

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Minutes of the Health Board meeting held in public**

**on 25th July 2024 at the Optic Centre, St Asaph and livestreamed via Zoom**

<b>Board Members present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Edwards	Chair
Karen Balmer	Independent Member
Clare Budden	Independent Member
Russell Caldicott	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
Urtha Felda	Independent Member
Chris Field	Independent Member
Dr Jane Moore	Acting Executive Director of Public Health
Fôn Roberts	Associate Member – representing Directors of Social Services
Carol Shillabeer	Chief Executive
Dr Chris Stockport	Executive Director Transformation and Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member – Chair Healthcare Professionals Forum (HPF)
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
<b>In Attendance</b>	
Jason Brannan	Deputy Director of People
Teresa Owen	Executive Mental Health and Learning Disabilities (MHLD) Lead and Welsh Language Lead (part meeting)
Philippa Peake Jones	Head of Corporate Affairs
Dr Anita Pierce	Deputy Medical Director MHLD (part meeting)
Dr James Risley	Deputy Executive Medical Director
Dylan Roberts	Chief Digital and Information Officer
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance
Iain Wilkie	Interim Director MHLD
Diane Davies	Corporate Governance Manager - for minutes
Geoff Ryall-Harvey	Chief Officer Llais North Wales
Carol Williams	Deputy Chief Officer Llais North Wales
David Graves	Member of the public by invitation
<b>Observers</b>	
Carwyn Wycherley	Senior Private Secretary to the Cabinet Secretary for Health, Social Care and Welsh Language

Agenda Item	Action
<p><b>24/139 Welcome and apologies for absence</b> Apologies were received from Independent Members Dyfed Jones, Prof Mike Larvin, Dr Nick Lyons for whom Dr James Risley deputised and Mike Parry, Associate Member.</p>	
<p><b>24/140 Declarations of Interest relating to the agenda</b>  None were received</p>	
<p><b>24/141 Unconfirmed minutes of Health Board meetings held on 10.7.24 (ExtraOrdinary), 30.06.24 and 11.04.24 (ExtraOrdinary)</b>  <b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Agreed</b> the minutes were a true and correct record of the meetings held on 10<sup>th</sup> July 2024, 30<sup>th</sup> June 2024 and 11<sup>th</sup> April 2024..</li> </ul>	
<p><b>24/142 Matters arising and action log</b>  <b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Agreed</b> the updated log.</li> <li>• <b>Noted</b> that improvement work was being undertaken to ensure consistency across the Board and Committee governance documentation.</li> </ul>	
<p><b>24/143 Staff Story - Dementia Support Activities Co-ordinator Story</b></p> <p><b>24/143.1</b> The Executive Director of Nursing and Midwifery introduced the video which provided an insight into the role of a Dementia Support Activities Co-ordinator and how they support BCUHB patients with dementia. An important role whose numbers it is hoped will be increased from the current 35 across BCUHB.</p> <p><b>24/143.2</b> A discussion ensued on how the third sector was being involved in developments as well as plans to further develop nursing and support workers within this area with appropriate training across the Integrated Healthcare Communities (IHCs). In response to Independent Member (IM) Urtha Felda, assurance was provided that patients were encouraged to take part in household activities, where appropriately supported, to help with memory and provide opportunities for physical exercise.</p> <p><b>24/143.3</b> Many examples were provided of Board Members positive experiences within community hospitals of similar roles and initiatives such as joining in with local schools along with potential developments with other partner and third sector organisations.</p> <p><b>24/143.4</b> The Executive Director of Nursing and Midwifery said that she was very proud of the enthusiastic individuals and their new role. The Board welcomed the presentation, thanking them for their valuable contribution and looked forward to further service developments.</p> <p><b>It was resolved that</b> the Board</p>	



<ul style="list-style-type: none"> <li>• <b>Noted</b> the report.</li> </ul>	
<p><b>24/144 Report of the Chair</b></p> <p>The Chair welcomed the opportunities he had to witness many positive cross community developments which supported the Health &amp; Wellbeing of people in the community since the previous Board meeting such as the Bwyd Da initiative in Anglesey. He shared an example of the privilege of being a partner organisation with Project Search which provided local young people with physical or learning disabilities opportunities to train, have a variety of work experiences and potentially achieve employment. As the largest employer in North Wales he welcomed the opportunity for BCUHB to support these groups of young people and develop further opportunities along with other partner organisations across North Wales.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report.</li> </ul>	
<p><b>24/145 Report of the Chief Executive</b></p> <p><b>24/145.1</b> The Chief Executive drew attention to celebrations, especially Diabetes and nationally recognised work with children, and also challenges. She advised that the Board would regularly be sighted on progress reporting with the Covid enquiry. In regard to strengthening substantive senior level appointments at the Board and those supporting it, she advised that recruitment work was ongoing to attain a full complement of executive board members and she was pleased to report that Steven Powell would join BCUHB as Director of Performance and Commissioning in September, whilst Gareth Evans would shortly be undertaking the role of IHC Director Centre. The Chair thanked Gareth Evans for his last Board meeting and the commitment he had made as Acting Executive Director of Therapies and Health Sciences.</p> <p><b>24/145.2</b> The Chief Executive concurred that the development of the MPharm course at Bangor University was very welcomed in moving towards pharmacist prescribing which would be very important to clinical strategy.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report.</li> </ul>	
<p><b>24/146 Report of the Vice Chair</b></p> <p>The Vice Chair appreciated the opportunities to see work at the coal face and thanked colleagues for their time in accommodating the many visits undertaken in various areas of the Health Board. The Chair also thanked him for his commitment to learning the Welsh language through a recent intensive Welsh language course.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report.</li> </ul>	
<p><b>STRATEGIC</b></p>	
<p><b>24/147 Health Board response to the Royal College of Psychiatrists' Invited Review Services Report</b></p>	

**24/147.1** The Chief Officer of Llais provided context, he stated that the families felt more hopeful however, whilst the approach felt different, some scepticism remained. They sought the new Board to deliver change at pace. The establishment of the new Expert Advisory Panel would be welcomed to ensure that actions were fulfilled.

**24/147.2** Llais would continue to work with the Vice Chair and Interim Director Mental Health and Learning Disabilities (MHL D) and welcome regular updates at BCUHB's Board meetings to ensure visibility and that a constructive look could be taken at all the recommendations to ensure they remained relevant and identify new actions if necessary going forward. It would be important to see MHL D services in the round and he advised of recent prevalence of people experiencing suicidal thoughts emerging which needed to be addressed.

**24/147.3** The Chief Executive emphasised the importance of the report and the commitment of the Board to demonstrate moving forward and provide confidence to the scepticism expressed. The Board had sought good practice and advice from far and wide.

**24/147.4** The Executive Director Nursing and Midwifery advised of the work being progressed to ensure that the services of the Health Board were looked at in the round, not only in MHL D, to ensure the issues were not replicated elsewhere. The quality management system being introduced would strengthen this. She emphasised the importance of learning and listening from people with lived experiences, and acknowledged with gratitude recent meetings that she, the Chair and Chief Executive had joined in with families.

**24/147.5** The Executive MHL D Lead stated the importance of ensuring that the previous experiences were never forgotten and that going forward stronger and safer services would care for BCUHB's patients. She highlighted areas within the response plan which would be receiving particular attention e.g. strengthening psychology and therapists. Electronic health records would be an important part of the solution, improving governance processes and providing greater confidence for families and the public. She emphasised the need to work together with Llais and the families whom had been affected to ensure that the changes moved forward in an integrated way with confidence and trust.

**24/147.6** The Vice Chair, as Mental Health Independent Member lead, thanked everyone for their contribution and the balanced, thoughtful approach being taken. He welcomed the oversight of the Quality, Safety and Experience Committee and suggested that it would be important to ensure that current patient experience was also reflected in monitoring going forward. Improvement in complaint management was very important to progress. The importance of communication (reflected in action 1) required real leadership to address across the Health Board, not only MHL D. The provision of a physical health suite was to be welcomed whilst recognising estate pressures at acute sites. Supporting staff was imperative to enable them to carry out their challenging roles, and he welcomed the appointment of a substantive Executive Director with responsibility for MHL D. Movement away from interim appointments was necessary. Psychological therapies and talking therapies needed to be



focused on. Scepticism needed to be met with proof of improvements and listening would be critical.

**24/147.7** In response to a comment by IM Urtha Felda, the Chief Executive concurred that there were research investment opportunities to be explored. The Chief Executive also advised that the Deputy Director of People would provide an update on progress with culture, leadership and engagement to the September Board meeting. Six monthly MHL D progress reports would be provided to the Board as previously agreed. She welcomed the establishment of a new Expert Advisory Panel reporting via the QSE Committee. The Chief Executive reaffirmed the commitment to moving forward improvements with honesty and openness.

**24/147.8** The Llais Chief Officer welcomed the commitment advised and sought assurance that the vacant chair position of the Expert Advisory Panel would be 'independent'.

**It was resolved that** the Board

- **Approved** the Health Board response to the Royal College of Psychiatrists Invited Review Services Report entitled 'Moving Forward Together'; and
- **Endorsed** the outlined approach and proposed governance arrangements.

#### **24/148 All Ages Mental Health Digital Solution Outline Business Case (OBC)**

**24/148.1** The Chief Digital and Information Officer introduced the outline business case. He cited the evidence moving forward was to work differently and ensure the evidence of patient record keeping was easy, effective and accurate whilst providing great care every time. This could be supported by electronic healthcare records (EHR) at BCUHB.

**24/148.2** The MHL D Medical Director joined the meeting to explain her role as Senior Responsible Officer and emphasise the springboard opportunity that the EHR would bring to clinical transformation and hugely improved MHL D services for the people of North Wales. She stated that staff were ready to embrace the EHR solution which would also meet Regulation 28 needs. She stressed the improvements and the benefits that contemporaneous information and the avoidance of clinical variation would bring in utilising the solution.

**24/148.3** The Chief Digital and Information Officer stated the costs of £10m over 4 years also incorporated implementation costs and highlighted the fact that implementation would take 3 years to complete across all ages within MHL D services. The Digital Investment Panel (DIP) was considering the investment that day, it was noted that the Director General NHS Wales had indicated via letter, that the OBC would be provided to the Cabinet Secretary, subject to the DIP's decision, in due course.

**24/148.4** The Board members presented a number of questions. In relation to potential savings, the Interim Executive Director of Finance and others advised



there was much potential due to filing, clinic transfers and release of storage space of paper records, less duplication in recording data which released time for patient care, and decreased waiting times. Measurable benefits realisation would be quantified in the final business case stage. He also advised that this and other business cases would need to articulate savings, efficiencies and alignment with strategic objectives in reports albeit these discussions were difficult.

**24/148.5** Members also questioned integration with future internal or partnership digital systems.

**24/148.6** The solution would be an important part of the changes BCUHB needed to move forward with its plans, the Chair was keen to support the need for an effective electronic health record for patients and welcomed the staff enthusiasm articulated by those present.

**It was resolved that the Board**

- **Approved** the All Ages Mental Health Digital Solution Outline Business Case.

*The Executive Lead for Mental Health left the meeting*

**24/149 North Wales Vascular Network – update report**

**24/149.1** The Chief Executive presented the item which was a key area for service delivery and part of special measures. The quality management system, approved by the Board, would continue to be utilised in the focus on vascular services. The Executive Director of Transformation and Planning advised there had been a reshaping of services following concerns raised 10 years ago and, whilst the journey had not been straightforward, there had been many improvements, especially in the last year. The team had been able to adapt and adopt to continuous improvement and contribute to network data which demonstrated a maturity in the service. Whilst many areas were operating well, there remained some which were being closely monitored through an integrated improvement plan. The Executive Director of Transformation and Planning reflected on the improvements medical personnel engagement had contributed during the period including the provision of certain vascular surgery that would not have been possible without the single hub and spoke service provided.

**24/149.2** The Deputy Executive Medical Director directed the Board's attention to the improvements outlined within the report, especially in regard to cultural changes, constructive clinical engagement and strengthened governance processes.

**24/149.3** The Quality and Safety Committee (QSE) Committee Chair shared recent scrutiny of vascular reporting to the Committee which had provided assurances on improvement, both internally and through external data. It was important to maintain this monitoring at the Committee and recognise the need for the improvements identified to continue to be implemented.

**24/149.4** In response to the Chair, the Executive Director of Transformation and Planning provided background to the reasons for changes and the practical and cultural improvements made. He remarked that there had been useful learning on working with neighbouring services which would be borne in mind in future improvement work. The Deputy Executive Medical Director also shared the positive wider national discussion that were being held. The Chair was pleased to note that improvements had been made through working together, as BCUHB's ambition was to provide the best of service provision for the people of North Wales. He voiced his gratitude for the work undertaken.

**It was resolved that the Board**

- **Noted** the Vascular Service Progress Report, specifically the level of progress made and the current status of the service following external assessment; and
- **Endorsed** the proposal for a further peer review in 12 months to ensure continued improvement, reporting regularly through to the Quality, Safety and Experience Committee

**24/150 Digital Augmentation Contract**

**24/150.1** The Chief Digital and Information Officer presented the item clarifying the need to introduce external digital expertise into BCUHB not only to develop software applications but to also ensure that BCUHB employees were also upskilled to grow organisational capability in order to effectively meet digital support to the organisation's strategic objectives e.g. MHLD Electronic Health Record. He set out the funding arrangements and sought delegation for the Executive Team to approve augmentation contracts within the parameters outlined i.e. to a maximum of £2m total spend which was included within existing budgets.

**24/150.2** IM Rhian Watcyn Jones questioned the risk of investing in a third party resource which might consequently employ trained BCUHB employees. The Chief Digital and Information Officer acknowledged the point however, on balance, there were wider market factors to be considered and there remained potential for local talent to be developed and retained.

**24/150.3** A discussion ensued reflecting on the importance of developing local young people, and the Chief Digital and Information Officer was encouraged to provide opportunities to support the development of local people, where possible, in the augmentation services engaged.

**It was resolved that the Board**

- **Noted** the conclusions of the report and recognised the immediate need to strengthen and grow its limited internal software application development, business change capability and capacity with the assistance of expert third-party partners;
- **Agreed** with the award of augmentation contracts up to the maximum value of £2m, subject to approved business cases, whilst recognising that the contract value spend limit is to be £1,160,000 based on available budgets and approvals to date;.

<ul style="list-style-type: none"> <li>• <b>Agreed</b> to delegate future approvals above the £1,160,000 to the Executive Team; and</li> <li>• <b>Agreed</b> that the Planning, Population Health and Partnerships Committee would receive regular updates on the contracts, to ensure appropriate governance and oversight</li> </ul>	PW
<p><b>24/151 Integrated Concerns Policy</b></p> <p><b>24/151.1</b> The Executive Director of Nursing and Midwifery presented the item explaining the background and development of the policy emphasising the integrated element and functionality across all the organisation which had undergone appropriate consultation that also included feedback provided by Llais, Welsh Governance (WG) and NHS Wales Executive. She highlighted that complaints, incidents and mortality would be dealt with through an integrated concerns hub. An implementation plan was in place to ensure the policy would be functional by September 2024 and supported appropriately by staff with the provision of a standard toolkit for consistency.</p> <p><b>24/151.2</b> The Executive Director of Transformation and Planning acknowledged the volume of work undertaken and drew attention to the important provision of business intelligence which the outputs provided could also feed into organisational planning.</p> <p><b>24/151.3</b> IM Rhian Watcyn Jones questioned whether BCU's primary ambition to embed robust, timely services was sufficiently articulated within the policy – as successful services rarely had complaints to report on and was a measure of improvement. The Vice Chair also sought to ensure the actions required to address Duty of Candour and the early disclosure of potential adverse incidents with patients were explicitly referenced in the documentation. He also sought to ensure that process development considered the pinch points of authorisation e.g. corporate permission that could significantly delay progress for patients and families awaiting answers.</p> <p><b>24/151.4</b> The Chair questioned how a cultural shift could be made from the automatic response of instigating the complaint process to addressing the issues through learning and improving quality within services. In response to IM Clare Budden, the Director of Corporate Governance undertook to examine the Policy further to consider her comments regarding procedural content and also took onboard the general feedback which would be explored with the Executive Director of Nursing and Midwifery.</p> <p><b>24/151.5</b> The Chief Executive emphasised that the organisation needed to improve the manner in which concerns were dealt with and the policy provided the opportunity to address this along with improving the quality of investigations and standards. Capturing thematic issues and ensuring consistency and effectiveness was key to the rapid improvement approach needed, noting that monitoring effective concerns performance measures, especially reasonable response times, would demonstrate that BCUHB <i>does</i> care greatly about these issues.</p> <p><b>24/151.6</b> The Executive Director of Nursing and Midwifery expanded on improvements introduced, including more effective but appropriate authorisation</p>	AW/PW



<p>processes to ensure timeliness, strengthened executive oversight and the provision of forums for staff to actively contribute to, and participate in, learning. She also suggested safe methods that could be introduced for staff to have better confidence in the appropriate escalation of issues raised, for example at the bedside. Whilst it was important to work towards achieving few complaints it was equally important to ensure that an effective complaints reporting process was in place that was clearly understood by patients and families. In response to IM Karen Balmer, the Executive Director of Nursing and Midwifery agreed to cross check against BCUHB's Information Governance Policy on storage timelines and incorporate within the documentation.</p> <p><b>24/151.7</b> The Chair reflected that the need for cultural change was a common theme that had emerged during the day's discussions.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the policy subject to the inclusion of amendments put forward</li> </ul>	<p>AW</p>
<p><b>24/152 2024/25 Annual Delivery Plan - Quarter 1</b></p> <p><b>24/152.1</b> The Executive Director Transformation and Planning presented the report, outlining the attainments reached at the end of quarter one. Of note were 66% achieved, 7 due for completion by 31<sup>st</sup> July and 6 were overdue deliverables that did not have mitigation plans that would bring them back on track within a short timescale. Attention was also drawn the change control summary within the document.</p> <p><b>24/152.2</b> The Chief Executive commented that it was essential that the organisation had clarity on the 5 strategic objectives and milestones necessary to deliver against and this was much better understood than 2 years ago. It would be testing and challenging to ensure delivery against the performance targets set in Planned Care but it had clear organisational focus.</p> <p><b>24/152.3</b> The Chair stated that the organisation had demonstrated financial and governance improvements and it was now very necessary to achieve improvements in the delivery of performance.</p> <p><b>24/152.4</b> In response to members' questions, the Executive Director of Transformation and Planning advised that there had been a balance of ambition set across the reporting quarters, in which there was a more realistic baseline at quarter 2 which was progressing well. In regard to the Treat in Turn initiative questioned by the Vice Chair, he advised that a huge step change had taken place however, it was not yet sufficient to align with the target set.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Received assurance</b> on the progress made during Q1 along with the challenges highlighted; and</li> <li>• <b>Approved</b> the change controls outlined within the paper.</li> </ul>	



### **24/153 2023/24 Annual plan closure report**

The Executive Director Transformation and Planning provided assurance that the actions not completed in the previous year's Annual Delivery and Special Measures plans had been subsumed into the 2024/25 Annual Delivery plan which replaced the need for 2 separate plans.

**It was resolved that the Board**

- **Noted** the report and approved the change controls outlined within the paper

### **24/154 Integrated Performance report**

**24/154.1** The Interim Executive Director of Finance invited individual executives responsible for sections of the report to provide updates in these areas, noting that finance would be dealt with at item 24/156.

**24/154.2** The Executive Director of Nursing and Midwifery drew attention to the Quality, Safety and Experience (QSE) measures reported, including 2 new never events, 22 new reportable incidents and 6 trainee clinical coders had been appointed. In regard to workforce, there had been significant reduction in nursing vacancies through retention and significant recruitment, which was also a significant good quality indicator.

**24/154.3** The Deputy Director of People Services stated that focussed attention by workforce teams was ensuring that only appropriate agency nursing staff were being utilised where necessary. He drew the Board's attention to new measures included within the report to provide People visibility and the intention to shortly introduce a culture dashboard to measure BCUHB as a compassionate organisation. Sickness absence was constant and consistent with the previous year. Turnover of nursing staff was now the third best in Wales. He highlighted that understanding the reasons for staff leaving was also being followed up which would provide greater clarity for the organisation.

**24/154.4** The Acting Executive Director of Therapies and Health Sciences highlighted the challenging performance in patient waits within Emergency Departments (ED) and in ambulances which needed to show improvement for patients and staff through the various activities that were being invested in these areas. He drew attention to these eg pathways developments, meetings with Ambulance services, optimal flow, community rapid access and managing people whilst in ED, all of which were part of BCU's major change programme for the year ahead. He expanded on this in response to IM Urtha Felda's query.

**24/154.5** The Interim Executive Director of Finance drew attention to progress in respect of the ringfenced Planned Care Funding of £44m provided by WG to enable the Health Board to make improvements in these areas. It was a major priority to change Outpatient appointment waiting times from growing (c24,000) to significantly reduction. Consideration of various initiatives to address this would be decided upon within the private session to follow, including focus on patients experiencing extreme waits. Booking systems, diagnostic availability, cancer performance and dermatology were all receiving particular focus on

improvements. Whilst Mental Health and Learning Disabilities (MHL) services were generally performing well, Child and Adolescent Mental Health Services (CAMHS) performance was significantly challenged. Integrated Healthcare Communities (IHC) were focussing on ways to book in long waiting patients across the Health Board.

**24/154.6** The Chair was pleased to note refinements in the formatting of the report however, he asked the Chief Executive to enable additional information to be provided across the report that clearly articulated the actions being undertaken to address the performance issues and provide services for the patients whom BCUHB serves.

**24/154.7** In response to IM Chris Field, the Executive Director of Nursing and Midwifery shared that the trajectories for concerns improvement were on track given the improved processes and focus that her teams were moving forward, although mindful of delays that could sometimes arise waiting for information from external partners. The Chief Executive suggested that introducing a local measure might provide a better indicator of performance.

**24/154.8** IM Caroline Turner pointed out concerns with vaccination rates and sought improvements. She also questioned why patients waiting the longest could not be immediately be moved the 'front of the queue'.

**24/154.9** IM Clare Budden expressed concern with the lack of contemporaneous performance data, and requested that this be followed up, given that Financial reporting was made available to the Board in a timely manner. She also questioned why there was strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere.

**24/154.10** The Chair observed a common theme was arising in regard to ensuring the Board operated as one, rather than separately.

**24/154.11** The Vice Chair called impassionately to move forward and adequately resource the appointment booking service in order to improve long waiting times for patients with BCU clinicians. He and the Chair stressed the need for the issue to be addressed. The Chief Executive outlined the incentive, support and serious consequences approach which the performance framework provided to improve the position. She acknowledged the serious time pressure upon the Health Board and the command and control approach being undertaken to improve traction which was constantly being monitored. The Interim Executive Director of Finance stated that weekly senior leadership team meetings were taking place to target providing the necessary services to long waiting patients as a priority. Positive clinical engagement was taking place and there was an expectation that those patients whom had waited the longest would be booked in by the end of August 2024.

**24/154.12** The Chair emphasised that the Board was focussed and committed to addressing this area in order that patients within the Health Board could be seen appropriately and within a reasonable time.

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<p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Reviewed</b> and <b>noted</b> the contents of the report</li> </ul>	
<p><b>24/155 Quality Report</b></p> <p><b>24/155.1</b> The Executive Director of Nursing and Midwifery presented the report. She highlighted that a recent Healthcare Inspectorate Wales (HIW) inspection of Ysbyty Glan Clwyd Emergency Department had provided initial positive feedback on improvements observed, there was potential that de-escalation might follow. Ombudsman’s reports and Investigation reports were noted as published. She also drew attention to work being done to address Falls and Hospital Acquired Pressure Ulcers (HAPU).</p> <p><b>24/155.2</b> The QSE Chair questioned whether further depth could be provided in future reports to reflect the actions being undertaken to address issues and the consequences. She was particularly concerned with how pressure ulcers were reported and the distinction of those which were hospital acquired. The introduction of quality dashboards was to be welcomed, not only for internal purposes but also for patients and families. In response to IM Clare Budden, the governance route of monitoring HIW report actions was outlined by the Executive Director Nursing and Midwifery, which included her chair assurance report to the QSE Committee.</p> <p><b>24/155.3</b> Discussion also ensued on leadership and cultural issues which had become a regular theme of concerns. IM Urtha Felda asked that future reports provided detail on completed audits.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	<p>AW</p> <p>AW</p>
<p><b>24/156 Finance Update Q1</b></p> <p><b>24/156.1</b> The Interim Executive Director of Finance presented his report to the Board reflecting the continued challenging financial position. Members noted the year to date £12.8m deficit, which represented a £7.9m adverse variance for the first quarter against a planned deficit of £4.9m, and the work that would progress to bring this back into profile. The deficit to date was predominantly driven by the £5.9m shortfall in undelivered savings against profile and pressures in Commissioned Services, Continuing Healthcare (CHC), and in particular mental health placements. Additional capacity was available to treat patients, and identify discharge arrangements from BCUHB’s urgent emergency care service.</p> <p><b>24/156.2</b> With regard to the savings target of £48m, £26.5m savings had been identified, of which £4.3m would be non-recurring, and £22.2m recurring with a full year effect of £32.1m. This was a significant improvement from the beginning of the financial year. Of the £26m savings these would have a full year effect which would roll into future years.</p> <p><b>24/156.3</b> Members noted the £82m available from WG as one-off funding for this year. Discussions were progressing with WG around where this resource would be targeted next year and delivery of our plan would be linked to our case for</p>	

retention for the funding. As the Health Board had improved on its plan for 2023/24, it had received £74.6m from WG into the baseline funding for every future year. The challenge remained for the Health Board to achieve the £20m target to develop a strong case for retaining the additional £82m in the baseline for the next year and future years.

**24/156.4** With regard to £44m capital funding programme, it was noted that there was currently a spend of £1.7m against this. Planned works were in the system to occur later in 2024/25, and work was on-going with the estates team to ensure that the money would be allocated and spent in-year.

**24/156.5** In response to a question from IM Urtha Felda regarding transformational work, the Interim Executive Director of Finance advised that a value and sustainability model approach had been adopted which would be embedded throughout WG and Wales. The work of the Non-Pay National Forum, of which the Interim Executive Director of Finance was a member, was important and was an opportunity to share good practice. One of the many elements of this work was clinical practice and this would free up resources that were currently committed based on premium working, and there was further work to be undertaken in this area.

**24/156.6** The Health Board had implemented a Value and Sustainability programme approach which would act as enablers on transformation to deliver some of the savings against the £48m ask. It was noted that the value and sustainability work would deliver both savings, along with wider improvement and engagement. This would lead to patient benefits and savings within five core domains: Workforce, Clinical Variation, Non-pay, Continuing Health Care (CHC), and Medicines Management. Each of the domains were performance managed by the Integrated Performance Executive Delivery Group.

**24/156.7** The Vice Chair welcomed the progress being made against the challenging savings target.

**24/156.8** With regard to staffing, work was being undertaken on modelling the workforce, and the operational infrastructure of the organisation, and how it currently operated. This provided the Health Board with an opportunity for some transformational change. The Executive Director of Nursing and Midwifery advised that, whilst it remained a challenge to recruit to the West area, Bangor University had the largest output of students and that streamlining to posts in the West area was higher than other areas. It was noted that there had also been a large uptake in terms on international recruitment, with support provided to integrate and support staff into their work streams. Work was progressing on converting agency staff who lived locally to substantive staff contracts.

**24/156.9** The Chair thanked the team for their excellent work on the annual accounts which had been approved by Wales Audit.

**It was resolved that the Board**

- **Received** the report





## 24/157 Corporate Governance Report

The Director of Corporate Governance advised work was ongoing to improve Committee Terms of Reference and business cycles which would be reported at the next Committee Advisory Group meeting. The Board Development programme and meetings were progressing.

**It was resolved that the Board**

- **Noted** the contents of the report;
- **Noted** the affixing of the common seal;
- **Noted** the matters considered in the Private Board meeting on 30 May 2024;
- **Approved** the proposed Board Cycle of Business 2024/25 aligned to the Annual Plan;
- **Approved** the revised Terms of Reference for the Remuneration Committee; and
- **Ratified** previous Chair's Action Letters which contain recommendations to grant approval or re-approval for Approved Clinicians and Section 12(2) Doctors across Wales.

## 24/158 Corporate Risk Register Quarter 1

**24/158.1** The Director of Corporate Governance reported that, as part of the Board's responsibility to review the risk framework and risk appetite on an annual basis, discussion had been held at the Board Development meeting in June 2024, the outcome of which was the report presented to the Board. Members were advised that a paper had been submitted to the Audit Committee regarding the limited assurance report which had been received in terms of risk management, although it had been recognised that significant work had been undertaken over the previous year.

**24/158.2** The Director of Corporate Governance advised that a Risk Scrutiny Group had been established which would be chaired by the Executive Director of Nursing and Midwifery, and supported by other executive colleagues to ensure further scrutiny in terms of some of the risk. Members noted that the Audit Committee was supportive of the changes to the Risk Management Framework. Further changes which had been discussed at the Board Development session would be included within the next iteration of the report to the Board around the removal of the levels of assurance which would feed into the Board Assurance Framework.

**24/158.3** Work would continue on a number of principal risks in terms of the Board Assurance Framework, and would focus on the management of risk within the tolerance set by the Board, with Committees focussing on the risks outside tolerance to ensure that plans remained appropriate. The Board Assurance Framework would be presented to the next Board meeting.

**24/158.4** Members welcomed the report and progress being made.

**It was resolved that the Board**

- **Noted** the report;

<ul style="list-style-type: none"> <li>• <b>Approved</b> changes to the Risk Management Framework;</li> <li>• <b>Approved</b> the risk appetite for 2024/25;</li> <li>• <b>Received</b> the Corporate Risk Register as at end June 2024, noting that further work on the refinement of risks and actions is required.</li> </ul>	
<p><b>24/159 Committee and Advisory Group Chair Reports</b></p> <p><b>It was resolved that the Board</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Chair assurance reports of : <ol style="list-style-type: none"> <li>1. Audit Committee 9.7.24</li> <li>2. Finance, Performance and Information Governance Committee 25.6.24</li> <li>3. Planning, Population Health and Partnership Committee 18.6.24</li> <li>4. People and Culture Committee 13.6.24</li> <li>5. Remuneration Committee June/July 2024</li> <li>6. Charitable Funds Committee 14.5.24</li> <li>7. Stakeholder Reference Group 3.6.24</li> <li>8. Health Professional Forum 7.6.24</li> </ol> </li> <li>• <b>Ratified</b> the 2024-27 Charity Strategy, which was approved by the Charitable Funds Committee on 15/04/24, subject to the approval of the Health Board.</li> </ul>	
<p><b>CLOSING BUSINESS</b></p>	
<p><b>24/160 Review of meeting effectiveness</b></p> <p>Some members questioned the suitability of the room for hybrid meetings as they found it difficult to hear effectively within the room.</p>	
<p><b>24/161 Any other business</b></p> <p>None was received</p>	
<p><b>24/162 Date of next meeting</b></p> <p>26th September 2024 Health Board, Venue Cymru</p> <p>25th September 2024 Annual General Meeting - Venue – post meeting note : Venue Cymru</p>	