

**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 26 May 2022 via video conferencing**

Present:

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

In Attendance:

Lowri Gwyn	For Translation
Simon Evans-Evans	Interim Director of Governance
Philippa Peake-Jones	Head of Corporate Office, Corporate Office (Minutes)
Matthew Joyes	Acting Associate Director Of Quality, Patient Safety and Experience
John Morrell	Senior Server & Cloud Infrastructure Engineer, Informatics (for recording)
Fiona Lewis	Corporate Governance Officer, Corporate Office (for recording)
Dylan Roberts	Chief Digital and Information Officer
Helen Stevens-Jones	Director of Partnerships, Communications and Engagement
Heledd Thomas	Audit Wales

Agenda Item	Action
<p>22/103 Welcome and Apologies</p> <p>22/103.1 The Chair welcomed attendees to the meeting noting apologies had been received from Professor Nichola Callow, Linda Tomos and Adrian Thomas.</p>	
<p>22/104 Patient Story</p> <p>22/104.1 The Acting Associate Director of Quality Assurance shared the patient's story. The Chair asked that the patient be thanked on behalf of the Board for sharing her story.</p> <p>22/104.2 The Acting Associate Director of Quality Assurance advised that the service had undertaken a number of actions following the patient's experience, that current patient leaflets had been reviewed and been taken through the Patient Readers Panel. A review of other organisations post-operative information had been undertaken and the Patient Experience Team had worked with the Service. An intranet library of leaflets was being compiled. It was confirmed that the patient who had shared her story had been involved in the work on the amended discharge leaflet.</p> <p>22/104.3 The Acting Executive Director of Nursing and Midwifery advised that it had been extremely brave of the patient to speak and highlight her concerns, that learning not only with regards to the information she received but the way the staff spoke to her needed to be addressed.</p> <p>22/104.4 The Executive Medical Director advised that thought needed to be given in relation to information on consent, that was routine information in any service and confirmed that he would take this forward as part of the consent and note taking work that was being undertaken.</p> <p>22/104.5 The Chair queried if a process of embedded learning was in place and the Acting Associate Director of Quality Assurance confirmed that it was and that an annual report on Patient Stories would be shared at a forthcoming QSE Committee.</p> <p>22/104.6 It was resolved that the patient story be received.</p>	<p>MJ</p> <p>NL</p>
<p>22/105 Declarations of Interest</p> <p>22/105.1 There were no declarations to note.</p>	
<p>22/106 Draft Minutes of the Health Board meeting held on 10 and 30 March 2022 for accuracy</p> <p>22/106.1 The Minutes of the 10 and 30 March 2022 Health Board were agreed as an accurate record subject to a change to the representation of Jacqueline Hughes from "Staff Side" to "Trade Union".</p>	<p>PPJ</p>

<p>22/106.2 It was resolved that the Draft Minutes of Health Board Meetings held in public on 10 and 30 March 2022 be approved as accurate records, subject to the two amendments noted above.</p>	
<p>22/107 Matters Arising and Summary Action Log</p> <p>22/107.1 Board members reviewed the action log, updates to which were recorded therein.</p>	
<p>22/108 Report of the Chair</p> <p>22/108.1 The Chair advised that the Health Board was currently addressing a number of significant challenges and concerns, which included the findings from a number of Health Inspectorate Wales inspections, Serious Incidents and Never Events. It was therefore imperative that the Board recognised and responded appropriately.</p> <p>He reported that he and the Chief Executive Officer (CEO) had discussed what was required in the medium to long term, as well as more immediately, given the nature of the issues highlighted particularly in terms of leadership, governance and assurance and it was the view of the Chief Executive that the priorities previously agreed remained the right ones and that the proposed Operating Model should still be implemented and would assist. .</p> <p>22/108.2 The Chair advised that the Board would need to form its own view in due course but would want to support the CEO in her proposals to move the organisation forward, whilst recognising that this might take some time. The Board required a greater level of assurance and confidence.</p> <p>22/108.3 It was noted that there were a number of areas that were receiving urgent attention, including concerns that had been raised by staff at Ysbyty Gwynedd; the Acting Executive Director of Nursing and Midwifery and the Executive Director of Workforce and Organisational Development were addressing these. Assembly Members had also been briefed. It was noted that the Ysbyty Glan Clwyd (YGC) improvements would continue to be monitored via the Quality Safety and Experience Committee (QSE) with a number of Executive Directors having recently attended the site along with a number of Independent Members (IM's) including the Chair and Vice Chair.</p> <p>22/108.4 The Chair advised that with regards to the Regulation 28 Notices, these were being scrutinised. Responses were being finalised and would be closely monitored.</p> <p>22/108.5 The Board noted the consistent themes arising from the reports relating to leadership, clarity around responsibilities and accountability, that assurance was weak and that the culture within the organisation needed to be enabling and supportive. In the longer term the Operating Model would assist but it was essential to strengthen governance arrangements as a matter of urgency. The Chair advised that there was a need to better understand the workforce challenges and to support improved recruitment and retention in</p>	

<p>particular. The ability to select and develop better leaders was essential and this would be a topic for discussion at the forthcoming Board Development session.</p> <p>22/108.6 The Chair concluded that given the pressures the Health Board was under he wanted the Board collectively and as individuals to support and exhibit the leadership required.</p> <p>22/108.7 It was resolved that the report of the Chair be noted.</p>	
<p>22/109 Report of the Chief Executive Officer</p> <p>22/109.1 The Chief Executive then provided her opening statement as follows:- {N.B IT technical difficulties were experienced during the statement}:</p> <p><i>“The leadership of Betsi Cadwaladr University Health Board (BCUHB) including the Integrated Board has clear work to do to support staff to provide the best care and support to patients and of each other.</i></p> <p><i>There is ground to make up as we move out of the pandemic in re-establishing norms of performance, particularly in hospital care as we remove social distancing (for example, it will allow us to re provide around 100 beds and to increase theatre utilisation, diagnostic and outpatient capacity).</i></p> <p><i>But more than this, there is work to do in response to clinical concerns raised by HIW inspections, by other regulators and interested persons, and through our own improvement and governance processes. Some of the issues (documentation, observations, falls for example) have proved to be challenging to resolve over time and relate to services across in patient services across Betsi Cadwaladr University Health Board (BCUHB).</i></p> <p><i>Some of the issues are basic in their nature and should be and are resolvable (environment for example).</i></p> <p><i>And there is work to do to strengthen our governance and assurance processes so that we can support staff to improve helped by feedback on how their improvements are working and satisfy ourselves individually and collectively so that improvements stick over time. This work, planned as part of the operational model is being expedited.</i></p> <p><i>I have reflected on our clinical and cultural change approach, using an evidence-based program which is proven to improve outcomes, patient experience, staff involvement and the safety culture which, importantly, has been endorsed by Welsh Government’s own improvement agency as the methodology they wish to roll out across Wales.</i></p> <p><i>We are using this approach to move from individual improvement plans to a more systematic approach to improvement, based on risk, and put simply listening to staff about the changes they’d like to see, taking into</i></p>	

account human factors in implementation and reviewing progress. This approach takes longer but the evidence shows with greater staff buy in, the results stick better. This means that improvement plans or make it safes are important to put in place while we work to develop the plan together. We have tried this approach in YGC ED, implementing a different model of triage recommended by the clinical team, and we see positive changes in the trends for triage and ambulance handover on a day-by-day basis.

The program of improvement, which includes work to improve the safety culture is part of our people strategy, improvement activities and operating model work. undoubtedly as we move to implement the changed structure, built on people focussed and clinical design principles, we need to pick up the pace and focus to be able to respond effectively

Moving to implementation is an important next step now to create the foundations - thoroughly- upon which the work of systematically applying the science to improvement can be embedded

22/109.2 Given the technical difficulties at Carlton Court the Chair requested the Chief Digital And Information Officer to investigate and resolve the issues urgently.

22/109.3 It was resolved that the report of the Chief Executive be noted.

22/111 Targeted Intervention Improvement Framework

22/111.1 The Deputy CEO/Executive Director of Integrated Clinical Services introduced the report by describing the improvements that had been made. The Targeted Intervention Improvement Framework (TIIF) process had been strengthened, with further checks and balances in place and Independent Member attendance at meetings to assess and challenge scoring. Chairs and Vice Chairs of Committees also attended the evidence group to ensure that there was objectivity.

22/111.2 The report set out the scores and recommendations and the adjustments that been made as a result of the system moderation meeting. The Deputy CEO/Executive Director of Integrated Clinical Services emphasised the leap between level 2 and 3 as being significant.

22/111.3 Members acknowledged further gains from utilising formal governance structures already available. It was noted that as scores increased there would likely be a gap to outcomes, certainly early on, but that there should be confidence that evidence based progress is being demonstrated.

22/111.4 The Chief Executive advised that at the meeting with Welsh Government (WG) the previous week, WG colleagues had advised that they were comfortable with the proposed scores, that they were working with the organisation from a maturity matrix point of view and understood the governance and appreciated that progress was being made in a measurable and sustainable

<p>way.</p> <p>22/111.5 The Chair noted that the Chair of PPPH would like to contribute to the design of the Board Development session scheduled for 14 June, being led by Kings Fund and that Executive Director of Workforce and Organisational Development would link in with her. She noted that the outcomes described would be more explicit and drive the agenda. The Chair concluded that there was an opportunity to focus differently on Board to Ward assurance through deep dives, examining areas of concern and that this would give leaders the opportunity to engage with the Board. He advised that he would like this to be considered on 14 June in terms of what process would be appropriate.</p> <p>22/111.6 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1) Note the progress in delivering Targeted Improvement. 2) Agree the self-assessment reference points against each matrix <ol style="list-style-type: none"> a. All Ages Mental Health 2 b. Strategy, Planning and Performance 2 c. Leadership Governance and Culture 2 d. Engagement 2 (high) 3) Agree the target reference point for November 2022 <ol style="list-style-type: none"> a. All Ages Mental Health 3 b. Strategy, Planning and Performance 2 (3 for strategy and planning) c. Leadership Governance and Culture 3 d. Engagement 4 4) Request permission from Welsh Government to split the Strategy Planning and Performance Domain into 2 matrices. 	<p>LT/SG</p>
<p>22/112 Covid 19 Update</p> <p>22/112.1 The Deputy CEO/Executive Director of Integrated Clinical Services provided the Covid 19 Update, noting that there was now an intelligence cell in place which would enable escalation should the situation change with regards to Covid. The Board noted that the vaccination programme was 72% complete with five weeks remaining and that WG had recently issued further guidance around Covid 19 measures.</p> <p>22/112.2 The Chair noted that information was being received about Monkey Pox and the Executive Director of Public Health agreed to update the Board at a future point.</p> <p>22/112.3 An Independent Member enquired about the hospitalisation figures and the Deputy CEO/Executive Director of Integrated Clinical Services agreed to update on the exact numbers outside of the meeting. It was noted that numbers were low in hospitals due to the successful immunisation programme but patients continued to be screened prior to routine surgery.</p> <p>22/112.4 An Independent Member enquired about the time frame for GP surgeries to return back to “normal”. It was noted that surgeries were open, and</p>	<p>GH</p>

<p>were doing a significant amount virtually and that once WG guidance had been reviewed information would be forthcoming.</p> <p>22/112.5 It was resolved that the report and supporting presentation be noted and the decisions made by the QSE Committee on the Health Board's Gold and Silver command structure stepdown arrangements, be endorsed.</p>	
<p>22.113 ITEM FOR CONSENT Mental Health Act</p> <p>22/113.1 It was resolved that the report be noted and the approvals in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12 Process and Criteria Document for S12 Approved Doctor approvals be ratified.</p>	
<p>22/114 Operating Model Implementation Infrastructure</p> <p>22/114.1 The CEO gave a presentation on the Operating Model, highlighting the implementation of the organisational structure, outlining governance structures and assurance processes. She concluded that the organisation would be in a significantly stronger position as a result of the impending changes. It was agreed that outstanding questions on governance and go-live date would be addressed in detail outside of the meeting with the Chair, the CEO, the Vice Chair and the Deputy CEO.</p> <p>22/114.2 The Executive Director of Workforce and Organisational Development apologised for errors within the final pack and that these would be amended, noting that the Board was not being asked to agree Executive portfolios.</p> <p>22/114.3 The Board discussed their concerns around accountability and governance and how that would flow into to the new senior leadership arrangements, that assurance mapping would be required to understand where the gaps were with regards to governance and that aligning risk management and devolved responsibility would need to link into this. Attendees discussed engagement and communications with staff, ensuring that face to face meetings took place as well as online. Risks to financial control were discussed with the Executive Director of Finance concluding that these were being monitored and there should be no issues.</p> <p>22/114.4 It was noted that at the forthcoming Risk Management Group the identified risks would be proposed and incorporated formally onto the risk log but that they had been monitored through datix to date.</p> <p>22/114.5 The CEO advised that she and the Executive Team had been in conversations with Directors of Social Services and Local Authority CEO's to ensure that relationships continued to go from strength to strength.</p> <p>22/114.6 An Independent Member welcomed the report noting that the previous Operating Model was not fit for purpose, which was possibly the reason behind some of the issues the organisation was currently facing, he asked for clarity around particular responsibilities with regard to quality, legal and the Welsh</p>	<p>MP/JW/ LR/GH</p>

language. The Board discussed that fundamental to any Operating Model was the culture of the organisation.

22/114.7 Both the Director of Partnerships, Communications and Engagement and the Chief Digital and Information Officer confirmed that they were supportive of the Operating Model.

22/114.8 It was resolved that the Board:

- Approve the implementation of the revised Operating Model;
- Note the commitment of the Chief Executive and Executive Directors to ensure a risk based approach is taken to implementation of the different elements of the structure and model, recognising that the changes to governance and infrastructure will be at the final point of implementation; and
- Note the commitment regarding the final point of implementation being no later than the 1st September 2022

22/114.9 The Chair concluded that the Board would:

- wish to receive reports, at the July and September 2022 Board Meetings on progress on the implementation and any significant changes should be highlighted.
- receive a recruitment and selection timeline that moved the Operating Model forward, sooner rather than later.
- expect that when colleagues left the organisation their cover arrangements were shared with partners.
- expect to see as permanent recruitment took place the number of interim appointments in the structure reduce and this should be monitored by the Remuneration and Terms of Service Committee (R&TS).
- expect that Executive Portfolios would be finalised and reported to the Remuneration and Terms of Service Committee and clarity around the Executive Director of Therapies & Health Sciences position would be provided .
- anticipate that as the Operating Model moved forward the culture and expectations of leaders would witness change..
- like the structures below the higher tiers to be shared with the Board as these were clarified.
- expect to be clear on the governance, performance and assurance framework and the timing for implementation and that the Vice Chair, Chair of PFIG and Deputy CEO/Executive Director of Integrated Clinical Services would progress this outside of the meeting.

22/115 People Strategy and Plan

22/115.1 The Executive Director of Workforce and Organisational Development presented the People Strategy and Plan noting that it had been designed in the

<p>light of feedback from the Stronger Together discovery phase. The Strategy was about the organisation delivering and making it easier to do the right thing and harder to do the wrong thing either intentionally or non-intentionally. The strategy was linked to national strategies to ensure that there was a connection to the wider Welsh system.</p> <p>22/115.2 The Chair noted that there was to be a deep dive by the People, Partnerships and Population Health Committee (PPPH) into workforce related matters. Clarity was given around measuring vacancies/the establishment. The Executive Director of Workforce and Organisational Development clarified that the appendix in the Integrated Medium Term Plan (IMTP) was the same one as identified in the pack of papers circulated and that this had been the result of a coordinated piece of work alongside the IMTP, clarification around alignment was given.</p> <p>22/115.3 The Board discussed process and the Executive Director of Workforce and Organisational Development confirmed that it was the intention to ensure that processes were fit for purpose and highlighted an independent recruitment review which had reported to PPPH.</p> <p>22/115.4 The Executive Director of Workforce and Organisational Development advised that there was clarity about forward workforce planning and noted that she was leading a number of national pieces of work which would inform commissioning and alignment of commissioning to workforce planning with a focus on 'growing our own'. It was noted that the Executive Team were working through the arrangements and that as deliverables were finalised they would be presented with outcomes to PPPH. At this point there would be a clear view about tangible outcomes both for the forthcoming year but that it would be a three year strategy.</p> <p>22/115.5 It was resolved that the People Strategy and Plan 2022 – 2025 be approved.</p>	
<p>22/116 Committee and Advisory Group Chair's Assurance Reports</p> <p>22/116.1 Performance, Finance & Information Governance (PFIG) Committee</p> <p>22/116.1.1 The Chair of the PFIG Committee wished to commend the Finance Team in delivery of a surplus at year end, and the Capital Team in delivering to the Capital Resource Limit in a very challenging year. He highlighted the concerns raised with regards to significant deterioration of stroke service delivery and deteriorating indicators around planned and unscheduled care performance.</p> <p>22/116.2 Charitable Funds Committee (CFC)</p> <p>22/116.2.1 The Chair of CFC noted that the Trustee meeting was currently held annually; and would discuss with the CEO and the Chair outside the meeting with regards to its frequency.</p>	

<p>22/116.3 Stakeholder Reference Group (SRG)</p> <p>22/116.3.1 The Chair of SRG noted that the Group had discussed how to build engagement and a piece of work around representation would be taken forward.</p> <p>22/116.4 Healthcare Professionals Forum (HPF)</p> <p>22/116.4.1 The Chair of HPF noted that the Forum were also discussing wider engagement with the Board.</p> <p>22/116.5 Audit Committee</p> <p>22/116.5.1 The Chair of the Audit Committee asked the Board to note that there had been delays in responding to internal audit and that the number of limited assurance opinions had increased. At the Audit Workshop on Monday there had been concerns around the Clinical Audit Plan but noted that it would be discussed at the forthcoming QSE Committee.</p> <p>22/116.5 Targeted Intervention Improvement Framework (TIIF) Group</p> <p>22/116.5.1 The Board noted and received the TIIF Chair's report.</p>	
<p>22/117 Quality & Performance Report</p> <p>22/117.1 The Executive Director of Finance advised that this would be the final report in the current format, she highlighted the two new Never Events bringing the total for the year to 12 which was an unprecedented number. It was noted that unscheduled care pressures remained despite teams working very hard. Ambulance handover delays continued, that were being addressed with WAST. The Board noted that with regard to planned care, the impact of Covid on performance meant that at the end of the year there were 61,000 people waiting over 6 weeks for treatment, although diagnostic waits had been managed very well. A discussion on stroke targets took place and the mitigations were highlighted as in page 17 of the presentation. It was noted that the early discharge unit was operational and that monthly stroke improvement meetings were taking place.</p> <p>22/117.2 On a positive note, the Executive Director of Finance highlighted childhood immunisation, with the Health Board giving a strong performance above the all Wales average, infection control measures were performing really well as was cancer performance which also continued to remain among the strongest performers in Wales. It was noted that mandatory training was also performing well.</p> <p>22/117.3 The Chair highlighted a number of measures of great concern including Planned Care and that that PFIG had also raised this. He noted that on page 3 of the report no indicator was going in the right direction and that combined with</p>	

the fact that Ysbyty Glan Clwyd (YGC) Emergency Department (ED) was also in a state of serious concern and requiring significant improvement wanted to know what was being done to address the issues.

22/117.4 The CEO responded that immediate make safes had been put in place and confirmed that all of the immediate action plans had been submitted to Health Inspectorate Wales (HIW). It was noted that the Hospital Management Team and clinicians in YGC were working diligently. She confirmed that things had changed and since the inspection daily data was suggesting that the changed model of service provision was having a positive impact. It was noted that a number of Executive Directors had spent some time in YGC ED. The Chief Executive concluded that the new model taken together with improvement methodologies would be assessed prior to coming to a conclusion that it was the right model going forward. If so it would be rolled out to the other EDs. It was noted that the new IPC guidance WG had issued would allow more hospital beds back into the system and that in itself would create additional capacity to manage flow, working with colleagues in social care.

22/117.5 The Deputy CEO/Executive Director of Integrated Clinical Services highlighted that agreed trajectories with WAST were resulting in some improvements in terms of handover. It was noted that despite a number of actions to free up beds there were still currently 321 patients medically fit for discharge and that a response from the whole system was critical.

22/117.6 Concerns were raised with regards to diagnostic waits and the Board noted that soon the Health Board would be in a position to largely reinstate pre-Covid arrangements with regards to x-rays. With some agreed differences this would start to reduce waiting times. It was noted that the Board had agreed outsourcing arrangements and long waiters had been supported to travel to receive eye and joint operations. This would continue and an increase in both insourcing and outsourcing provision would be sought.

22/117.7 The Deputy CEO/Executive Director of Integrated Clinical Services advised that she had asked for a deep dive into diagnostics delays to examine why they had increased, it was agreed she would report back to the Board with findings.

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22/117.8 The Acting Executive Director of Therapies and Health Sciences clarified why the wait times were so high in therapy and how this was likely to be mitigated in the East. The Clinical Head had detailed plans to ensure the ability to deliver against the Welsh Government targets.

22/117.9 Attendees had a further conversation around stroke, noting that there had been conversations concerning ensuring stroke beds were protected. Teams were also fast tracking stroke patients through ED. Improved trajectories were anticipated.

22/117.10 The Board noted the increase in sickness absence mainly due to Covid. The Health Board was not an outlier across Wales and although Covid related sickness was likely to reduce, stress related sickness was likely to

<p>increase. A business case seeking additional resource for wellbeing support services was being progressed. The Board discussed recruitment issues and noted that these were being tracked through the Executive Delivery Groups.</p> <p>22/117.11 The Board discussed ophthalmology and it was noted that an urgent piece of work was being undertaken with clinical teams to prioritise and utilise different parts of the pathway to reduce waiting times.</p> <p>22/117.12 It was resolved that the report be noted.</p>	
<p>22/118 Operational Plan Monitoring Progress Report</p> <p>22/118.1 The Chair opened the item seeking assurance that any outstanding actions had been rolled across into the new plan where appropriate. The Executive Director Transformation, Strategic Planning and Commissioning advised that any actions that had not completed (with the exception of two actions that had been superseded) had been rolled over into the new plan and report.</p> <p>22/118.2 The Executive Director of Finance thanked the Performance and Business Intelligence Teams and Independent Members for their input into the new report.</p> <p>22/118.3 It was resolved that the report be noted.</p>	
<p>22/119 Finance Report</p> <p>22/119.1 The Executive Director of Finance presented the draft 12th month position giving a £0.3m surplus, an in-month saving of £2.1m against a plan of £1.4m giving a £0.7m favourable position with a year to date figure of £19.2m against a plan of £17m meaning a £2.2m favourable position. It was noted that the balance sheet was showing £6.6m with income being £151.2m against a budget of £143.4m giving a favourable position of £7.8m.</p> <p>22/119.2 It was resolved that the report be noted and authority to approve the audited annual accounts and returns be delegated to the Audit Committee at their meeting of 13 June 2022.</p>	
<p>22/120 Vascular Services</p> <p>22/120.1 The Executive Medical Director apologised for the report as presented, which was in fact the paper considered by the Executive Team the previous week. It was noted that the consultant double handling had been stepped down and that despite the huge commitment it had not lead to any changes in patient safety. It was noted that the normal Board Update on vascular would be shared after the meeting and published on the website.</p> <p>22/120.2 The Board discussed the cases being sent to Liverpool and it was noted that the cases were agreed via a multidisciplinary team (MDT) approach</p>	NL

<p>and that during these assessments all patients that BCUHB consultants would transfer would be agreed by the MDTs.</p> <p>22/120.3 The Chair noted that he would be updating the Minister that day.</p> <p>22/120.4 The Executive Medical Director updated on some successful recruitment but noted that until recruitment stabilised the vascular network would always be seen as one that required support and attention, although improved working behaviours were evident.</p> <p>22/120.5 The Vice Chair noted that she and the Executive Medical Director were in ongoing dialogue regarding the service. Discussions had taken place with the Chair of the Vascular Quality Panel to understand the detailed work that was being undertaken. It was noted that she was producing a weekly report, copied to the Vice Chair.</p> <p>22/120.6 It was resolved that the vascular update be received and uploaded to the Health Board's website.</p>	
<p>22/121 Quality Highlight Reports</p> <p>22/121.1 The Acting Associate Director of Quality, Patient Safety and Experience highlighted that there had been 42 nationally reportable incidents, including 3 Never Events between the February and March period which was a higher rate than normal and higher than the normal rate in Wales. It was noted that a number of the incidents related to falls that had resulted in serious harm to patients, pressure ulcers and an emerging theme of deteriorating patients whilst in the care of the Health Board. It was noted that QSE had discussed falls and pressure ulcers at a recent meeting, and that a safety programme was due to be considered by the Executive Team. It was noted that of the Never Events over the past year, 11 out of 12 related to surgical safety and seven had been at the YGC site. An Improvement Fellow had been appointed to work closely with theatre staff to ensure that all checklists were being adhered to.</p> <p>22/121.2 The Board discussed the increase in complaints and the process around early resolution and timing of when the complaint became formal.</p> <p>22/121.3 The Regulation 28's were highlighted, the Board noted the reasons and the time frames for responses. The Executive Medical Director highlighted that the Coroner had a backlog due to Covid whilst noting a good working relationship.</p> <p>22/121.4 The Board discussed the review of the Acute Intervention Team and the Acting Associate Director of Quality, Patient Safety and Experience confirmed that he would share this and the baseline after the meeting. The Board discussed the Never Events, the descriptors and the learning, noting that a thematic review was being progressed. The Acting Associate Director of Quality, Patient Safety and Experience agreed to inform members of the number of serious incident reviews that were outstanding and overdue.</p>	<p>MJ</p> <p>MJ</p>

<p>22/121.5 The Executive Director of Workforce and Organisational Development informed the Board that following the 2021 Health and Safety Executive (HSE) inspection the Health Board had been issued with a Contravention Notice. The rectification work had been concluded to the satisfaction of the HSE. A further Notice of Contravention in relation to the tragic death of a patient in the Hergest Unit in 2021 had since been received and teams were working to formulate appropriate actions. These would form part of the overarching plan but with specific actions relating to the contravention.</p> <p>22/121.6 It was resolved that the report be received.</p>	
<p>CLOSING BUSINESS</p>	
<p>22/122 Review of Risks Highlighted within the Meeting</p> <p>There was nothing to note.</p>	
<p>22/123 Review of Meeting Effectiveness</p> <p>22/123.1 Members were asked to reflect on the meeting effectiveness and share these with the Interim Board Secretary or the Deputy Board Secretary.</p>	
<p>22/124 Summary of Private Board Business to be reported in Public</p> <p>It was resolved that the report be noted.</p>	
<p>22/125 Date of Next Meeting</p> <ul style="list-style-type: none"> • 21 July 2022 	
<p>22/126 Exclusion of Press and Public</p> <p>22/127.1 It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	