. In addition she suggested the use of the phrase “qualified and non-qualified” was unfortunate. The Executive Director of Nursing and Midwifery accepted this point and added that in terms of skill mix, references to Advanced Practitioners would also include broader thinking around therapists. There had also been separate conversations around other services such as pharmacy and diagnostics across the wider organisation, however, the business case was primarily for front line ED services. In terms of support services such as reception staff this had previously been identified as a gap and investment had already been made in those areas.</p> <p>21.244.4 The SRG Chair was supportive of the plan but raised a wider point around governance and felt that papers could be improved to draw out key detail of prior Committee level discussion when a paper was subsequently presented to Board. The Chair felt this was a valid point and asked the Board Secretary to pick this up.</p> <p>21.244.5 An Independent Member raised the matter of border issues between Wrexham Maelor Hospital and the Countess of Chester Hospital. He suggested that human nature would mean that if patients over the border were aware that ED waiting times were shorter in Wrexham they would attend there rather than the Countess of Chester. He asked what strategic conversations had been held with providers over the border. The Executive Director of Nursing and Midwifery felt this point was well made and that the Countess of Chester was also under significant pressure. She reported that there were regular and ongoing conversations about pressures and operational matters with English providers. The Chief Executive added that from a commissioning perspective there were well-established links with the Countess of Chester specifically and with the Integrated Care System (ICS) which provided oversight across the English system of provider services for Welsh residents. Finally it was confirmed that the SDEC business case was progressing separately through PFIG Committee.</p> <p>21.244.6 It was resolved that the Board review the business case and support the 115.07 WTE additional resource and its associated funding as per details in the business case.</p>	<p>SH</p> <p>LB</p>
<p>21.219 Integrated Governance Framework Update <i>[Simon Evans-Evans joined the meeting]</i></p> <p>21.219.1 The Interim Director of Governance presented the paper which provided an update on the next stage of the Integrated Governance Framework (IGF) now that the refreshed agendas and cycles of business were in place. Work was ongoing with leads for the development of the Operating Model to ensure alignment and the Good Governance Institute (GGI) were continuing to support the Board around improving the quality of Board/Committee papers, and strengthening Committee reporting into Board. In addition a new suite of templates was nearing completion.</p>	

<p>21.219.2 A discussion ensued. The PFIG Committee Chair outlined challenges in managing the size of the agenda that the Committee now held, and that setting out the agenda in “future, present and past” did not necessarily support grouping items for decision or for scrutiny or for information. The Interim Director of Governance offered to attend agenda setting meetings to help officers and Chairs better manage this aspect. The Chief Executive indicated that as the Operating Model took shape there may be a need to review and reflect some further changes to the IGF. She suggested that a timeframe for review of the IGF be established and this was supported by other Board Members. The Chair also set out a shared desire to improve governance and clarity around Board and Committee matters but that there was still work to do in reaching an appropriate balance. He also noted reference in the paper to the Partnerships, People and Population Health (PPPH) Committee modelling new ways of working but he noted that the PFIG Committee was also looking at this, and this opportunity should not be missed.</p> <p>21.219.3 The Chair also sought assurance around how the accountability framework via the Performance Oversight Group (POG) was working. The Chief Executive confirmed that she had attended the accountability meetings and felt they provided a robust listening opportunity where barriers to performance and improvement could be raised with Executives. She would wish to develop the meetings to make them more useful and effective for the departments/services themselves. The Interim Director of Governance added that a paper on performance accountability had also been shared at a recent Audit Committee. The Executive Director of Nursing and Midwifery indicated that Executive Team did plan for each accountability meeting to ensure that the discussion was in line with priorities and ambitions, and she felt that the new Operating Model would provide an opportunity to evaluate and build upon the accountability arrangements.</p> <p>21.219.4 The Board Secretary summarised that implementation of the IGF was still at a fairly early stage but there had already been positive examples of agenda setting involving a wider group of colleagues at that important stage.</p> <p>21.219.5 It was resolved that the Board note the update</p> <p><i>[Simon Evans-Evans left the meeting]</i></p>	<p>SEE</p>
<p>21.220 Urology Review</p> <p>21.220.1 The Executive Director of Nursing & Midwifery presented the paper, the subject matter of which had received prior scrutiny at QSE Committee. She highlighted that a subsequent meeting had taken place with the urologists to determine how to take the review forward, and the terms of reference for the improvement group and for the external review had been developed to ensure alignment.</p> <p>21.220.2 A discussion ensued. The QSE Committee Chair reported that a number of concerns had been raised around the service and welcomed the invitation for a Royal College review. She indicated that the QSE Committee had been assured that services would be improved in the meantime. The PFIG Committee Chair suggested that clarity was</p>	

required as to what was meant by an 'independent' review. He also queried whether robotic surgery could have been operational within North Wales if BCUHB hadn't signed up to the all Wales procurement arrangement. It was reported that whilst the all Wales process had created delays, the urology concerns were wider than the robotic service.

21.220.3 An Independent Member noted reference to doubling the number of consultants and enquired how this had been determined ahead of the Royal College report. The Executive Director of Nursing and Midwifery reported that capacity and demand had been estimated based on Royal College guidance and existing data as an interim step to ensure the provision of safe care. The question was also asked whether the work was budgeted for, and it was confirmed it had been costed within the Regional Treatment Centre (RTC) assumptions in terms of recovery of the backlog, but not in terms of a longer term solution.

21.220.4 An Independent Member queried whether the terms of reference for the review should include the service delivery model. The Executive Director of Nursing and Midwifery indicated that as part of wider transformation work, the Get it Right First Time (GIRFT) team had been invited to look at some specialties including urology.

21.220.5 The Chair highlighted that concerns relating to urology had been noted internally ahead of the Ombudsman report. He also raised the issue of a strategic vision for urology and the Executive Director of Nursing and Midwifery confirmed she was working with the Executive Medical Director and the Executive Director of Workforce & OD to develop leadership within urology as part of the clinical services strategy.

21.220.6 The Chair expressed his concern at the performance issues and numbers of incidents and that a sustainable response was required. The Executive Director of Nursing & Midwifery acknowledged this concern and suggested that setting up the Improvement Group as soon as possible, and ahead of the Royal College review, was key. She indicated there had been a good level of engagement and commitment from urology consultant colleagues to improve matters alongside the RTC work.

21.220.7 It was resolved that the Board support the decision of the Quality, Safety & Experience Committee to establish a local Improvement Programme for the service and to invite the Royal College of Surgeons to undertake an independent review.

21.221 Vascular Services

21.221.1 The Executive Medical Director presented the paper. He highlighted that the improvement programme was key to ensuring the continuity of safe services and that there was a greater attention to detail within the action plan in terms of measuring progress and the identification of mitigating actions. There would be an increased focus on patient experience and safety including the provision of patient stories at the Vascular Steering Group (VSG). He reminded members of the timeline for decision-making that led to the current centralised model being implemented in April 2019, and noted that the GGI were commencing a review of the decision-making process to inform learning for any future

service change. Members' attention was drawn to the current service provision provided at each site which was set out within Appendix 1. The Executive Medical Director noted that waiting times, operational pressures and staffing continued to be key challenges for the service. Work was ongoing to better understand the organisation's vascular outcomes, amputation rates and other key quality markers and a very recent audit report from the National Vascular Registry had now been received which identified similar challenges to what had already been identified and some outcome measures that may relate to patient safety. Officers were looking at this at pace to understand the implications.

21.221.2 The QSE Committee Chair reiterated concerns expressed by the Committee at the lack of progress and that there had been multiple versions of an action or improvement plan presented over the past couple of years. She suggested it was understandable that patients and stakeholders may lose confidence in the service and that the organisation must now ensure that it could evidence clear improvement and explain any slippage against actions. The Executive Medical Director accepted this point.

21.211.3 The Chair sought assurance that the current model was what was presented and agreed by the Health Board previously, and that there was no suggestion that the model was inappropriate. The Executive Medical Director confirmed this was the case and that he was not aware of any internal intelligence, nor information from external reviews, nor from comparison to other parts of the UK that would indicate that the current configuration was inappropriate. The Chair welcomed this assurance, however, he shared the frustrations of other members around pace and demonstrable improvement. He noted that both QSE and the Health Board would receive further reports in January which was also the time that the second element of the Royal College review was due.

21.211.4 An Independent Member enquired whether the proposed additional workforce proposals implied that the service was currently not sufficiently staffed. The Executive Medical Director reported that a piece of detailed work would feed into the IMTP process and would ensure staffing in line with national standards and best practice. The detailed financial implications were not yet known and the proposals would need to go to the Vascular Oversight Group and then through the normal IMTP processes. The Chair stated that the Board would need to consider any proposals for additional investment in the vascular workforce, in the same way it had for urology.

21.211.5 **It was resolved that** the Board note the update from the Vascular Steering Group, to note the focus on quality, safety and patient experience and to note the decision-making timeline.

21.222 Quality & Performance Report

21.222.1 The Executive Director of Finance presented the report and highlighted a range of key points. She confirmed that the refreshed National Delivery Framework had just been published by WG and would be worked through by the performance team ahead of incorporating the revisions into the next report. With regards to the quadruple aims it was

noted that children's immunisations performance was very good with 94.9% of children having had the "six in one" vaccine and 94.10% having had the MMR vaccine. In terms of influenza the campaign had just commenced and would be reported in the December report. An improved position for mental health was reported with 66.6% of adults receiving a review within 28 days and the number commencing therapy remaining above target. In terms of complaints the rate remained consistently over 62% which reflected an improvement over previous years. In addition there had been a reduction in the number of falls with harm. The Executive Director of Finance then went on to describe a range of areas for improvement including infection prevention in terms of increasing numbers across Wales in e-coli and c-difficile. Concerns remained around children's mental health services with only 23.6% of children being able to access treatment within 28 days, although it was highlighted that contracts had been extended with the aim of ensuring a month on month improvement from October to December. The Executive Director of Finance went onto explain there had been five never events in the year which remained a concern. The Sepsis Six data had commenced from September and officers were checking that the metric was being recorded and monitored appropriately. It was highlighted that Covid-19 vaccinations were now over a million and booster over half a million. Finally the Executive Director of Finance acknowledged the Board and Committees' continued concerns around the Quality and Performance report and confirmed that further conversations were being held with Chairs to address these.

21.222.2 A discussion ensued. An Independent Member referred to the latest position with ED performance and ambulance handover, and also with regards to triage support to the 4 hour stroke target. The Executive Director of Finance confirmed that constructive work continued to maintain a helpful army presence, and that in terms of stroke care a meeting was being rescheduled to look at the pathway to involve more clinical colleagues to implement best practice for early transfer. The Independent Member asked for a further update once that meeting had taken place.

[Lucy Reid left the meeting]

21.222.3 An Independent Member noted that in looking at the report as a whole the majority of measures were on a downward trend which he felt demonstrated a fundamental issue with performance management. The Executive Director of Finance responded that a high proportion of the metrics related to planned care and unscheduled care, and the productivity and efficiency within these areas had been adversely affected by the pandemic. She indicated that the support from WG for the development of RTCs would deliver a more sustainable model. The Executive Director of Nursing & Midwifery added that as part of the RTC work, planned care would be separated out from unscheduled care in line with the Board's strategic direction. The Executive Medical Director added that in these unprecedented times there were unavoidably long waits that would affect patient experience, however, he was clear that staff were committed to improving this.

21.222.4 An Independent Member felt that primary care was still under-represented across the report. The Chair indicated that he was aware of work ongoing to develop relevant measures and he would wish to see some elements built into the report earlier than the next

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<p>financial year. The Executive Director of Finance responded that it was likely there would be a subset of information that she would share with Chairs to seek their views as to what would be appropriate to incorporate from December onwards.</p> <p>21.222.5 The Chair reminded the Board that whilst the number of reds in the report was of concern, he felt some reassurance could be taken from a range of measures now in development that should provide opportunity for improvement, including the RTC work, an improvement programme for unscheduled care, clinical leadership support to transformation and the recently approved investment in the ED workforce.</p> <p>21.222.6 It was resolved that members of the Health Board scrutinise the report.</p>	SH
<p>21.223 Operational Plan Monitoring Report</p> <p>21.223.1 The Executive Director of Finance presented the report and highlighted the inclusion of a useful slide providing a RAG summary across the six domains following feedback from the PPPH Committee. She felt this offered a balanced scorecard approach for these domains and the number of red or amber measures were notable, predominantly across planned care and unscheduled care. She reiterated that the report format continued to be addressed for a total refresh from the new financial year but confirmed that she was looking to make some improvements from December onwards to address some concerns raised by members. She went on to highlight a range of areas where there was positive activity including RTCs, the development of a specialist cancer business case and population health aspects.</p> <p>21.223.2 A discussion ensued. An Independent Member queried whether enough was being done to recover planned care performance, noting that the plan had been written in the context of the pandemic. The Executive Director of Finance confirmed there was a detailed plan of intention, but there was a significant amount of reliance on other NHS providers who were also struggling with capacity. The Health Board was doing everything it could to ring fence capacity for its population as part of IMTP planning. The establishment of RTCs would reduce pressure on the acute sites and was now at the expressions of interest stage. The Executive Director of Nursing and Midwifery added that a key lesson learned was the need to separate planned care out from unscheduled care and that this would provide the biggest impact, alongside addressing independent sector capacity.</p> <p><i>[Lucy Reid rejoined the meeting]</i></p> <p>21.223.3 An Independent Member referred to the enabler of the implementation of the Health and Safety improvement plan and enquired why the requirement to identify and support staff at a greater risk of contracting Covid was red. The Executive Director of Workforce and OD responded that BCU was one of the highest RIDDOR reporters and had worked closely with the HSE on this matter. The target was reported as red as the Board had received a notice of contravention from the HSE following the death of a member of staff last year. The Chair enquired whether the PPPH Committee were being sighted on staff</p>	

<p>welfare matters including increased sickness rates, and the Executive Director of Workforce and OD confirmed this was in hand together with support to lone workers.</p> <p>21.223.4 The PPPH Committee Chair made reference to Safe Clean Care and that the Committee had been concerned at the status of this element and had felt there was insufficient explanation as to the lack of progress. The Executive Director of Nursing and Midwifery assured the Board that there had been significant progress recently which would be reported to the QSE Committee in January.</p> <p>21.223.5 The Chair noted that 28 items within the report had turned red from the previous month, and he sought assurance that the scale of this had been considered and that there was not cause for significant concern given the current circumstances. The Executive Director of Finance indicated that some triggers that would turn a target red may only relate to a short delay and accepted that a short qualitative narrative against such cases to offer a judgement on the significance would be helpful. The Chair also noted that many of the updates within the report would rely on the development and implementation of business cases and he sought assurance that they were deliverable and aligned to strategic priorities. The Executive Director of Finance was broadly confident that any business cases that were required to deliver the objectives in-year were funded within the plan. The Chair then referred to difficulties in addressing staff behaviours with regards to compliance with infection prevention control (IPC) guidance, and asked what level of confidence the Executive Team had in this regard. The Executive Director of Nursing and Midwifery confirmed that she and the Executive Medical Director were working closely to get champions in place to support this work and to encourage professional challenge to examples of non-adherence. There was also work underway with regards to audit activity for IPC. Finally she agreed with earlier comments that the detail behind many of the red areas in the report related to not achieving things in as timely a manner as would be wished.</p> <p>21.223.6 It was resolved that the Health Board scrutinise the report.</p>	SH
<p>21.224 Finance Report M6</p> <p>21.224.1 The Executive Director of Finance presented the paper which was a summary of a more detailed report that had been scrutinized at the PFIG Committee. She highlighted that the strategic financial support of £82m this year from WG plus Covid19 recovery monies to assist with planned care had been built into reporting. A positive month 6 position was reported in that a balance position was shown for in-month, year to date and year end in line with the financial plan. It was noted that a table describing the impact of Covid19 funding had been included in the paper which it was hoped was helpful. This included the Covid19 and enhanced flu vaccination programme of £16m; the Test Trace & Protect programme of £18.5m, plus Covid-specific initiatives such as the use of field hospitals as mass vaccination centres; enhanced cleaning standards around IPC. <i>[Lucy Reid left the meeting]</i>. The Executive Director of Finance went onto state that the PFIG Committee had considered a paper on the use of the strategic support and that a number of the schemes had been delayed resulting in a detailed review of opportunities to utilise potential slippage to meet the</p>	

same objectives as the funding was agreed for. It was also highlighted that the savings delivery at M6 was £13.6m against a £17m target but members could be assured that delivery had improved at M7 up to £16.6m. Finally the Executive Director of Finance acknowledged the report was succinct and confirmed she would be more than happy to go through any detail with those Board Members who did not attend the PFIG Committee. This was welcomed in terms of assisting members in their governance and scrutiny role.

21.224.2 A discussion ensued. The Chair enquired whether the reported overspends were being examined in order to understand why the position was as it was. The Executive Director of Finance confirmed that there was detailed understanding behind each overspend and this again was an area to be addressed in terms of providing Board Members with an appropriate level of detail in financial reports. An Independent Member noted that the use of agency had been a longstanding issue and he would express caution that recruitment would be sufficiently successful so as to eliminate the need for agency staff completely. He suggested that the new cycle of three yearly budgeting alongside the IMTP would need to be realistic in this regard. The Executive Director of Finance concurred and confirmed the transformation programme would require both workforce and financial implications to be worked through to determine what recruitment needed to look like. She also indicated multi-disciplinary teams would need to operate at a level that would allow and support clinicians to do the clinical elements. The Executive Director of Workforce and OD added that long-term recruitment was the key as there was now a need for agile additionality in terms of people's skills or capacity, and a workforce planning model that looked more widely than traditional recruitment. *[Morwena Edwards left the meeting]* The Executive Director of Nursing and Midwifery added that the focus on matters such as the emergency care business case, the transformation agenda, the clinical services strategy and the development of the North Wales clinical school all pointed to the organisation being in a much stronger position in terms of recruitment.

21.224.3 It was resolved that the report be noted

21.225 Primary Care Update

21.225.1 The Executive Director of Primary Care and Community Services presented the paper which provided an update on the provision of primary care services across North Wales. He wished to acknowledge the huge amount of work that continued across all contractor professions and was disappointed to note examples of negative media coverage about access to services during the pandemic. He continued to be humbled and grateful in respect of the commitment by primary care practitioners to deliver their services and highlighted that it was just not possible to offer face to face contacts for every patient whilst continuing to support the vaccination programme, and catch up on reviews for chronically frail patients. He confirmed that face to face consultations were still made available to those who most needed them. The Executive Director of Primary Care and Community Services added that in terms of GP cluster investment there had been around £3m made available this year for the delivery of local schemes to help address the backlog and avoiding unnecessary onward visits to acute sites.

<p>21.225.2 A discussion ensued. The Chair was surprised at the high percentage of GP practices who responded that their telephony system was appropriate as there was a long-standing concern they were not fit for purpose. The Executive Director of Primary Care and Community Services advised there was very specific wording within these national standards as to whether the practice would meet the requirement or not. The Chair was pleased to see that a deep dive access survey had commenced in GP practices and he suggested this should be shared with the appropriate Committee once available. In response to a question around the sharp drop in numbers of patients sent onto ophthalmic diagnostic treatment centres in October, the Executive Director of Primary Care and Community Services confirmed this was a data issue as opposed to a sudden drop in activity. An Independent Member was surprised that standard 7 relating to a timely, co-ordinated and clinically appropriate response was reported as 99%. Again, the Executive Director of Primary Care and Community Services indicated there was a very specific specification for the standard which he would be happy to share outside of the meeting. With regards to standard 3 around bilingual answerphone messages the question was asked how many practices were able to offer a bilingual reception service. The Executive Director of Primary Care and Community Services responded that this figure was not available however a mapping exercise of bilingual capabilities was being carried out. The Independent Member also asked whether the 99% of practices who could offer alternative methods of contact including digital, could allow online appointment requests and repeat prescriptions. The Executive Director of Primary Care and Community Services would check the specification of this standard.</p> <p>21.225.3 It was resolved that the Board note:</p> <ol style="list-style-type: none"> 1. the growing demand for primary care services; 2. the actions being taken together with primary care contractors and clusters, to manage this demand and best meet the needs of patients. 	<p>CS</p> <p>CS</p> <p>CS</p>
<p>21.226 Nurse Staffing Report</p> <p>21.226.1 The Executive Director of Nursing and Midwifery presented the report which had received scrutiny at the QSE Committee on 2nd November. She highlighted that the uplift for healthcare support workers was the same as for registrants, however, the continuing professional development requirements were very different and this would be addressed.</p> <p>21.226.2 A discussion ensued. The Chair enquired as to what recruitment activity was planned to maintain nurse staffing levels in particular. The Executive Director of Nursing and Midwifery indicated there was positive collaborative working and whilst some overseas recruitment had been made, the focus was on delivering an all Wales approach. The Executive Director of Workforce and OD acknowledged that current vacancy levels were not where they needed to be, although she suggested it would be helpful for the Board to note there were 230 more nurses in post than this time last year. She also noted the importance of recognising that when the establishment was increased this also increased the vacancy rate. Teams were looking at how the offer can be improved to make North Wales more attractive, and to address vacancy gaps at the same time as understanding workforce</p>	

planning issues. With regards to the reference of the acuity of patients driving increases in nurse staffing levels, the Executive Director of Workforce and OD felt there was a need to understand what the models of care need to look like, and this linked to the transformation agenda and providing care in the right place. GH the Act and what it covers, work in EIMT and looking at different models of care for sub acute patients including therapy colleagues. The Executive Director of Therapies and Health Sciences added that utilising therapy colleagues at the front door of acute services had real opportunities to make a difference in terms of reablement, avoiding admissions and supporting discharge.

21.226.3 It was resolved that the Health Board receive the report to gain assurance in relation to the following:

1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory 'duty to calculate' the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

2. BCUHB is meeting its statutory duty to provide an annual presentation to the Board detailing calculated nurse staffing levels (Appendix 1)..

The Health Board is also asked to note that:

3. As of 1 October 2021 the extension of section 25B of the Nurse Staffing Levels (Wales) Act 2016 has been extended to include paediatric inpatient wards. The Annual Presentation (Appendix 1) and Summary of Nurse Staffing Levels (Appendix 2) for wards where Section 25B applies will therefore include Adult acute medical inpatient wards; Adult acute surgical inpatient wards; and Paediatric inpatient wards.

4. Ongoing reasonable steps taken to monitor and as far as possible maintain nurse staffing levels in line with the Act and during times of unprecedented pandemic pressures.

5. Potential financial implications arising from the organisations statutory duty to calculate and take all reasonable steps to maintain nurse staffing levels will be considered by the Executive Team as part of the financial planning process for 2022/23.

21.227 Committee and Advisory Group Chair's Assurance Reports

21.277.1 Covid Cabinet 15.9.21, 30.9.21, 14.10.21 & 28.10.21

21.227.1.1 The reports were noted

21.277.2 Audit Committee 28.9.21

21.277.2 The Board Secretary highlighted that the range of internal reports received at the Committee had provided a mix of substantial and reasonable assurance. She also drew members' attention to the matters for escalation which were the approval of the Emergency Scheme of Reservation & Delegation, and the approval of the schedule of financial claims.

21.227.3 Quality, Safety & Experience Committee 2.11.21

21.227.3.1 The QSE Committee Vice Chair presented the report and highlighted the key assurances and areas of concern.

<p>21.227.4 Performance Finance & Information Governance Committee 28.10.21</p> <p>21.227.4.1 The report was noted</p> <p>21.227.5 Partnerships People & Population Health Committee 14.10.21</p> <p>21.227.5.1 The report was noted</p> <p>21.227.6 Stakeholder Reference Group 20.9.21</p> <p>21.227.6.1 The report was noted</p> <p>21.227.7 Healthcare Professionals Forum 3.9.21</p> <p>21.227.7.1 The Executive Director of Therapies and Health Sciences presented the report and highlighted the key advice and feedback to the Board.</p>	
<p>21.228 Items to Refer to Committees</p> <p>21.228.1 It was felt there was nothing to refer across to any Committee</p>	
<p>21.229 Review of Risks Highlighted within the Meeting</p> <p>21.229.1 It was felt there were no areas of risk for escalation that were not already captured in the Board Assurance Framework or Corporate Risk Register.</p>	
<p>21.230 Review of Meeting Effectiveness</p> <p>21.230.1 The Chair invited members to send any comments or reflections to himself.</p>	
<p>21.231 Summary of Private Board business to be reported in public</p> <p>21.231.1 It was resolved that the Board note the report</p>	
<p>21.232 Date of Next Meeting</p> <p>20th January 2022 - to incorporate annual Trustees meeting</p>	
<p>21.233 Exclusion of Press and Public</p> <p>21.233.1 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</p>	

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.	
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