Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in Public
on 26th September 2024 at Venue Cymru

Board Members Present	
Name	**Title**
Dyfed Edwards	Chair
Karen Balmer	Independent Member (IM) (part meeting)
Clare Budden	Independent Member
Russell Caldicott (RC)	Interim Executive Director of Finance
Imran Devji (ID)	Interim Chief Operating Officer
Urtha Felda	Independent Member (part meeting)
Dyfed Jones	Independent Member (part meeting)
Chris Lothian-Field	Independent Member
Dr Jane Moore	Acting Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member – Chair Stakeholder Reference Group (SRG)
Carol Shillabeer	Chief Executive
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
In Attendance	
Jane Berry	Patient Experience Manager (part meeting)
Philippa Peake-Jones	Head of Corporate Affairs
Liz Fletcher	Assistant Director Children's services West (part meeting)
Teri Howson-Griffiths	Arts in Health strategic lead (part meeting)
Brian Lang	Strategic Partnership Manager, Public Health (part meeting)
Alex Pengelly	Young person's representative (part meeting)
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts (GR)	Associate Director - People Services
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger (PW)	Director of Corporate Governance
Scarlett Williams	Young person's representative (part meeting)
Diane Davies	Corporate Governance Manager - Board Secretariat

Agenda Item	**Action**
24/181 Welcome, introductions and apologies for absence Apologies were received from Independent Members Dr Caroline Turner, Prof Mike Larvin, Dr Nick Lyons – Executive Medical Director, Fôn Roberts - Associate Member, Dr Chris Stockport - Executive Director Transformation & Planning and Jason Brannan - Deputy Director of People for whom Georgina Roberts deputised.	
24/182 Declarations of interest relating to agenda	

Clare Budden advised that she would absent herself from discussion of item 24/202 due to her substantive role as Chief Executive of a housing association.	
24/183 Unconfirmed minutes of the Health Board meeting held on 25 July 2024 **It was resolved that** the Board • **Approved** the minutes as a true and correct record *subject to minor typographical amendments*	
24/184 Matters arising and action log **It was resolved that** the Board • **Agreed** the updates provided	
24/185 Citizens Experience report The Chair thanked the team for continuing to develop this voice of the citizen experience report and acknowledged the examples of good experiences within the report but equally highlighted the continuing issues of patient's difficulties in accessing services and their varied experiences. The Director of Partnerships, Engagement and Communication drew attention to the increase in engagement work being undertaken and the input of Llais in appreciating more widely patients' experiences. This included the effects on patients waiting within Emergency Departments (EDs) and other areas such as dentistry and neurodevelopment. Board members commented widely on the report. In response, it was advised that the Small Business Research Initiative was a Welsh Government pilot which was undergoing benefits realisation. Any further activity or development to support other groups, eg staff, would require additional funding. A discussion on ED experiences and the impacts of delayed transfers of care to patients and their families followed. This also included how patients were cared for as they waited for appointments and treatment. It was understood that concentrated focus on finding and implementing solutions to these difficult experiences was underway through the Chief Executive. The Chair encouraged the team to consider effective, safe and sustainable systems which had been successfully implemented across the UK in order to potentially benefit the patients of North Wales in BCUHB's care. The Board would also need to discuss and consider community care investment. He requested that the Director of Corporate Governance ensure that the Quality, Safety and Experience Committee monitor progress in this area. The Vice Chair emphasised his concern with patients waiting to access Community Mental Health Team services in order to support those in distress with their mental health. In addition, feedback was provided on report formatting, including the need to reflect the volume of survey sampling in order to more accurately reflect any variance and concerning trends and also present data in a manner that ensured improvements and impacts could be clearly identified. It was pleasing to hear that digitally supported solutions introduced by the Patient Experience Team were being positively recognised, including at UK national awards.	PW

The Acting Executive Director of Public Health sought to explore whether vaccination work could also benefit from these innovations. **It was resolved that** the Board • **Noted** the report.	
24/186 Chair's report The Chair highlighted recent constructive meetings held with Mark Drakeford and Jeremy Miles as Cabinet Ministers for Health and Social Care. He stressed the importance of focussing attention on improving waiting times for patients, their experiences within Emergency Departments (EDs) and whilst awaiting planned care. **It was resolved that** the Board • **Noted** the report	
24/187 Chief Executive's report Members received the report and noted the report. The Chief Executive introduced Interim Chief Operating Officer Imran Devji to his first Board meeting as part of the Executive Team and advised that newly appointed Performance & Commissioning Director Stephen Powell would be in post by the next meeting. She drew members' attention to updates within the report content, including Thirlwell Inquiry on the Countess of Chester hospital maternity services, Health Inspectorate Wales de-escalation of Ysbyty Glan Clwyd and the important open and transparent approach being undertaken by the Health Board. The Vice Chair sincerely thanked the Chief Executive for taking time to meet personally with patients and families affected by incidents that had resulted in severe harm to themselves or their loved ones. **It was resolved that** the Board • **Noted** the report	
24/188 Vice Chair's report - Vice Chair The Chair welcomed the Vice Chair's continued commitment to visit a wide breadth of services across the organisation's sites. **It was resolved that** the Board • **Noted** the report	
STRATEGIC PRIORITIES	
24/189 Children's Charter The Chair welcomed Scarlett Williams and Alex Pengelly, accompanied by the Assistant Director Children's Services West and Patient Experience Manager whom had presented the charter to a development session of the Board the previous day which was well received. Scarlett Williams and Alex Pengelly thanked the Board for the opportunity to be the first young people to present to Board members and share in the discussion with, and learning from, young people in the development of BCU services into the future. For context, it was noted that there were 181k+ children and young people within BCU's catchment and over 300k appointments had been scheduled between January to March	

2024 in children's services and a wide range of others eg Physiotherapy, Mental Health, ED etc. In developing the Children's Charter it was hoped that it would provide confidence for children and young people to have a voice and enter in discussion with medical professionals in an age appropriate manner and provide trust that the system in place would support and respect children's rights. It was noted that the Charter had been formed with the positive engagement of children and young people whom were eager to influence the development of services to better nurture their physical, mental and emotional wellbeing into the future. A discussion ensued on preferred communication in which it was acknowledged that there was no 'one size fits all' solution, however it was important to capture this information on an individual basis and ensure that there was a consistent process in place to regularly maintain contact and provide reassurance whilst on a treatment journey. Board members commented on the importance of recognising this key moment in acknowledging and listening to the voice of children being involved within the Health Board and having the opportunity to influence their future service provision. It would be important to demonstrate this going forward. The Assistant Director Children's services emphasised the need for clinician engagement in all areas that provided services to children. She asserted that older people do not understand children's rights, which must be dealt with differently, and it was important to recognise that children had very different experiences of life. The Chief Executive concurred on the need to ensure compliance with the Children's Act and review how BCU worked with children. She suggested that the Board receive an update each year on the implementation plan which was being developed and any further developments. The Chair thanked the young people for their presentation at the meeting and in the Board Development session held the previous day. Their suggestions and inspiration for the future was welcomed by the Board. **It was resolved that** the Board • **Endorsed** the BCUHB Children's Charter; and • **Agreed** to support the development of the implementation plan across all service areas in BCUHB • **Agreed** to receive an update to the Board each year. *Karen Balmer joined the meeting*	PM
24/190 Urgent and Emergency Care The Interim Chief Operating Officer presented the report drawing attention to deep dives taking place across the services and the positive commitment and effort he had witnessed by staff working in these pressured areas. He acknowledged that patients' waiting times within Emergency Departments and ambulances to be transferred into BCU's care was unacceptable and outlined much work taking place in partnership with the Welsh Ambulance Services Trust (WAST) and BCU services to make improvements. These included changes to triaging, senior level decision making involvement and a strong focus on patient safety wherever patients were waiting. The management of safe and consistent patient discharge was paramount and required positive working with Local Authorities to maintain. It was critical to enable patient flow and their discharge into the community at the appropriate time to avoid the current position of over 300 patients whom were medically fit for discharge transferring safely	

out of general hospital care to a more appropriate and supported setting. The 6 Emergency Care goals were being addressed by focussed workstreams. The Vice Chair commended the strong analysis set out in the paper which was recognised as an All Wales issue, especially patients waiting in ambulances. He questioned whether some patients could be transferred direct to Minor Injury Units for quicker treatment if appropriate. Board members also questioned how effectively the general North Wales population understood where to go to for appropriate treatment, the efficacy of medicine dispensing whilst awaiting discharge, the efficacy of the introduction of trusted assessors, GP referrals to the most appropriate site, inequality issues arising from sites with high deprivation areas and the need to agree the Board's risk appetite in order to consider solutions. Patient presentation at ED was strongly debated, with the need to enable everyone to understand when and what services were available where across 24 hours so that the quickest and most appropriate treatment was provided, without the potential for vulnerable patients to remain in an acute hospital bed unnecessarily. The Interim Chief Operating Officer advised that a Single Point of Access for emergency care would be the ideal future solution however, immediate actions needed to be moved forward which required clear risk-based solutions to enable effective, supported triaging to be implemented safely. Considerations around capacity, community step up, risk, patients needs from deprived areas and cross site transfers were also shared with members. However, the Interim Chief Operating Officer emphasised the need for safety and an understanding of staff pressures within services across the region. The Chief Executive emphasised the need for the NHS in Wales to change in order to meet changing demographics and patient presentations. Long term strategy solutions needed to be developed and implemented, she also shared work being undertaken with partner organisations to change patient pathways and advice for better outcomes. Safety, faster assessment and risk based safe discharges were all important factors that needed to be addressed in the shorter term. Patient outcomes, access and experience would be measures that were assessed in 6 months time. The Chair was pleased to note that the Performance, Finance and Information Governance Committee would be monitoring performance reports in this area closely. He welcomed the solutions being explored and emphasised the need to ensure a consultative approach. **It was resolved that** the Board • **Received** assurance from the update provided and the actions being taken within the Urgent and Emergency Care programme and initial approach towards finalising the resilience plan for winter 2024/25. • **Noted** the position on Urgent and Emergency Care system and the progress against the Programme; • **Agreed** that the Performance, Finance and Information Governance Committee receive regular reports on progress against the plans and escalate to the Board as necessary • **Agreed** the Winter Plan would be considered by the Board in November 2024	PW/ID PW/ID
24/191 Well North Wales (WNW) report The Acting Executive Director Public Health presented the Director of Public Health Annual report which was focussed on the work of the Well North Wales programme including Arts in Health and Wellbeing. She highlighted the changing model of public	

health moving from medicalised to behavioural and social modelling to enable people to live healthier, more fulfilling lives. Introductions such as social prescribing were supplementing the prevention agenda through strong partnership working. Sustainability was a key consideration. The Strategic Partnership Manager and Arts in Health Lead joined the meeting sharing the work being undertaken with patients, staff, partners and vulnerable groups. Board members questioned how BCUHB's Stakeholder Reference Group (SRG) and Planning, Population Health and Partnerships (PPHP) Committee supported these areas, which would be considered further by the Director of Corporate Governance. The Arts in Health Lead advised that, as well as culture, other diverse activities such as gardening could be integrated into further phased wellbeing developments. Clarity was sought on whether the vision outlined was BCUHB's or WNW's and whether there was alignment to BCUHB's strategic plans. It was suggested that partners such as Voluntary Services Councils could be approached to also support innovations within the community. Discussion ensued on the effect of the challenging financial climate on BCUHB resource availability and those of external organisations. It was challenging to provide meaningful outcome measures for areas such as Arts. The Chair was very supportive of the positive aspects these models brought to improve the local population's health. The Chief Executive acknowledged the importance of being able to live well across the life course, even when living with long term physical or mental health issues. It was important to contribute to the population health's wellbeing, especially when other interventions could not be offered. She emphasised the need to involve other partners in activity discussion. Allocative efficiencies would be important moving forward with partners in order to consider where to allocate resource in the most effective way through the most appropriate service to enable the best and most efficient outcome. The Acting Executive Director of Public Health concurred and shared recent experiences with the Regional Partnership Board and the need to connect more effectively with groups in communities. She emphasised the importance of incorporation into the Board's 10 year strategy as failure to do so would result in an inability to sustainably support the health of North Wales' population into the future and also have a deep socio-economic impact upon local communities. **It was resolved that** the Board • **Noted** the progress to date of the Well North Wales Programme, recognising the role and importance of the work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model. • **Approved** the Arts, Health and Wellbeing Strategic Framework, recognising the role and importance of the work in shaping and developing the longer-term shift towards prevention of health and care services, and wider cultural shift towards a wellness economy model • **Approved** the regional partnership approach being undertaken to scope and adopt a whole systems model to addressing the socio-economic root causes affecting the wider determinants of health & wellbeing • **Noted** a Business Case would be required for longer-term resources to lead on sustainable delivery of a 3-5 year programme (and beyond)	PM

• **Supported** a shift to a prevention-focussed approach both within the Health Board and how we work with partners across the whole system	
24/192 Health and Safety policy and annual report 2023/24 The Associate Director - People Services introduced the revised policy which set out executive responsibility aligned to the Chief Executive and new risk management framework. The report provided an overview of the corporate Health and Safety team's activity during 2023-2024 highlighting challenges which included an increase in Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents, ongoing issues with manual handling training compliance, and the need for improved governance and reporting structures. A recent internal audit had reported limited assurance which underscored the importance of addressing these challenges promptly and effectively. The Health Board had initiated several actions to address these issues, including policy reviews, enhancing executive leadership in health and safety matters, and developing more robust risk assessment and management frameworks. The ongoing gap analysis and development of a new Strategic Plan for addressing the improvements in Health and Safety would be crucial in guiding future improvements. The Associate Director - People Services advised that a Head of Health and Safety had been recently recruited. The Chief Executive advised that regular reporting would be provided through the Board's governance structure. Discussion ensued on the efficacy of the policy presented given the level of procedural/operational detail included instead of high level strategic information. It was understood that the Chief Executive and Director of Corporate Governance were in the process of considering this alongside other general policy documentation. They also took onboard comments in regard to risk, accountability and 'positive' health and safety culture. Following concern raised it was agreed that the Vice Chair would be provided with further detail on the cases of Violence & Aggression against staff. The Chief Executive shared with Board members the various levels of assurance provided at the current time which she understood would be strengthened, through the implementation of robust plans being introduced via the newly appointed Head of Health and Safety across the organisation. The Chair was pleased to understand that individual accountability would be clarified. In response to the Audit Committee Chair, assurance was provided that internal audit would be incorporating Health and Safety within their work programme. A suggestion to incorporate learning from near misses was **noted** for future iterations moving forward. **It was resolved that** the Board • **Approved** the Health and Safety Policy; • **Noted** the Health and Safety Annual Report 2023-2024	GR GR
24/193 Chair's assurance report People and Culture (P&C) Committee The P&C Committee Chair highlighted that the Committee was in its early stage and progress was being made through development sessions. He highlighted the importance of culture, leadership and engagement which impacted across the organisation. **It was resolved that** the Board	

• **Noted** the report	
24/194 Culture, Leadership and Engagement The Chief Executive explained that as part of the culture, leadership and engagement work being developed, shared values & behaviours were also being established to support these areas and re-inforce expectations. The document also set out a leadership programme as the development of managers was critical to embed engagement within the organisation. A discussion ensued on the advantages and disadvantages of using examples of negative behaviours instead of reinforcing positive messaging within the framework. Feedback was also provided on the naming conventions utilised. It was understood that these would be considered further in the development process which would aim to produce a clear and effective framework to improve culture across all areas of the organisation. This encouraging step forward was also considered to be a positive element to include within the recruitment and orientation process to set out the behavioural expectations of the organisation to candidates and newly appointed employees. **It was resolved that** the Board • **Noted** the progress of the work supporting wider engagement on Values and Behaviours Framework, prior to consideration for approval at November's Board. • **Endorsed** the NHS Wales Compassionate Leadership Pledge on behalf of BCUHB	
24/195 Chair's assurance report - Quality, Safety and Experience (QSE) Committee 15.8.24 and 6.6.24 **It was resolved that** the Board • **Noted** the reports	
IMPROVING QUALITY	
24/196 Annual Quality report The Executive Director Nursing and Midwifery presented the draft annual quality report on behalf of the Board's Executive Clinical Directors, outlining the evolution of this new report format required by WG to include Duty of Candour. She acknowledged the feedback provided by the QSE Committee, Executive Team and Board members since publication of the paper and undertook to incorporate this into the finalised version including improved alignment with the annual report format and annual plan. In the ensuing discussion, a Board member shared an unfortunate incident he had witnessed in the delivery of bad news to a patient. A member reflected that contextualising the frequency of negative occurrences against total number of patient interactions (eg per month) with BCU staff would be a useful parameter to include in respect of evaluation. The Chief Executive reflected on the candour and improved transparency of much of the Health Board's reporting within the previous year and looked forward to subsequent reports also incorporating greater examples and evidence of this as an embedded approach. The Director of Corporate Governance sought agreement that the Board would delegate approval to the QSE Committee going forward, ensuring appropriate scrutiny and alignment with the WG timetable**.**	

It was resolved that the Board • **Noted** the draft Annual Quality Report 2023-24 • **Agreed** delegation to the Quality, Safety and Experience Committee to approve on behalf of the Board at the next meeting in October 2024	
ITEMS FOR DISCUSSION	
24/197 Improving Quality report The Executive Director Nursing & Midwifery presented the report outlining the key points. These included significant improvement with falls management, appointments had been made as Matron Patient Safety and Pressure Ulcer lead which added to increased confidence levels, improvements in concerns compliance were being achieved (including policy refinement in learning lessons) and the Ysbyty Glan Clwyd (YGC) Improvement programme action plan was being progressed. In response to Board members she gave assurance that further rollout work would be undertaken into treatment of pulmonary embolisms. **It was resolved that** the Board • **Noted** the Improving Quality Report	
24/198 Chair's assurance report - Performance, Finance and Information Governance Committee 27.8.24 The Vice Chair advised the Committee remained concerned with the delivery of Planned Care targets by the end of the financial year. **It was resolved that** the Board • **Noted** the Committee chair assurance report.	
24/199 Integrated Performance report The Interim Executive Director Finance presented the report. Highlights were provided by the appropriate Executive Directors. Of note were improvements in some recruitment areas, consistency in sickness levels, concerning levels of turnover, decreasing disciplinary cases, deterioration in cancer performance. It was also noted that operational teams were very engaged and utilising innovative improvements, there were currently no patients waiting 208 weeks and the patients waiting over 156 weeks were reducing. The Interim Executive Director Finance advised that additional insourcing had been commissioned, or was being progressed, in areas eg endoscopy and dermatology. Further opportunities for improvements and funding to support them were being undertaken and monitored through the PFIG Committee. It was acknowledged that many of the performance improvements being made were at significant cost due to premium working costs. In the ensuing discussion the Chief Executive shared opportunities, positive progress and challenges with colleagues drawing attention to the increases in referrals, long term conditions and subsequent need to develop a strategy to ensure earlier diagnostic interventions, especially in areas such as dermatology, ophthalmology and urology. The Executive Director Therapies and Allied Health Professionals also shared demand and capacity work being explored and staffing challenges. The Interim Executive Director of Finance also shared potential alternative resource utilisation and investment considerations in prevention activity being explored to achieve more appropriate and effective investment.	

It was resolved that the Board • **Noted** the report • **Referred** to the People and Culture Committee to consider staff turnover	PW/GR
24/200 Finance report The Interim Executive Director Finance presented the report, which indicated that £38m of savings would need to be achieved to deliver the £19.8m forecast deficit position. BCU was currently £8.6m adverse to plan. The current year to date deficit above plan was driven by additional pressures of Continuing Health Care increased activity, Commissioned Services including Out of Area Placements, Primary & Secondary Care Drugs, and undelivered savings. He acknowledged that all Health Boards in Wales were in financially pressured positions to deliver the required targets agreed with WG. Regular meetings were being undertaken throughout the organisation to support operational teams in delivering their budgets. A discussion ensued in which the Interim Executive Director of Finance undertook to review capital profiling and arranged to share further detail with members on increases to budgeted staffing/whole time equivalent changes. The Chair acknowledged the Chief Digital and Information Officer's point that sometimes investment was important in the short term in order to achieve longer term gains which were clearly articulated and understood. The Chief Executive emphasised the importance of ensuring effective plans were in place to focus and deliver on the £82m Strategic Support Funding target in order to bring this into BCU's recurrent funding for the future. **It was resolved that** the Board • **Noted** the report.	RC
24/201 Holyhead Integrated Health & Wellbeing Centre Development - Strategic Outline Case The Chief Executive emphasised the importance of the development for the wellbeing of the population of Holyhead. There had been much joint work with partners including positive support from Anglesey County Council. The Chair advised that the case would be considered later in private session with consideration of commercially sensitive information in order to seek endorsement of the Strategic Outline Case for onward submission to Welsh Government to confirm commitment to the identified capital requirements of the scheme (Integration & Rebalancing Capital Fund (IRCF) & Transforming Towns) including the funding necessary to complete the required outline business case and to proceed to the next stage business case. **It was resolved that** the Board • **Noted** the work undertaken in partnership in the SOC development	
Clare Budden absented herself for discussion of this item only **24/202 Update on Continuing NHS Health Care (CHC) Annual Fee Rates 2024/2025** The Chief Executive and Interim Executive Director of Finance briefly outlined work undertaken which had resulted in an amendment of the previously advised fee rate to	

6%. It would be necessary to reconsider BCUHB's budget in order to meet the additional costing from existing funds. Members questioned the level of control in regard to increased complexity cases and whether future alternative provision modelling with partners were planned. It was understood that there was planned discussion being moved forward in these areas. **It was resolved that** the Board • **Noted** the negotiations with Care Forum Wales since the Board decision in May 2024 • **Approved** the recalculated CHC fee rate of 6% • **Approved** the development of a strategic approach to the development of new models for commissioning CHC provision	
GOVERNANCE AND ASSURANCE	
24/203 Welsh Language annual report 2023/24 The Executive Director Allied Health Professionals and Health Sciences (AHPHS), as Board lead for the Welsh Language, presented the annual report. She drew board members' attention to the many awards the Welsh language service team had won and been nominated for, as well as the depth and breadth of work and training being undertaken within the organisation to enable patients and staff to communicate in the Welsh language. In response to Board members, she recognised the level of bilingual meetings supported internally and externally and also outlined the types of roles which BCUHB deemed as requiring fluency in the Welsh language. It was important to have an organisation which provided people with opportunities to comfortably use the Welsh language to whatever their level of fluency. In response to the Trade Union Independent Member she explained the 'active offer' in practice. The Chair commended the use of the Welsh language in the organisation and the Team's efforts to promote and facilitate this with patients and staff. He requested that the People and Culture Committee schedule to their forward plan further discussion on how the organisation could widen opportunities to increase and incorporate use of the Welsh language. **It was resolved that** the Board • **Approved** the Annual Report for publication and submission to the Welsh Language Commissioner's Office. • **Approved** the *More than just words* for submission to the Welsh Language Policy Unit at the Welsh Government's Health and Social Services Department.	PW
24/204 Nurse Staffing Level annual report The Executive Director Nursing & Midwifery presented the annual report which was mandated due to Nurse Staffing Act requirements. A discussion ensued on provision of wellbeing support to managers, and those whom they supported, to remain working at BCUHB and avoid 'burn out' and pressures, such as improving rostering systems. In response to the Trade Union Independent Member's comment, it was agreed that the Executive Team would consider the potential effect of static remuneration of agency staffing, following the recent pay award to substantive staff. The Chief Executive agreed to discuss this matter further outside the meeting. It was also agreed that the People and Culture Committee would ensure that Recruitment and development of local young	PW

people in North Wales to meet the future needs of different service areas across BCUHB would be prioritised on the Committee's workplan and agenda moving forward.
 	
It was resolved that the Board
• **Received assurance** in relation to meeting BCUHB's statutory duty to
  • "calculate and take steps to maintain nurse staffing levels" in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016
  • provide a Three Yearly Assurance report on compliance with the Nurse Staffing Levels (Wales) Act 2016 to the Welsh Ministers	

24/205 Covid Inquiry report
 	
The Director of Corporate Governance gave assurance that work was being undertaken to consider outputs from the Inquiry through a newly established Health Board Steering Group which would also undertake monitoring of any future inquiries or major reviews. The Acting Executive Director of Public Health also advised that appropriate recommendations would be incorporated into BCUHB's future emergency plans.
 	
It was resolved that the Board
• **Noted**
  • the lessons learnt from the first report and recommendations of Module 1 of the UK Covid-19 Inquiry
  • the creation of a Health Board Steering Group to address actions from the UK Covid-19 Inquiry, and other public inquiries, reviews or major incidents
  • the latest update on the UK Covid-19 Inquiry	

24/206 Emergency Preparedness, Resilience and Response (EPRR) – annual report 2023/24 and strategic update
 	
The Acting Executive Director Public Health presented the report. She advised that work was progressing in this area with the newly appointed Head of EPRR drawing on best practices from around the UK to consider implementation around the North Wales environment. There had been improved partnership working, with a focus on testing and exercises as well as OnCall training. A prioritised programme would be in place for the year ahead which would also consider BCUHB's estate.
 	
It was agreed that the Planning, Population Health and Partnerships Committee would have oversight of the delivery of the programme and that an annual update would be provided to the Board.
 	
It was resolved that the Board
• **Noted** the report
• **supported** the following recommendations:
  1. To continue to support the EPRR Service
  2. Support the affirmative EPRR Assurance Statement (referenced in section 2.3)
  3. Support the 9 key EPRR priorities (referenced in section 2.4)	

24/207 Corporate Governance report **It was resolved that** the Board • **Noted** the contents of the report • **Ratified** the Chair's Action dated 13 September 2024 • **Noted** the matters considered in the Private Board meeting on 25 July 2024	

• **Received** the minutes of the Joint Committees of the Board • **Ratified** the Joint Commissioning Committee Governance documentation for inclusion in the JCC Governance Framework and • **Ratified** the approved Clinicians and Section 12(2) Doctors across Wales	
24/208 Committee and Advisory Group Chairs' reports **It was resolved that** the Board • **Noted** the following reports: 24/208.1 Audit Committee 12.9.24 & 18.7.24 24/208.2 Planning, Public Health and Partnerships Committee 20.8.24 24/208.3 Mental Health Legislation Committee 1.8.24 24/208.4 Remuneration Committee August - September 2024 meetings 24/208.5 Charitable Funds Committee 13.9.24 24/208.6 Local Partnership Forum 10.9.24	
CLOSING BUSINESS	
24/209 Review of meeting effectiveness The Board shared the following comments • Welcomed the use of the support pack in managing the agenda bundle • The change to agenda format was positive • The duration and amount of business to discuss was improved but still too long • Concern was expressed with the timeliness of Board paper publication • Focus on key areas were to be welcomed at future meetings • There was an acknowledgement that much research had previously been undertaken to consider suitable venues to accommodate hybrid Board meetings across North Wales. Whilst Venue Cymru was a suitable central venue for this purpose, other meetings were held at different locations. • The Director of Corporate Governance felt it was important to have approprate time allocated for discussion of items and that Committees were delegated work appropriately to follow up and monitor.	
24/210 Date of next meeting 28 November 2024	
Resolution to exclude the Press and Public "Those 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."	