

Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 28 March 2024 at Venue Cymru, Llandudno

Board Members Present	
Name	Title
Dyfed Edwards	BCUHB Chair
Karen Balmer	Independent Member
Clare Budden	Independent Member (part meeting)
Russell Caldicott	Interim Executive Director of Finance
Gareth Evans	Acting Executive Director of Therapies & Health Science
Urtha Felda	Independent Member
Chris Field	Independent Member
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Phil Meakin	Acting Board Secretary
Dr Jane Moore	Acting Executive Director of Public Health
Mike Parry	Associate Member – Chair Stakeholder Reference Group
Dylan Roberts	Chief Digital and Information Officer
Fôn Roberts	Associate Member – representing Directors of Social Services
Carol Shillabeer	Chief Executive
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Dr Chris Stockport	Executive Director of Planning and Transformation
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	BCUHB Vice Chair
Jane Wild	Associate Member – Chair Healthcare Professionals Forum
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Jason Brannan	Deputy Director of People
Paolo Tardivel	Director of Transformation & Improvement
Philippa Peake-Jones	Head of Corporate Affairs
Organisations / Individuals observing the meeting	
Geoff Ryall Harvey	Llais - North Wales
Teresa Owen	Previous Executive Director Public Health BCUHB

Agenda Item	Action
OPENING BUSINESS	
HB24/36 Welcome, introductions and apologies for absence	

<p>HB24/36.1 The Chair welcomed everyone present including Chris Field and Billy Nichols, attending their first Board Meeting as Independent Members, Pam Wenger who was observing and joining the Health Board as Director of Governance in April and Paolo Tardivel who would be presenting the item on Special Measures. Attendees were advised that the meeting would be held bi-lingually and that translation facilities were available. Apologies were noted from Claire Budden for part meeting.</p> <p>HB24/36.2 Chris Field introduced himself to members of the Board, sharing his background as a Barrister and a local resident with colleagues. Billy Nichols also introduced himself noting that he had started working at Betsi Cadwaladr UHB as a nurse in 2002, he advised that since 2006 he had become actively involved with the Royal College of Nursing (RCN) as Steward and Health and Safety Representative as well as the Secretariat of the Health Board's Trade Union Partner's Committee.</p>	
<p>HB24/37 Declarations of Interest on current agenda</p> <p>HB24/37.1 Jane Wild, Associate Member declared an interest in the Corporate Governance report as the Chair of Health Professionals Forum (HPF).</p>	
<p>HB24/38 Draft minutes of the previous meeting held on 25.1.24</p> <p>HB24/38.1 The draft minutes of meeting held on 25 January 2024 were approved as a true and accurate record.</p>	
<p>HB24/39 Action Log</p> <p>HB24/39.1 The updates provided within the action log were agreed.</p>	
ITEMS FOR DISCUSSION/ASSURANCE	
<p>HB24/40 Patient Experience Story – Vascular Service</p> <p>HB24/40.1 The Executive Medical Director thanked those that had been involved in sharing their experiences with the Board and advised that the patient story video shown at the meeting showed the true importance of staff and the way they worked together, he focussed on the quality issues highlighting that the accompanying paper gave some confidence on these issues, but noted that patients being listened to would be what drives improvements.</p> <p>HB24/40.2 Discussion ensued on the reconfiguration of the service and referrals between the hub and spoke sites with the Executive Medical Director concluding that the processes were under close attention and that no complex system would always work perfectly and the patient experience was extremely important.</p>	



HB24/40.3 The Chief Executive thanked the Executive Medical Director, the Patient Experience Team and those who had shared their experiences she advised that there had been a number of pieces of external work taken place and one which was currently taking place, that those would all be brought together and shared as part of a wider discussion with the Board overseen by the Quality, Safety and Experience Committee. The Executive Medical Director noted that the two services reviews would be published once they were both received and that the Vascular Service would be monitored through normal governance. The Chair thanked everyone who had taken part in the item.

It was resolved that the Board

- **Noted** the report

HB24/41 – Chair’s Report

HB24/41.1 The Chair stated that he wished to draw attention to three things, firstly, that change within Welsh Government had seen a new First Minister being appointed, that the Health and Social Services Minister would stay the same but Jayne Bryant would take over as Minister for Mental Health and Early Years. He looked forward to continuing to work closely with Government and welcomed future Ministerial visits.

HB24/41.2 Secondly, the Chair highlighted Special Measures drawing attention to what had been achieved in the last 12 months, that discussions with partners were ongoing about what had been achieved and what the Health Board hoped to achieve in the future highlighting that there was a real benefit from listening and learning and using that knowledge as a resource for improvement.

HB24/41.3 Finally, he noted that he was privileged to attend a cinema screening in Wrexham about a film on dementia, he said that he was proud of those who had taken part and learnt a lot from the film. He encouraged the Board to watch the film once available on different platforms and thanked the team involved in the film’s production.

It was resolved that the Board

- **Discussed** and **noted** the content of the report

HB24/42 – Chief Executive’s Report

HB24/42.1 The Chief Executive highlighted the Inquiries work that had taken place noting that there had been a Covid 19 Inquiry Wales session held in Cardiff and that the Health Board would be keen to see the publications from the Inquiry to understand the learning.

HB24/42.2 The Chief Executive advised that she had been visiting sites and learning more about the services through conversations with both patients and relatives. She advised that two teams had been nominated for a St David’s award.

<p>HB24/42.3 The Chief Executive noted that the longest period of Industrial Action had just taken place and that had impacted on the Health Board to be able to provide the full range of services to patients and wanted to see a resolution as quickly as possible while working constructively with colleagues.</p> <p>HB24/42.4 Partnership meetings held highlighted a number of joint initiatives such as the Royal Alexandra Hospital with more such meetings over the next few months.</p> <p>HB24/42.5 The Board noted the visits by the Chief Executive and were advised that some Services had made requests and that many were possible. An example was shared around a request for an iPad in one of the services at the Wrexham Maelor site which had been an easy solution.</p> <p>HB24/42.6 The Chair thanked the Chief Executive for all her hard work.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Discussed and noted the content of the report 	
<p>HB24/43 – Vice Chair’s Report</p> <p>HB24/43.1 The Vice Chair presented his report sharing that he had attended a great meeting with the Primary Care Senior Leadership Team, he highlighted that if problems were to be solved in the District General Hospitals, then it would be important to be better in Primary Care, similar views were shared during his visit to a Mental Health Ward who advised that the Community Mental Health teams were overwhelmed.</p> <p>HB24/43.2 The Chair thanked the Vice Chair for his ongoing work and extended his thanks to all of the Independent Members who go above and beyond their contractual hours.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Discussed and noted the content of the report 	
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
<p>HB24/44 – Special Measures Report – Stabilisation phase</p> <p>HB24/44.1 The Chief Executive introduced the item highlighting that the Health Board was now at the 12 month stage of Special Measures, that the Board had received regular updates throughout the year and thanked Paolo Tardivel, Director of Transformation and Improvement for running the programme.</p> <p>HB24/44.2 The Director of Transformation and Improvement advised that the comprehensive report linked to the closure report of the 90-day cycle and that it demonstrated that a lot of progress had been made over the past 12 months whilst acknowledging that there was a lot more to do. He advised that the Health Board had been supported by Welsh Government Independent advisors and that the findings of their reviews had been published and action plans being tracked and shared with the relevant Executive Director and progressed through</p>	

the agreed governance route. It was noted that an outcome focus approach had been taken with the third 90-day cycle showing the highest completion but that there was an ambition to improve on delivery going forwards.

HB24/44.3 Each of the eight areas of concern, Governance and Board Effectiveness, Workforce and Organisational Development, Financial Governance and Management, Compassionate Leadership and Culture, Clinical Governance, Patient Experience and Safety, Operational Delivery, Planning and Service Transformation and Mental Health were discussed and an update given on each area with the full details being highlighted in the associated report.

HB24/44.4 With regards to Governance and Board Effectiveness the Acting Board Secretary noted that there were 100 recommendations and that 70% had been completed highlighting the Terms of Reference refresh and the recruitment of a new Board. He acknowledged that there was more to do but was confident further progress would be made with the incoming Director of Corporate Governance.

HB24/44.5 The Interim Executive Director of Finance highlighted that with regards to Financial Governance and Management, the Board had control and oversight through the performance framework which was being embedded into the organisation. The revised Standing Financial Instructions and Scheme of Reserved Delegation were in place as a framework to strengthen control, that a procurement review in collaboration with Welsh Government and supported by Shared Services, had taken place and that over 400 managers had been trained on procurement. It was noted that there was still much to do in a challenging financial climate. The Planning Review had been received later than expected but a draft action plan available and would be shared in due course.

HB24/44.6 It was acknowledged that strong leadership and engagement was a long term target but that a number of months ago the Board had set out its intention to be a compassionate organisation and that the architecture was being drawn up to enable this to happen. The Deputy Director of People shared that an Organisational Development Steering Group, chaired by the Chief Executive, had been set up and the new People and Culture Committee of the Board had been formed and initially chaired by the Health Board Chair but now was being Chaired by one of the Independent Members. The Leadership Conference that had taken place had given a clear steer on what type of organisation it was seeking to be and that, whilst acknowledging that there was a lot to do, it was important to ensure that colleagues felt that they were taken on the journey. The Board noted that an Integrated Leadership Framework would shortly be agreed and that there had been good engagement on the staff survey.

HB24/44.7 The Director for Partnerships, Engagement and Communications highlighted that there was much more of an outward focus in terms of communication, that the Board would go to where people were and that this had started with the Annual General Meeting being held in the Llandudno Community Centre last year. She shared that there was more openness and transparency and that one year on, briefings had been held with both staff and communities and that going forwards there would be a cross section of the

organisation coming together to shape what engagement would look like. It was noted that as part of the Operating Model work, a lot of engagement would be undertaken.

HB24/44.8 In relation to outcomes and experience the Executive Medical Director acknowledged that this would be about patients, although a lot of staff had been involved. He wished to thank the outgoing Acting Executive Director of Operations for her work in this area noting that there had been a good reduction on the long waits but that focus was now on how things could be done differently citing patient initiated follow up which allowed other patients to be seen. The Executive Medical Director highlighted large waiting lists for dermatology and that different ways of addressing these were being looked at such as tele-dermatology. It was noted that the paper highlighted Orthopaedics and the support from Welsh Government for the Llandudno Hospital changes. The Director of Transformation and Improvement noted that the difficulty would be to ensure that the organisation had the right outcomes but the intention was with the challenged services, to move from people telling the organisation what the problem was to it being identified first.

HB24/44.9 The Executive Director for Nursing and Midwifery advised that with regards to being a learning and self-improving organisation, an action plan had been developed and that the organisation was on track to deliver. A Quality Management System was being developed and would be presented to Board at the May meeting. The Board noted that there was a significant move to an Electronic Records System, with a focus on Public Health including diabetes. A learning framework was being developed by teams on the ground and that this would be scaled up as part of the Quality Management System. A review of investigations had highlighted the need to improve what was being submitted to the coroner, to ensure that learning is being taken forward across the organisation.

HB24/44.10 Attendees noted that longer term the Special Measures approach would inform the development of an organisational strategy for the Health Board. That there would be less of a focus on Special Measures as it would be reported as part of the Annual Plan. The Director of Transformation and Improvement concluded by thanking all those across the organisation, Welsh Government and the Board.

HB24/44.11 A discussion took place around workforce and it was noted that there was a huge improvement on the reduction of interim appointments across the organisation. It was acknowledged that developing workforce opportunities for the population of North Wales would be addressed later in the agenda as part of the three-year plan.

HB24/44.12 Further discussion took place around the Operating Model work noting that as an organisation there was a lot to do and a long way to go but that in order to deliver people needed to be helped to deliver what they had to do. A lot of feedback had been received by the Chief Executive on the Operating Model; she had commissioned work by Internal Audit and the report had now been received and that the next phase would be to start to draw conclusions on

what was working well and what was not but that it was important not to cause unnecessary disruption to the organisation. The initial feedback was that there was a need to change and a lot of work scheduled in quarter one on this. Independent Members shared that the format and tone of the approach was right and commended the work that had been undertaken in a transparent way. It was noted that as a Board a decision to embrace risk and be transparent about the issues publicly had been agreed, that there was further work to do specifically around Planned Care and Urgent and Emergency Care.

HB24/44.13 A discussion ensued around interim and temporary staffing highlighting that a lot of work had been undertaken in nursing and midwifery with regards to recruitment and that in some areas there would be no vacancies. Conversations were taking place with temporary staff to see if they would be interested in being employed by the Health Board. The Chair advised that the way people work now was very different, in comparison to what it used to be, and the organisation would need to change, accommodate and be flexible wherever possible.

HB24/44.14 In response to the challenge of what Special Measures was achieving and what difference it was making, the Chief Executive advised that a year ago the organisation had been in a fundamentally challenged position and had undergone some dramatic changes which had impacted on how the organisation was functioning. She advised that it was her aim to have a well - functioning organisation and that a twin tracked approach was ongoing whereby, whilst focussing on the long term plan, better care was starting to be identified. The organisation was working night and day to ensure improvements, but that these may not be seen overnight but rather in the long term.

It was resolved that the Board

- **Received assurance** on the progress made during the first 12 months of Special Measures.

HB24/45 – Audit Wales Report on Board Effectiveness and Responses

HB24/45.1 The Chief Executive asked that the Board formally receive the Audit Wales Report on Board Effectiveness and the organisation's response. She advised that she was grateful for the work Audit Wales had undertaken and that the report was of public interest and had been published with commentary from the Auditor General. She advised that in summary the Board was improving, that relationships were improving and overall, there was a more positive approach with the dysfunctionality no longer evident but that there were fundamental challenges to address and that those would be highlighted in the Plan. It was noted that Board Effectiveness would form some of the work in the Structured Assessment.

It was resolved that the Board

- **Noted and considered** the Board Effectiveness Report and the BCUHB Response

HB24/46 – Draft 3 Year Plan 2024 – 2027 and annual delivery plan 2024-2025

HB24/46.1 The Executive Director of Planning and Transformation presented the item, thanking both Stakeholder Reference Group (SRG) and the members of the Performance, Finance and Information Governance Committee (PFIG) for their support in testing the plan prior to Board. It was noted that PFIG Committee had formally met the previous week to discuss the plan presented in the pack and that changes requested at that meeting had now been completed. Both a Welsh Language and easy read version of the plan were being completed and an Equality Quality Impact Assessment finalised.

HB24/46.2 Attendees noted that it was a Statutory duty under the NHS (Wales) Act 2006 amended by NHS Finance (Wales) Act 2014, to prepare three-year plans that:

- Improve the health of the population
- Improve the provision of health care
- Balance over a 3-year period
- Are approvable by Welsh Ministers

HB24/46.3 If unable to produce an ‘approvable Integrated Medium Term Plan (IMTP)’ as above, organisations were to submit Annual Plans. The Board accepted that the Health Board would be unable to submit an approvable three year IMTP, as was the case with a number of Health Boards, but that the Annual Plan presented was shared within the context of a three year plan and that a twin track approach would be undertaken. The Board were advised that the five sections of the three year plan correlated with the Special Measures Outcomes and that during consultation it was felt that this was the most appropriate way to structure the plan. The objectives were confirmed as below:

- Objective 1: Building an effective organisation
- Objective 2: Developing strategy and long-lasting change
- Objective 3: Compassionate culture, leadership & engagement
- Objective 4: Improving quality, outcomes and experience
- Objective 5: Effective environment for Learning

HB24/46.4 The Board noted the plan explored in year change, partnership working and acknowledged that the organisation was the biggest employer in North Wales. There was a focus on Objective 4, Improving quality, outcomes and experience and the challenge of how this part of the plan was structured because breaking down this element would always be artificial, with the example shared being Primary Care not just being about Primary Care but also Planned Care, Cancer Care and Urgent and Emergency Care, as was the case with Dementia.

HB24/46.5 With the plan being an integrated one the Interim Executive Director of Finance shared the detail on how the Financial Plan had been developed and how the journey throughout the 2023/24 financial year had taken shape. The deficit plan in 2023/24 had been set at £134m, which was part of the All Wales

national deficit plan of £648m. The scale of the financial challenge was discussed and in particular it was noted that a number of control processes were put in place around enhanced pay and non-pay control measures and balance sheet flexibility. Members noted that the Welsh Government had allocated additional revenue in-year to NHS Wales: all Health Boards in Wales had received a proportional share of the resource, with the Health Board receiving £101 million which moved the Health Board's deficit plan to an outturn of £33m deficit. The Board noted that this was the comparable figure to the previous year of £101m additional allocation that was endorsed as a Board.

HB24/46.6 When determining an underlying position for 2024/25 the one-off allocations that the Health Board had received for income were removed, these being allocations for performance and transformation of £82m and the original £101m allocation received in the previous year, although elements of those could become conditionally recurrent giving an underlying deficit for 24/25 of circa £253m. The key messages shared being that correction of the balance sheet could only be utilised once and this had been done in 2023/24 and that the Health Board was heavily reliant on significant non-recurrent allocations to support financial sustainability.

HB24/46.7 The Interim Finance Director explained how the underlying deficit of £253 million had been significantly reduced as the result of additional allocations from the Welsh Government, including funding specifically to tackle long waiting times for planned care. Some of these allocations were however non-recurrent. He then highlighted inflationary pressures, leaving the Health Board with a 2.8% savings target for the year, which meant a £48m target. It was noted that the directive had been to have a 2% target, which would mean further challenge would come. The Board noted that this would only be delivered by the values sustainability work which was to enhance service provision, not by cutting services but by utilising what was available in a more efficient way. Despite what was presented, this still left the Health Board with a £19.7m deficit which was akin to the amount for the previous year meaning that the key financial duty to break even would not be achieved. Ongoing work on values sustainability would continue to enable the Health Board to create a break even plan in future years.

HB24/46.8 The Deputy Director of People highlighted the workforce element of the plan noting that workforce solutions would need to be sustainable and that services required consideration of skill mix, configuration, technology and productivity and that there would be a requirement to review the workforce. In relation to establishment base, establishment reviews for nursing had taken place during 2023-24 with a wider review during 2024. The proposals within the plan had been tested against the likelihood of successful recruitment and redeployment. It was noted that other options needed to be considered, for example, apprenticeships, live well, work well and the requirement for finance and workforce numbers to align.

HB24/46.9 The Executive Director of Planning and Transformation clarified how the delivery of the plan would take place noting that the narrative of the document would be converted into SMART principles which would be outcome

focused and evidenced based both on impact and delivery. The delivery of the plan would be cascaded to local plans and then onto personal objectives which would be set out in the Integrated Performance Framework which would be received at Committee and Board on a quarterly basis.

HB24/46.10 A discussion ensued around engagement, understanding that the Board had worked flexibly and through workshops to be sighted on the Plan, that there had been a significant improvement in the Plan from the initial draft. The Interim Executive Finance Director clarified the control target being between £20m- £33m. It was noted that the use of AI would be further developed as part of objective 5 with the Chief Digital Information Officer clarifying that a study day with the clinicians was being developed. Further discussion took place around public sector funding and that there were areas that more could be done in terms of outcomes for patients.

HB24/46.11 The Chief Executive thanked colleagues for their work advising that, although the planning function had coordinated the work, many other areas had contributed and that the plan was much improved in comparison to the previous year. An easy read version would ensure that there was an understanding of what is being worked on and that the plan would lead to delivery ensuring that the finance restrictions do not distract from the outcomes and experience that patient should receive.

HB24/46.12 The Chair thanked colleagues for their work and that the process had, as always, been a learning one. He focussed on those who would be delivering the plan, wanting to ensure that they felt part of the delivery and had the shared ambition. The Chair advised that the Plan could now be submitted formally to the Welsh Government.

It was resolved that the Board

- **Received** the three year plan and approved the corporate objectives and the priorities as outlined in the plan;
- **Noted** that significant work that had been undertaken to develop the plan but accepted that the plan was still a deficit plan and that strong focus on clear accountability arrangements for delivery was required;
- **Supported** the submission of the Annual Plan and supporting documents requiring submission to Welsh Government by 28 March 2024 in accordance with agreed timescales

CS

HB24/47 – Corporate Governance Report

HB24/47.1 The Acting Board Secretary advised that there were three elements to the report, the first being Risk, with 17 corporate risks and an update on 9 with the remainder outstanding with the relevant Executive Director. Further discussion took place around the level of risk rating for not achieving a financial plan noting that the narrative would be reviewed at the Risk Management Group for review at the Executive Team Meeting.

<p>HB24/47.2 In relation to appointments, Jane Wild had been reappointed as Chair of Healthcare Professionals Forum (HPF), Caroline Turner had been appointed as Chair of Quality, Safety and Experience Committee.</p> <p>HB24/47.3 The Chair of the Audit Committee endorsed the progress that had been made in relation to the management of risk advising that it is reviewed at the Audit Committee, however, it was noted that the Committees were not a form of assurance, nor were they a line of defence.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the Corporate Risk Register and Board Assurance Framework following the review at the committees of the Board; • Approved the affixing of the common seal as detailed in the report • Ratified Chair’s Actions taken since the last Board Meeting • Noted the expressions of interest for HPF and SRG Membership 	
<p>HB24/48 – Strategic Equality Plan 2024-2028</p> <p>HB24/48.1 The Deputy Director of People presented the paper highlighting that it set out the strategic intent for the organisation and had been built on a number of key pillars and done in consultation. It was agreed that in future the Strategic Equality Plan would fall under the People and Culture Committee. Following consideration by the Board, the next steps would be to share the document, noting that some of the language came from the national plan and statutory requirements. The document would remain an iterative document as it was an initial scoping document for 4 years with the aim that it linked with both the Annual Plan and culture and engagement work. Thanks were given to Ceri Harris – Head of Equality and Human Rights, for her work on the plan, who was in attendance at the meeting.</p> <p>HB24/48.2 An Independent Member welcomed the report noting that it demonstrated the commitment given, that the Health Board represents circa 700,000 people and 20,000 staff and a discussion around engagement on the Equality Plan and the consultation process followed.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Approved the proposed six equality objectives for the Health Board 2024 to 2028 • Approved that each of these were high-level priority areas of work. The development and delivery of actions to each of these priority areas would sit with relevant leads across the Health Board and progress would be reported through the Equality and Human Rights Strategic Forum and annual reporting via the Annual Equality Report. 	
<p>HB24/49 – Royal Alexandra Hospital Business Case Update</p> <p>HB24/49.1 The Chief Executive clarified the longstanding history of the Royal Alexandra project, that it had previously been submitted to Welsh Government as a full business case which had not attracted the support of Welsh</p>	

<p>Government as it had been financially prohibitive. It had been agreed that the Health Board would take a fresh look at what the art of the possible may be and thanked colleagues from both Flintshire, Denbighshire and Welsh Government for their work on helping to produce a more modest cost option while ensuring that the majority of the elements from the original business case still featured.</p> <p>HB24/49.2 The Executive Director of Planning and Transformation confirmed that he was first involved in the project as a GP some ten years ago, and that although it was a more modest proposal, it was also more realistic, and partnership work was key, especially as the move towards de-medicalising care and understanding different models of care were pursued. He reminded colleagues that Rhyl was in the top two deprived areas in Wales.</p> <p>HB24/49.3 Further discussion took place around how the process would move forward and ensuring that both the population and staff be involved and agreement that the programme would not be successful without all their involvement. Enthusiasm was shared around the minor accident and ailment unit and the joint working with the Local Authorities.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted and approved the briefing note and, following the private discussion, to approve the Option Appraisal document for onward consideration by Welsh Government. 	
<p>HB24/50 – Three Yearly Assurance Report on Compliance with the Nurse staffing Levels (Wales) Act</p> <p>HB24/50.1 The Executive Director of Nursing and Midwifery presented the Three-Year Compliance report on the Nurse Staffing levels (Wales) Act noting that every six months reviews were shared with Board. The report shared a summary of the work that had been undertaken and had been shared previously with the Executive Team. Funding had been allocated to ensure that establishment reviews were compliant. It was noted that following receipt at Board the report would be submitted to Welsh Government.</p> <p>HB24/50.2 A discussion took place around who the Nurse Staffing Act applied to and whether patient information boards that fall under the Act were poorly maintained. An assessment had been undertaken by the Royal College and during Covid this hadn't been maintained, but the Executive Director of Nursing and Midwifery had asked that this be reviewed and amended. Attendees understood that those wards where the Act did not apply, staffing levels would still be reviewed annually at Board.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Received the report to gain assurance in relation to the following: <ul style="list-style-type: none"> • Betsi Cadwaladr University Health Board (BCUHB) is 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. 	AW

<ul style="list-style-type: none"> BCUHB is meeting its statutory duty to provide a Three Yearly Assurance report on compliance with the Nurse Staffing Levels (Wales) Act 2016 to the Welsh Ministers 	
<p>HB24/51 Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales</p> <p>HB24/51.1 The Executive Medical Director presented the report and shared the background as to why the Health Board undertook this approval process for the whole of Wales. It was noted that between Board meetings, delegated authority had been granted to him.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> Noted the contents and formally ratified previous Chair’s Action Letters which contained recommendations to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across Wales. 	
<p>ITEMS FOR DISCUSSION/ASSURANCE</p>	
<p>HB24/52 Improving Quality Report</p> <p>HB24/52.1 The Executive Director of Nursing and Midwifery presented the report, noting that going forwards the Integrated Performance Report would include the quality data and therefore an exception report was being presented to Board. She highlighted falls and health care acquired infections, pressure ulcers and the three never events shared within the paper. It was noted that the Coroner continued to raise issues around Electronic Health Records, ambulance delays and the quality of investigations. The Board noted that a deep dive on inquests working with Integrated Health Communities was ongoing.</p> <p>HB24/52.2 Members noted that numbers of complaints were increasing again and a mapping process of the pathway was underway in order to streamline the process and ensure that the learning was embedded. Work was underway to develop the Quality Management System which would be considered at the Board meeting in May. Members noted that 88% of patients who responded to the patient survey stated that they were satisfied with their care.</p> <p>HB24/52.3 The Board discussed the quality of documents and the overdue complaints and were concerned that the backlog was increasing. It was agreed that the Integrated Performance Report would include the trajectories from May. Discussion around the Clinical Effectiveness Report and how that would feed into the Quality agenda took place concluding that the Quality report was retrospective but the Clinical Effectiveness would be looking forward. There was a suggestion for a focus group to be set up to review the problem and look at a solution.</p> <p>HB24/52.4 The Chief Executive concluded that quality was a collective responsibility, that when thinking about quality, it should be about building systems, pathways and teams to ensure that they had quality within them all, that this would be the approach of the Quality Management System as the first step to systemising quality.</p>	<p>RC</p>

<p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report 	
<p>HB24/53 Partnerships Report</p> <p>HB24/53.1 The Director of Partnerships, Engagement and Communication presented the report highlighting the work of the shared forums, including the Regional Partnership Board and the Public Services Board.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report 	
<p>HB24/54 BCU Response to EMRTS Engagement</p> <p>HB24/54.1 The Chief Executive summarised the paper and the history of how the proposal had been formed. It was noted that during the consultation period concern had been raised by communities in North Wales as well as Llais about the potential impact of the proposals especially in rural areas. Following a discussion about the detail shared on the reasons for change being suggested and what was best for North Wales and the concerns raised by the community, it was agreed that the Board would hold an extraordinary meeting consistent with other Health Boards across Wales to consider the item, given there was not enough information to consider the recommendations put forward at the meeting.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted and discussed the report; and • Agreed to hold an extraordinary virtual meeting to consider the proposals 	PM
<p>HB24/55 Establishment of the NHS Wales Joint Commissioning Committee as a Joint Committee of Local Health Boards in NHS Wales</p> <p>The Chief Executive provided an update on the establishment of the NHS Wales Joint Commissioning Committee and sought adoption of its governance framework, as a Joint Committee of the Board. An Independent member clarified the process, concluding that Welsh Ministers had made the decision with regards to the establishment of the Joint Commissioning Committee.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> • Noted the report and the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers; 	

- **Noted** that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024
- **Noted** the development of the JCC's governance framework, as a key component of the Health Board's governance framework
- **Adopted** the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18th March 2024
- **Adopted** the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024
- **Noted** the JCC's Accountability Map for information

HB24/56 Integrated Performance Report

HB24/56.1 The Interim Executive Director of Finance presented the report noting that the Health Board was on a journey to develop a final version of this report with the need to shift the report to focus on assessing future performance. It was anticipated that there would be an introduction of local metrics that would be taken through the Integrated Performance Group to decide on what Committees needed to review.

HB24/56.2 The Executive Director of Nursing and Midwifery highlighted the infection control statistics and that further work was being done to look at national statistics alongside clinical coding.

HB24/56.3 The Deputy Director of People shared that from a workforce perspective there was a mixed picture, that although Establishment Control meetings were taking place, challenge remained around Performance Appraisal Development Review (PADR) compliance with the Health Board sitting third in Wales.

HB24/56.4 The Executive Medical Director noted that in relation to Planned Care and Unscheduled Care, there had been improvement on long waits and that the current focus would be on understanding the gap between demand and capacity and how that could be addressed in a timely fashion. An Independent Member raised concerns around the cancer pathway and the lack of capacity.

HB24/56.5 The Chief Executive concluded that in a lot of areas there was a need to be more productive and that with demand and capacity modelling this could be achieved. It was noted that the next stage would be to develop the Quality Management System which would enable more effective planning and look at quality elements and the trajectories.

HB24/56.6 The Board was refreshed on the issues identified around staff who worked on coding, noting it was an all Wales issue.



<p>[Clare Budden, Independent Member joined the meeting]</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none">• Noted the report	
<p>HB24/57 Financial Performance Report 2023/24 Month 11</p> <p>HB24/57.1 The Interim Executive Director of Finance presented the report noting that Health Board's original financial plan has been revised down from £134.1m to £33.0m as a result of additional funding totalling £101.1m following the Welsh Government Budgetary Review. It was noted that the Health Board also received notification from Welsh Government requiring it to improve the deficit plan from the original £134.1m by 10%, the result being an outturn control total of a £20m deficit for the financial year.</p> <p>HB24/57.2 In relation to capital, it was reported that the approved Capital Resource Limit for 2023/24 was £33m, with the spend to date being £26m and the final excess of £5m to be received in the final four weeks.</p> <p>HB24/57.3 Independent Members acknowledged that the tight control environment had enabled this to come in on target but that going forwards the ability to live within the Health Boards means would be key, whilst also improving services. The Interim Executive Director of Finance confirmed that he wished to be operating in a controlled environment working towards sustainability and learning from other Health Boards as to how to embed learning and plans within Betsi Cadwaladr.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none">• Received and scrutinise this report• Noted the additional capital allocations received to date• Approved an improved forecast outturn deficit of £27m as a minimum, pending confirmation on any other opportunities and risks that crystallise in the final month of the financial year.	
FOR INFORMATION	
<p>24/58 Committee and Advisory Group Chair Reports</p> <p>24/58.1 The Chair invited Committee and Advisory Group Chairs to raise any matters from their report. The QSE Chair wished to note the engagement from the Integrated Health Communities and advised that for the last twelve months as Chair she had felt very supported. Members thanked the former Chair of the QSE for the hard work she had undertaken in the last 12 months which had set the committee in good stead.</p> <p>24/58.2 The Chair of SRG highlighted that the group was in a transitional phase, engaging more on plans for the future as well as recruiting new members and was looking forward to more Board engagement.</p>	
<p>24/59 Summary of private Board business to be reported in public</p>	

<p>24/59.1 The Acting Board Secretary advised that the Board held discussions in private at the at the 25 January 2024 meeting on:</p> <ul style="list-style-type: none"> • Draft Report from Audit Wales on Board Effectiveness • Financial Update • Confidential Corporate Risk Register • High Value Claim • Private QSE Chair's Report 	
<p>24/60 Meeting effectiveness</p> <p>24/60.1 Attendees discussed how effective the meeting had been. Practically an additional table would have been helpful to allow sufficient space. It was noted there had been a really good split between strategic and operational agenda items but that the agenda bundle was heavy with 790 pages, many of the reports having already been through Committee.</p> <p>24/60.2 The Chair thanked those that had supported the Board and specifically thanked the Acting Board Secretary, for all his work over the previous year, noting that it would be his last meeting in the current role.</p>	
<p>24/61 Any other business</p> <p>No further business was reported.</p>	
<p>24/62 Date of next meeting</p> <p>30th May 2024 at Venue Cymru, Llandudno and via livestream</p>	
<p>Resolution to Exclude the Press and Public</p> <p>"Those representatives of the press and other members of the public be excluded from the remainder of the meeting which would take place after the Trustee 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>	