Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Health Board meeting held in Public
on 28th November 2024 at Venue Cymru

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Clare Budden	Independent Member (part meeting)
Russell Caldicott	Interim Executive Director of Finance
Imran Devji	Interim Chief Operating Officer
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
Dr Jane Moore	Acting Executive Director of Public Health (part meeting)
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member – Chair Stakeholder Reference Group (SRG)
Fôn Roberts	Associate Member – representing Directors of Social Services
Carol Shillabeer	Chief Executive
Dr Chris Stockport	Executive Director Transformation & 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
In Attendance	
Philippa Peake-Jones	Head of Corporate Affairs
Stephen Powell	Director Performance and Commissioning
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts	Associate Director - People Services
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance
Diane Davies	Corporate Governance Manager - for minutes

Agenda Item
PRELIMINARY MATTERS
24/181 Welcome, introductions and apologies for absence Apologies were received from Independent Member Karen Balmer, and Jason Brannan - Deputy Director of People for whom Georgina Roberts deputised.

The Chair welcomed Stephen Powell to his first Board meeting since his appointment as Director of Performance and Commissioning.

24/182 Declarations of interest relating to the agenda

None were declared.

24/335 Unconfirmed minutes of the Annual General Meeting held on 25th September 2024 and Health Board meeting held on 26th September 2024

The minutes of the Annual General Meeting held on the 25th September 2024 and the minutes of the Health Board meeting held on 26th September 2024 were confirmed as a true and accurate record.

It was RESOLVED that the Board:

- **APPROVED** the minutes as a true and correct record of the
    - AGM held on 25th September 2024; and
    - Health Board on 26th September 2024

24/226 Matters arising and action log

Members **received** the action log and **noted** the progress against the actions.

It was RESOLVED that the Board

- **AGREED** the updates provided;
- **NOTED** the Vice Chair's concern with the level of Violence and Aggression reports against staff being received (24/192); and
- **NOTED** that Health and Safety near misses were also being regularly reported to the People and Culture Committee (24/192).

The Executive Director of Nursing and Midwifery introduced the Patient Story of the video presentation of the PIPYN pilot programme (Pwysau Iach Plant Yng Nghymru or Healthy Children Healthy Weight in Wales).

Board members commented positively on:

- The success of the pilot programme for patients;
- The importance of funding services for children and the collaborative work undertaken on Ynys Môn, which should be invested in further, especially as it has a preventative focus; and
- Collaboration with other partners.

It was recognised that:

- Building preventative work with other organisations, e.g., within education, takes time and long-term commitment.
- Partnership working could also lead to complexities when seeking to resolve issues;
- Pilot programmes were generally grant-funded as proof of concept, however, successful benefits realisation should lead to longer-term investment.

It was RESOLVED that the Board:

- **NOTED** the report; and

- **AGREED** to extend an invitation to the Health and Social Care Minister to visit the PIPYN service with a view to seeking longer-term funding to continue to support this valuable service.

24/228 Chair's Report

The Chair had recently attended the most successful Staff Achievement Awards to date, which revealed incredibly inspiring work that staff members were developing to improve BCUHB's services and care of patients. He tasked members of the Health Board to explore other alternative ways to invest in staff recognition. He also sought to provide ways for staff to share their experiences of BCUHB's services. It was important to help build a culture that focused everyone's attention on providing the best services for the communities BCUHB serves.

The Vice Chair emphasised the volume of work undertaken by the Chair and reflected on the importance of working with people through a variety of initiatives and listening to patients' experiences.

It was RESOLVED that the Board:

- **NOTED** the report.

24/229 Chief Executive's Report

Members **received** and **noted** the Chief Executive's Report. The Chief Executive highlighted the following within her report to the Board:

- Welsh Government has published the latest escalation levels in accordance with the NHS oversight and escalation framework and the escalation status for the Health Board remains unchanged at level 5;
- Appointments and changes to the Executive Team;
- Significant investment and support from Welsh Government was welcomed in moving forward Electronic Health Record which would improve the timeliness of decision making in regard to patient care;
- Partnership working and leadership development was strengthening connections to the Board;
- Meetings with a number of patients and families in regard to Vascular services had taken place. The Board was actively engaged in focussing attention on the quality and experience of this specialist service;
- A number of staff achievements and many other external recognition awards were inspiring. and
- Focussed improvement work had also been undertaken in relation to Falls prevention.

The Chair commented that the Board received regular updates on Vascular services and connections to stroke partnership working.

The Trade Union Independent Member acknowledged the quality of the Staff Achievement Awards and welcomed further ways to improve the celebration of staff members.

The Acting Executive Director of Public Health was pleased to highlight a positive initiative being undertaken within Care Homes by Public Health staff in regard to health protection improvements.

It was RESOLVED that the Board
- **NOTED** the report

24/230 Vice Chair's report

Members **received** and **noted** the report and the breadth of work being undertaken by the Vice Chair. The Chair acknowledged the amount of work and commitment being undertaken by the Vice Chair.

It was RESOLVED that the Board
- **NOTED** the report

STRATEGIC DIRECTION

24/231 Winter Resilience Planning 2024 – 2025

The Interim Chief Operating Officer presented the item which set out the key requirements of the Winter Resilience Planning approach that has been undertaken and provided the strategic context in relation to the responsibilities of the Health Board within the legislative framework, and in line with ministerial priorities, national preparedness expectations, and the alignment of special measures.

The report also set out the core elements of the specific service areas that formed the Winter Resilience Plan and included the risks and mitigations that had been considered to date, including the resource constraints of the Health Board and Local Authority partners. It was acknowledged that, whilst the system already operated within a very challenged environment, the forthcoming
winter could present very significant challenges and risks, including quality and poor experience for patients and staff. A high degree of executive oversight and visibility would continue during the winter period.

Board members were assured that:
- Work had been undertaken with the Welsh Ambulance Services Trust (WAST) and Care Homes to ensure that consideration was applied prior to a direct approach to the Emergency Department (ED). A successful focus on falls prevention was also positively impacting presentations at the ED, and a high-level escalation process was supporting patient transfers. Work with the Royal College of Nursing was continuing to develop more sustainable measures. It was noted that the number of admissions from Care Homes had dropped significantly this year.
- Expansive communications were being constantly applied to encourage appropriate use of the ED and other unplanned care facilities, as well as the uptake of vaccinations to support prevention.
- It was noted that care delays for October had achieved the target, with 11 better than the trajectory previously set due to hard work and positive partnership working.
- Focus was being maintained on tracking expenditures to ensure that finances were being utilised in the most efficient way, with an ongoing review of how the money was being spent, including spend against regional expenditures.
- A formal monthly review will be taken against the winter plan to check progress, along with weekly meetings with the Welsh Government (WG) around operational and tactical elements.

- Communications and engagement were in line with national campaigns, which were being localised. The 111 service was the driving force, and work was being undertaken across all healthcare services in North Wales to ensure that the information being provided to the public and patients was accurate.
- Updates to the Board would be provided through the Performance, Finance and Information Governance Committee and the Quality, Safety and Experience Committee in advance of the next Board meeting to monitor progress against the plan.

Action:
- Progress to be monitored via the Performance, Finance and Information Governance Committee and the Quality, Safety and Experience Committee.

It was RESOLVED that the Board:
- **NOTED** the report on the Resilience Planning approach for 2024/25 recognising the risks and mitigations that had been identified; and
- **APPROVED** the Winter Plan for 2024/2025.

24/232 Annual Plan Quarter 2 Report

The Executive Director of Transformation and Strategy presented the report to the Board highlighting areas of progress made against the Quarter 2 deliverables within the 2024/25 Annual Plan, and also areas where challenges remained.

Members **noted** the following:
- 72% of completion of actions by the end of Quarter 2. Some of the milestones in progress would continue to progress through Quarter 3, and these were included within Strategic Objective 4 (Improving Quality, Outcomes and Experience).
- With regard to change control, two milestones relating to mental health had been merged to better clarify how local plans had been structured to meet the national strategy, and Board approval was sought to this change. The new milestone being *'41.17 LD: Agree models of care for Adult Enhanced Community Rehabilitation Services (ECRS), and Inpatient Learning Disability Services, in pursuit of progressing delivery of the national strategy'.*
- Whilst there was slow progress in terms of fragile and challenged services, positive progress was being made via clinical services management.
- The establishment of Green Wards for medically fit for discharge patients would be standardised across the sites. There was a strong focus with regard to deconditioning of patients.
- Reporting on progress against the delivery plan needed to be accurate and evidenced.

The Vice Chair sought an update on the Prioritisation Framework as it was identified as closed on the monitoring report. The Chief Executive welcomed the discussion and feedback on the report and areas to be strengthened. The Quality Management System (QMS) would be used as a mechanism for service reviews, ie urology.

Action:
An update on the Prioritisation Framework to be share with the Board.

It was RESOLVED that the Board:

- **RECEIVED** assurance on the progress made during Q2 along with the challenges highlighted
- **APPROVE** the change controls outlined within the paper

Comfort Break

24/233 Integrated Planning Process

The Executive Director of Transformation and Strategy presented the report. It was **noted** that constituent parts of the plan had been discussed across the Board and Committee meetings/workshops. The Planning, Population Health, and Partnership Committee had scheduled a workshop to be held on 10th December, and all Independent Members were invited to attend.

Members **noted** that:

- Work in developing the plan was ahead of the previous year;
- There was greater awareness of ownership of the plan across the organisation, which had resulted in more mature and reflective feedback received to date;
- SMART milestones are being set for 2025/26;
- A common theme from feedback was around quality, value, and sustainability;
- Work was already progressing on the development of the 10-Year Plan, and this work would start to feed into it;
- Performance trajectories for 2025/26 had been developed to support the Health Board in making progress out of special measures;
- The financial allocation for 2025/26 was awaited. A draft financial plan would be discussed at the Performance, Finance, and Information Governance Committee in January 2025. Several strategies were under development, and the plans needed to reflect these;
- The Chair of the Health Professional Forum (HPF) welcomed the opportunity for the group to be included as part of the discussions;
- The Board Development in February 2025 would be used as an opportunity for the full Board to have final input into the process; and
- A request was made that any additional growth in the budget be used to target health prevention and primary care

The Executive Director of Transformation and Strategy welcomed feedback from the Board, which would be fed back to the planning team. It was noted that the Integrated Health Communities (IHCs) had been involved as part of the process and opportunities had been used to engage with colleagues across the organisation.

The Chief Executive thanked colleagues for their comments and highlighted the need to ensure that planning was a continuous process throughout the year. A national planning review had been undertaken, and the report on this was awaited.

Action:

- All Members to be invited to the Workshop on 10th December 2024

It was RESOLVED that the Board:

- **RECEIVED** assurance on the progress to date, and acknowledged the areas of challenge.

24/234 Public Health Annual Report 2023/24

Louise Woodfine, Consultant in Public Health in attendance was in attendance for this item.

The Acting Executive Director of Public Health introduced the report to members. It was noted that these were independent report across Local Authorities in our area to provide a perspective each year on issues around public health and make sure that we are clear on the real issues facing our population.

The Consultant in Public Health presented the Annual Report 2023/24 to the Board highlighting key areas.

In discussion it was noted that:

- The challenge being faced could not be under-estimated and that there needed to be a focus on health inequalities;
- The Health Board as the largest employer in North Wales needed to lead by example and use as an opportunity to educate the working to be healthier, and enable staff to be more active;
- Work needed to be co-produced with Local Authorities;
- There was a need to aim this at the sedentary population in the area; and
- A range of activities were ongoing in Care Homes and schools.

In commenting on the report, the Board agreed that the format and style of the report was clear and simple and that this was a good model for future publications targeted at the general public.

The Executive Director of Transformation and Strategy advised that the Cluster Groups were best placed to take this initiative forward and progress as part of their on-going work in broadening the approach around social prescribing.

The Chair thanked the Acting Executive Director of Public Health, and Consultant in Public Health for their report.

It was RESOLVED that the Board

- **NOTED** the report

IMPROVING QUALITY

24/235 Chair's Assurance Report: Quality, Safety and Experience Committee

Members **received** and **noted** the report.

The Chair of the Quality, Safety, and Experience Committee advised that the meeting continued to be held bi-monthly and was pleased with the informative, timely, open, and well-presented papers being submitted for consideration.

Members were advised that the report to the Board was in a new format; however, it continued to contain information to be brought to the Board's attention. Of note following the last meeting of the Committee was the lack of medical representation at the meeting to address areas of clinical concern. However, she was assured that with the appointment of the Interim Executive Medical Director, this issue would be addressed.

It was RESOLVED that the Board

- **NOTED** the report

24/236 Improving Quality Report

Members **received** and **noted** the report.

The Executive Director of Nursing and Midwifery presented the report to the Board. The following was noted:

- The number of National Reportable Incidents (NRIs) had reduced from 54 to 9 (as at 28.1.24). The turnround for these was currently the best in Wales. In addition, the Health Board were above other Health Boards in terms of other NRI WG measures. A request was made that the report to include % rates so that trends could be clearly identified.

- As at 28.11.24 the Health Board was currently at 77.8% compliance against the WG's 30 days target in responding to complaints, with 37 complaints currently overdue, which included complex complaints involving cross border issues. The Board were assured that complainants were informed where there would be a delay in responding. A reduction in the number of complaints being received by the Health Board was also noted. With regard to the higher level of complaints within the IHC Central area, it was noted that the recently appointed Interim IHC Director and Interim Director of Nursing were currently reviewing processes to ensure sustainable change is made, and the work undertaken to-date had made a significant impact. Learning from all complaints was cascaded throughout the organisation.

- With regard to Infection Rates, learning reviews were being held across the IHCs to identity where the challenges were, with improvement plans behind each of these. Support was being provided by the corporate medical, nursing and infection control teams to ensure that challenges could be addressed. Support was also provided by the HARP team, which is the national infection control support team. Public Health Wales were due to visit BCU in December 2024 to undertake a Deep Dive review and make recommendations for improvement.

- An unannounced inspection by Healthcare Inspectorate Wales (HIW) had taken place on two wards in the Heddfan Unit in Wrexham. General feedback was positive initially however the formal feedback report was awaited. There was a request for Immediate Assurance around training for Restrictive Practice and Interventions (RPI) training, and incident management, and this information has been provided and accepted by HIW. Members were assured that the compliance rate for statutory training for (RPIs) was 1% out in the east area, with both central and west areas over target. The training in the east has now been provided.

- Significant improvement was being made around inpatient falls, pressure ulcer prevention work, and reduction in harm. Feedback had been channelled through the Quality, Safety and Experience Committee and this will be followed up with revisits.

The Executive Director of Nursing and Midwifery responded to Board Member's questions:

- **Primary and Community Care** - there was not a specific Board level quality report for these sectors currently. It was **noted** that the Executive Director of Transformation and Planning chairs a Primary Care Board which received reports around quality. The Board receives some quality feedback relating to community care around falls, etc, and work was being undertaken on preparing a primary and community dashboard, similar to the secondary care dashboard. The Director of Performance and Commissioning advised that work would be undertaken with colleagues to improve visibility of reporting to the Board.

- **Death Certification** – changes to the medical certification of cause of death and the role of medical examiners has been an issue across the NHS and a briefing has been commissioned from NHS Wales Shared Services Partnership so that the Board can fully understand the new process.

- **Learning from Events (LEFR)** – increased exposure to financial penalties in relation to learning from events, any delays in submitting any learning to an adequate level, would result in the organisation being penalised. A number of processes were currently being reviewed to strengthen this area of work.

- **Increase in neonatal reporting -** it was noted that this was due to the change in national reporting requirements, and included issues that would normally be reported and investigated locally, without the need for reporting on the national register.

Actions :
- **24/136.1** Director of Corporate Governance to commission a briefing on the changes to the medical certification and the role of Medical Examiners; and
- **24/136.2** Director of Performance & Commissioning to improve the visibility of primary care reporting through the Integrated Performance Report

It was RESOLVED that the Board
- **NOTED** the report

24/237 Draft response to Ombudsman's letter 2023/24

Members **received** and **noted** the report.

The Executive Director of Nursing and Midwifery advised that the draft response to the Annual Ombudsman's Letter indicated a 70% compliance against a target of 75%. It was noted that since the draft had been prepared, compliance had risen to 77.95% and requested that this updated data be included. It was noted that a 50% improvement had been made in Public Service Ombudsman for Wales (PSOW) requests for information and investigations on the previous years data. It was noted that the number of Ombudsman complaints was in line with the rest of Wales.

Fewer complaints were being made to the PSOW, and the numbers of complaints not upheld had improved. A further challenge for the Health Board would be to improve further on the quality of responses in order to reduce the numbers of PSOW investigations / complaints being upheld.

It was noted that work had been undertaken on the accessibility for patients and families to be able to feedback on the service provided.

The PSOW Annual Letter and draft response has been discussed in detail by the Quality, Safety and Experience Committee and the Board was invited to approve the response.

It was agreed that the content of the letter be updated prior to submission to the PSOW office to include the most updated complaints performance.

Action:

- **24/237** Executive Director of Nursing & Midwifery to update the letter before sending to the PSOW

It was **RESOLVED** that the Board:

- **NOTED** the Annual Letter had been considered in detail by the Quality, Safety and Experience Committee; and
- **APPROVED** the Health Board's draft response to the Ombudsman's Annual Letter 2023-24

24/238 Nurse Staffing Level report (Autumn 2024)

Members **received** and **noted** the report.

The Executive Director of Nursing and Midwifery highlighted the following points to the Members:

- Nurse Staffing Levels (Wales) Act 2016, was a statutory requirement for the Board to consider annually the nurse staffing levels under Section 25B;
- The information within the narrative of the report identified changes required for the full year effect. No significant changes were anticipated in the future unless ward reconfigurations were required;
- There were still some areas that were non-staffing Act 25b wards which were being assessed using the Staffing Act methodology and some areas of escalation where beds were open which the substantive staff did support;
- The wards covered by the Nurse Staffing Act where at the level that they needed to be. The current vacancy rate for nursing staff was currently at 7% across the Health Board, with 1.7% turnover of staff which was one of the best in Wales. This in turn reduced the level of agency spend and reduction in bank activity.

The Interim Executive Director of Finance advised that, as part of the 2023/24 financial planning process, there was a need for a £10m increase in the nursing workforce in the nurse staffing act compliant areas. As of this year, a further £2.4m additional costs into the baseline position would be required resulting in an overall £12.5m increase over the past two financial years, which would further impact on the challenging financial position for the Health Board to work within. Reviews to be undertaken in other non-Nursing Act areas may add further pressure in the future.

Members noted that a review of the wards not covered by the Nurse Staffing Act had been undertaken to ensure that the assessments were replicated triangulating harms, professional judgement, and looking at the areas. It was further noted that the Emergency Quadrant

reviews had also been undertaken looking at staffing levels for corridor care and monitoring of waiting rooms. The outcome was that these areas would need to be reviewed further, however the Executive Director of Nursing and Midwifery advised that she was satisfied that those areas were safe and staffed appropriately however there was a need to formalise these levels of care.

With regard to the use of Nurse Associates, this was welcomed as an opportunity and work was being undertaken to review the parameters of practice to ensure that this did not impact on the role of Registrants. It was not expected that the Nurse Staffing Act would change and there would remain expectations around the number of registrants at a Registered Nurse level rather than Associates, and we would need to look at workforce planning and redesign and identify care levels required for our patients.

The Interim Director of Finance drew members attention that in approving this report, the Board would be approving £2.4m of additional investment in year, over and above the 2023/24 previous increase of circa £10m, and the significant financial pressure that would be resultant. The Chair confirmed that this was a report for assurance in relation to the calculation of the Nurse Staffing levels in accordance with the Nurse Staffing Act as outlined in the paper to the Board.

It was **RESOLVED** that the Board:

- **RECEIVED** assurance that the organisation meeting its 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.

24/239 Chair assurance report: People & Culture Committee

Members **received** and **noted** the report.

The Chair of the People and Culture Committee advised on progress being made with regard to the newly formed Committee, including the work being undertaken on the Values and Behaviours Framework.

It was RESOLVED that the Board
- **NOTED** the report

24/240 Developing our Refreshed Values and Behaviours Framework

Members **received** and **noted** the report.

The Chief Executive highlighted the following points to the Members:
- The Board committed to reviewing the Values and Behaviours Framework in September 2023;
- Significant engagement had taken place across the organisation in the co-design of the Framework; and
- The values had been designed to make a difference in our daily interaction with our staff, patients and partners.

The Associate Director of People Services advised that an Implementation Plan would be developed to ensure that the values were significantly rooted into all aspects of the Health Board's core work, including policies and procedures, recruitment and retention, clinical care, patient experience and engagement (internally and externally).

Following approval, the Executive Team and People and Culture Committee would monitor the development and delivery of the Implementation Plan, including measuring and reporting of the impact across the organisation.

Members welcomed the Framework which supported the change in culture across the organisation.

Following discussion it was noted that:

- Embedding the values and behaviours within our staffing would impact on our care of patients and working with partners;
- Early stages of implementation would need to include training and coaching of managers at all levels to ensure that these are cascaded throughout the organisation; and
- A realistic pace of change needed to be taken into account, along with continuous feedback, to ensure that this is embedded fully across the organisation.

On behalf of the Board, the Chair expressed his thanks to everyone who had inputted into the development of the work.

It was **RESOLVED** that the Board:

- **NOTED** the progress of the work; and
- **APPROVED** the Values and Behaviours Framework in order that implementation can commence.

MONITORING PERFORMANCE AND FINANCE

24/241 Chair's Assurance Report : Performance, Finance and Information Governance (PFIG) Committee

Members **received** and **noted** the report.

The Chair of the Committee highlighted the following points to the Members:

- The unsuccessful attempt to recruit to short term Oncology Consultant posts utilising non-recurrent planned care funds. This had resulted in the use of Locum staff which had incurred additional costs to the Health Board;
- The pressures across planned care and fragile services were resulting in risk-based approaches being considered, particularly in these areas;
- While planned care funding was non-recurrent in 2024/25, for 2025/26 the funding would become recurrent, and work would need to be undertaken with the teams to develop business cases to support recruitment for staff in these key areas.
- Confirmation was awaited regarding the Health Board securing an additional £82m funding from WG. However, in the interim, work would need to progress until confirmation was received.

Members were advised that trends in demand would be built into the financial, activity and performance assessments in order to make informed choices around prioritisation for areas

of work, and that the financial model would need to remain agile in order to ensure that resource was available to meet demand.

It was RESOLVED that the Board

- **NOTED** the report

24/242 Financial Performance 2024/25 month 7 report

The Interim Executive Director of Finance presented the report to the Board and highlighted the following:

- £19.8m deficit plan for the year, which was below the control target of £20m, however did not achieve key duty of breakeven position. This included the non-recurrent £82m from WG, however if delivery of the £19.8m deficit was achieved, the £82m would become recurrent from 2025/26 onwards.

- The current position is a £21.4m deficit which is higher than the planned deficit at year end, being £9.9m away from plan adverse variance year to date. This was of significant concern given that this exceeded the planned deficit and risked achieving the £82m recurrent funding.

- Discussions had been held internally with the Integrated Performance Executive Delivery Group, along with leadership and operational teams across the organisation with a requested trajectory of 1.5% ask, and worked was currently on-going in respect of revised forecasting. A number of meetings were planned in order to monitor progress against this request, prior to reporting back to the PFIG Committee on 23rd December 2024.

- As at Month 7 there was a reported deficit of £21.4m which represented a substantial risk to achieving the planned outturn for 2024/25.

  Of the £42m savings target, there was currently £49.4 as a running total. A significant amount of work had been undertaken across the organisation to achieve this position.

- Utilisation of capital budgets was currently slightly behind planned position, with additional slippage being made available against the Llandudno Hospital project. This has been escalated with the provider and a meeting is due to take place with the Directors to review their cash model to ensure there is no further slippage within this project. This has been shared with WG. Although there is slippage with other schemes, the different models were being reviewed to ensure the resource was spent before close of the current financial year. This would continue to be reported through the PFIG Committee.

- A single opportunity was available to the Health Board to request £18m strategic cash support from WG in order to continue to make payments to staff and supplies towards the end of the 2024/25 financial year. The request needed to be submitted by 5th December 2024. Whilst the request for this would not align with the Health Board's plans over the coming month as reported earlier, Members were requested to consider this request. Preliminary discussions had been held with WG. Not requesting the funding could risk the non-payment to suppliers of goods or services within the given timeframe.

During discussion it was noted that:

- The clarity of the improved reporting and thanks expressed to the Interim Executive Director of Finance and the wider team.

- Performance against savings was positive. The teams had been tasked with seeking 100% full year effect recurrent savings plans.

- In terms of the increase in cost of secondary care drugs, meetings were being held with the Chief Pharmacist. Whilst there was some cost increase it was not felt that this was driven by NICE approved drugs. A review was being undertaken to determine the reason for this increase. Some work was also being undertaken in terms of reserve allocation due to the need to fund NICE approved drugs, although this is on a non-recurrent basis and becomes a recurring pressure, and modelling this was proving a challenge.

- Overspends in ED – preliminary discussions had been held which indicated that there had been movement into the enhanced protocols which had driven some of the additional financial pressures mainly in the Emergency Department. In Ysbyty Glan Clwyd there had been an increase in bed capacity which had incurred increased nursing and medical agency work. Discussions were ongoing around withdrawing the additional beds when pressures would allow.

- Staff sickness rates had increased to 6.1%. With regard to medical workforce, a meeting had recently been held with the Joint Local Negotiating Committee and British Medical Association (BMA) who agreed to a host of work areas including job planning and the establishment of a medical workforce function, which was required in order to stabilise the medical workforce.

The Chair thanked the Interim Executive Director of Finance for his report, and asked that the Board's thanks be extended to the wider team, and specifically Andrea Hughes, Interim Director of Finance, who had been on secondment to the Health Board and would be returning to her substantive post with WG.

It was **RESOLVED** that the Board:
- **RECEIVED** and scrutinised this report; and
- **APPROVED** the 2024/2025 Strategic Cash Support request to Welsh Government

24/243 Integrated Performance Report

Members **received** and **noted** the report.

The Director of Performance and Commissioning presented the Month 7 Integrated Performance Report. It was noted that the report itself would be reviewed in order to provide additional information for members to include more mitigations, delivery confidence and revised trajectories. Members were advised that future reports would include community data, commissioning data, and primary care

Quality and Safety it was noted that:
- There had been no Never Events in the past 4 months;
- There had been an improvement in the closure rates for complaints;

- Some Infection rates remained above target; and
- Clinical coding had been escalated. The issue was being addressed with the appointment of 7 trainee coders, with 3,000 codings being completed weekly against the 75% compliance target set. The backlog work from December 2023 was being worked on.

People and Organisational Development it was noted that:

- Turnover for Nursing and Midwifery staff at circa 1.7%. The downward trend in turnover generally;
- Sickness rate at 6.1%, although this remained a static trend across the year. Active interventions were in place to manage these absences. Support for managers was also currently being rolled-out;
- Agency bill as a percentage of the overall pay bill was currently at around 5%; and
- Open disciplinary cases – work was being progressed in partnership with Trade Union colleagues to roll out culture Training to the People Teams and Trade Unions, prior to rolling out across the organisation.

Access and Activity Performance it was noted that:

- **Mental health services for adults and children**: The target time for assessment and interventions was not being met at present, with neurodevelopmental waits being of particular concern, although this was an issue across the wider NHS in England and Wales. Work is ongoing to improve the criteria for access, as well as capacity and pathways.
- **Mental Health**: Unvalidated data from October 2025 indicated progress; however, the demand for referrals and assistance has increased.
- **Urgent Care:** The downward revised trajectories were currently not being met for ED 4-hour performance, with patients waiting 12 hours or more, and some waiting over 24 hours. A significant amount of work is being undertaken as part of the Winter Plan, with improvements being plotted to identify better performance.
- **Planned Care:** Themes identified were consistent with those across the NHS. Difficulties had been experienced in achieving the 62-day access against the cancer performance target over the past year, with demand outstripping resources. The 8-week diagnostic target had 8,200 patients waiting over the 8-week standard. An improvement trajectory had been submitted to WG to reduce this to 3,000 by the end of March 2025. Progress against this will be monitored closely.
- **Audiology**: The waiting times had improved significantly and would not be de-escalated.
- **Diagnostics:** The delay in Endoscopy has impacted waiting times. This issue has now been addressed, and a significant reduction is expected. WG had allocated a further £1.2m to support diagnostic waits.

The overall total waiting time for the Health Board was increasing in line with the NHS nationally; however, progress was being made in terms of reducing the number of patients waiting the longest time. A commitment had been made to those patients waiting over 2 years (around 11,000 patients) to reduce this to 5,000 by the end of March 2025. Additional funding of £7.3m recurring had been made available from WG to facilitate this. In-house capacity and outsourcing contracts were being put in place to address this.
With regard to Neurodevelopment Services, Fôn Roberts, Associate Member, drew the Board's attention to a report published by Care Inspectorate Wales and Estyn around CAMHS Services, and requested that a copy of the report be shared with Board Members as the findings could be applicable to all local authority areas.

Fôn Roberts expressed concern regarding the neurodevelopmental waiting times. A two day partnership event between the Health Board and local authorities was due to be held and requested that this issue be managed as a joint responsibility going forward to ensure a consistent approach to resolve this issue. The Executive Director of Allied Health Professions and Health Science advised that this issue was also being discussion nationally.

With regard to confidence in the delivery of our major programmes on planned care and unscheduled care given the scale of the problems being faced by the organisation, it was reported that these needed to be managed in a balanced way with focus on productivity and outcomes over the coming months in driving down the waiting lists and ensuring that resources were being utilised effectively.

There was discussion around the management of the waiting list which was increasing. It was noted that patients with the longest waits were being treated however more patients were being added to the waiting lists. The Director of Performance and Commissioning advised that this was a long-term plan and would need to be managed through service planning, demand and capacity planning, efficient and effective use of resources across all specialties to reduce waiting times. The Health Board did not underestimate the enormity of the challenge being faced

It was noted that work needed to be undertaken in order to ensure that patients were being treated in an equitable manner which had become more of an issue since the pandemic. In order to reduce the waiting lists, systems and practices would need to change to address this. Work was ongoing across the specialties looking at the backlog, efficiency and standards, and service reconfiguration / investment issues. A further paper would be brought to the January Board meeting to consider this issue.

In terms of trajectories these were currently stabilising with slight improvement noted however this was reliant on significant in-souring and outsourcing contracts, and a positive change in position was expected to be seen in February reporting. The impact of these had not yet materialised in the reporting. In terms of change in culture, premium working for waiting list initiatives are being signed off based on metrics such as GIRFT or National benchmarking models, and therefore the drive in change in focus.

With regard to the new cultural dashboard being developed, a request was made for flexible working request data to be collated and included within the report. In addition, with regard to sickness absence rates, it was noted that Trade Union representatives were influential in supporting staff back to work and Assurance was provided that there would be a continued release of Trade Union representatives to support this work to be undertaken.

Actions:

- Further paper for the Board in January to consider the position in relation to Planned Care.

It was RESOLVED that the Board

- **NOTED** the report

GOVERNANCE & ASSURANCE

24/244 Corporate Governance Report

The Director of Corporate Governance presented the report and advised that:

- Work had been undertaken with the Chair and Chairs of Committees to confirm dates for the corporate calendar of Board and committee meetings for the next 2 years. These would be shared with members in due course.

- With regard to Standing Orders the Audit Committee considered some interim changes to the Standing Orders which was as a result of changes to the portfolio of the Director of Corporate Governance to ensure delegations were correct. Further work would be undertaken on the Scheme of Delegation and Standing Orders and this work would be undertaken over the next couple of months. A further change to the Standing Orders would be made to reflect that WG had confirmed that they had made a Revocation Order which reversed the Intervention Order made when the Health Board was placed in Special Measures, which reflected the confidence of WG in terms of working in normal governance.

- Members noted the two variations to the development agreement in place between Maggie's and the Health Board.

Members welcomed the formatting of the report.

It was RESOLVED that the Board:

- **NOTED** the contents of the report;
- **NOTED** the affixing of the common seal details will be provided at the January meeting;
- **RATIFIED** the Chair's Action dated 17 October 2024 and 19 November 2024;
- **NOTED** the matters considered in the Private Board meeting on 26 September 2024; and
- **RATIFIED** the approved Clinicians and Section 12(2) Doctors across Wales;
- **RATIFIED** the amendments to the Standing Orders and **NOTED** the Revocation Order dated November 2024
- **NOTED** the two variations to the development agreement that is in place between Maggie's and the Health Board

24/245 Corporate Risk Register

Members **received** and **noted** the report.

The Director of Corporate Governance presented the report to the Board and the following was noted:

- Committees had received oversight of risks since the last Board meeting and would have had the opportunity to review these in detail.
- Progress had been made across the organisation in terms of risk as detailed within the report. It was noted that whilst the Board had overall oversight for risk this was monitored through the Audit Committee. The Audit Committee had been focussing on those risks above the tolerance levels and seeking assurances on these. Some small changes in reducing risks were being identified however recognising that there was further work to be undertaken. It was acknowledged that there had been some delays due gaps within the Executive Team, which were now being recruited to.

With regard to Safeguarding it was members were advised that this was being managed at an operational level. This would remain at a score of 12 and would be monitored and escalated to corporate level if required.

It was RESOLVED that the Board

- **NOTED** the report
- **RECEIVED** the Corporate Risk Register as of November 2024, noting progress on actions and reduction of some scores since last reported in July 24

24/246 Chair reports of Committees and Advisory Groups

Members **received** and **noted** the report.

In line with WG guidance, the Chair requested the Board to ratify the Very Senior Management appointments made as follows:

- Tehmeena Ajmal, Chief Operating Officer
- Stuart Keen, Director of Environment and Estates
- Imran Devji, Interim Chief Operating Officer
- Pam Wenger, Director of Corporate Governance
- Teresa Owen, Executive Director of Allied Health Professionals and Health Science

Following receipt of an Internal Audit report it was noted within that some historical appointments required ratification. Whilst the role of the Remuneration Committee was to approve Very Senior Manager appointments.

It was RESOLVED that the Board

- **NOTED** the following reports:
  1 Audit Committee 12.9.24 and 5.11.24
  2 Planning, Public Health and Partnerships Committee 22.10.24
  3 Mental Health Legislation Committee 7.11.24
  4 Remuneration Committee October - October 2024 meetings
  5 Charitable Funds Committee 12.11.24
  6 Healthcare Professionals Forum 13.9.24

- **IT WAS RATIFIED:**
  - the following appointments**:**
    - Tehmeena Ajmal, Chief Operating Officer
    - Stuart Keen, Director of Environment and Estates
    - Imran Devji, Interim Chief Operating Officer
    - Pam Wenger, Director of Corporate Governance
    - Teresa Owen, Executive Director of Allied Health Professionals and Health Science
  - the revised Charitable Funds Committee Terms of Reference

OTHER MATTERS

24/247 Any other business (previously agreed with the Chair)

The Chair advised that there was not further business to discuss.

24/248 Review of meeting effectiveness

Members welcomed the opportunity to take additional time if required on the important issues facing the organisation, and the presence of the Interim Chief Operating Officer and Director of Performance and Commissioning was beneficial.

The Director of Performance and Commissioning reflected on his first Board meeting and welcomed the understanding of the Board in the complex issues being faced and the unified approach of the Board.

It was noted that, due to the size of the meeting room, the public seating was closer to the Board table and this was welcomed by members although the acoustics in the room had been impacted due to the heating system.

24/249 Date of next meeting 30 January 2025

The date of the next meeting was Thursday, 30th January 2025 at 9.30am at Venue Cymru, Llandudno.

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."