Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Health Board
held in Public on 30th January 2025
at Venue Cymru

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Dr Sreeman Andole	Interim Executive Medical Director
Karen Balmer	Independent Member
Clare Budden	Independent Member
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	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Mike Parry	Associate Member (Chair of Stakeholder Reference Group)
Fôn Roberts	Associate Member (Representing Directors of Social Services)
Carol Shillabeer	Chief Executive
Dr Chris Stockport	Executive Director Transformation & Strategic Planning
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Jane Wild	Associate Member (Chair of Healthcare Professionals Forum)
Gareth Williams	Vice Chair
In Attendance	
Philippa Peake-Jones	Head of Corporate Affairs
Steve 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
Leon March	Head of Patient Exprience
Chris Lynes	Deputy Executive Director of Nursing
Ros Alstead	Expert Advisor
Dr Jim McGuigan	Deputy Medical Director
Paolo Tardivel	Director of Transformation & Improvement
Nesta Collingridge	Head of Risk Management
Llinos Roberts	Executive Business Manager (Chair's Office)
Laura Jones	Project Support Manager (Corporate Governance)

PRELIMINARY MATTERS

25/01 Welcome, Introductions and Apologies for Absence

The Chair welcomed members, observers and members of the public to the meeting.

Apologies were received from Jason Brannan, Deputy Director of People (Georgina Roberts deputising), Pam Wenger, Director of Corporate Governance (Philippa Peake Jones and Nesta Collingridge deputising), and Angela Wood, Executive Director of Nursing and Midwifery (Chris Lynes deputising).

25/02 Declarations of Interest Relating to the Agenda

No declarations of interest for items on the agenda were received.

25/03 Unconfirmed Minutes of the Health Board meeting held on 28th November 2024.

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meeting held on 28th November 2024 were a true and accurate record.

25/04 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.

25/05 Patient Experience Story – Mike's Story

The Deputy Executive Director of Nursing introduced the Patient Experience video presentation based on Mike's patient pathway and the impact on himself and his family.

Members welcomed the presentation and **noted**:

- The importance of joining the organ donation register to provide life changing support for others.
- The positive experience and excellent care provided within the hospital and home setting for the patient as well as the need to ensure family and friends are also supported during this time.

Action:

- **25/05.1** Executive Director of Allied Health Professions and Health Sciences to provide feedback on the video presentation and discussion to the Organ Donation Committee.

It was resolved that the Board:

- **NOTED** the report.

25/06 Chair's Report

The Board received the report and the Chair highlighted:

- Regular meetings continue to be held with the Cabinet Secretary and Welsh Government around performance, and the need to improve productivity.
- Attendance at the Clinical Leadership Conference and Orthopaedic Workshop. These were key events in the Health Board's diary and stressed the importance of leadership and learning across the organisation.
- Attendance at an Arts and Minds event at Ty Llywelyn around supporting individuals and acknowledging the importance of arts as a central role in the care and treatment for our patients.
- Visited Ysbyty Gwynedd on Christmas Day to thank staff on behalf of the Board for their work over the course of the year and their ongoing support at what remained a difficult time due to pressures on services. The Chair thanked members of the public also for their patience in accessing services.

It was resolved that the Board:

- **DISCUSSED** and **NOTED** the content of the report.

25/07 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- The request to approve the Terms of Reference for the newly established Executive Committee. The establishment of the Committee would demonstrate how the Executive would be taking work forward aligned to the Annual Plan and linking in with Groups that feed in to the Executive Committees.
- Following the bi-annual meeting of the BCU/WG Joint Executive Team (JET) meeting a summary of progress made against the Special Measure milestones was shared.
- The formal appointment of Dr Jane Moore as Executive Director of Public Health.
- The departure of Dr Chris Stockport, Executive Director Transformation & Strategic Planning to take up a new post with Manx Care.
- The significant challenges that had been faced following disruption caused by the recent storms and water / electricity outage. It was noted that the Major Incident Plan had been instigated to manage this and significant work had been undertaken in strengthening emergency preparedness. A report focusing on this area would be brought to a future Board meeting prior to submission to WG.
- The progress of work on the Electronic Health Record programme with an Outline Business Case being prepared for March 2025.
- The recognition of Trystan Lewis, Senior Business Support Manager (Estates) in the King's Honours and being awarded with a BEM.
- The continuation of performance and winter pressures and extended thanks to the staff for their continued work and support.

In discussing the report the Board:

- Referred to the Executive Committee noting the revised approval levels included in the Scheme of Delegation (SORD) would be reviewed further in three months' time to ensure the correct controls were in place. With regard to the Individual Patient Commissioning Arrangements, it was noted that this process was in place for specialist treatment by exception only.
- Highlighted the Major Incident Plan / Emergency Preparedness and noted that following the disruptions and implementation of the plan, the process is being reviewed and an assessment would come back to the Board in due course.

- Suggested Trystan Lewis attend a future meeting of the Board / appropriate Committee to share the exceptional work completed in relation to environmental issues.
- Referred to the issues of reinforced autoclaved aerated concrete (RAAC) within the Pathology Department at the Wrexham Maelor Hospital. Members were assured that measures had been put in place to ensure the space was safe to operate in. A specialist external contractor had undertaken a full structural review to ensure a more permanent solution and it was noted that WG had been involved with this work.

Action:

- **25/07.1** Invite Trystan Lewis to attend a future meeting of the Board / appropriate Committee to share the work completed in relation to environmental issues.

It was resolved that the Board:

- **DISCUSSED** and **NOTED** the report.
- **APPROVED** the Terms of Reference for the Executive Committee and minor changes to the Scheme of Delegation, pending further review of the Scheme of Delegation.

25/08 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- The need to review alternatives to hospital admissions by identifying systems in place in other organisations and working closely in partnership.
- The Mental Health Bill was currently progressing via Parliament which would make significant changes to mental health services in England and Wales. It was noted that WG had inputted into this work. This Bill would improve the rights of patients sectioned under the Mental Health Act, and the Vice Chair had agreed to represent the All Wales Vice Chair's on the NHS Executive Acute and Crisis Care Task and Finish Group who are reviewing the introduction of a system-wide reform of mental health crisis support.
- The Welsh NHS Executive have been addressing the importance of access to talking therapies in primary care, prior to referral to secondary care. Consideration to be given to BCU to become an early adopter of this approach.
- The issue of NHS dental contracts being handed back noting that this was not within the control of the Health Board given the independent contractor status of dental practitioners. Consideration would need to be given as to how the Health Board could support dental practitioners to stay within the NHS and improve access for patients.

In discussing the report, the Board:

- Referred to Dental Services and the discussions taking place in partnership with universities and the Health Board in relation to the Business Case for the North and Mid Wales Dental School. It was noted that Bangor University would commence dental therapy training in the autumn 2025.
- Highlighted the significant work taking place to support care homes to reduce the number of transfers to hospital care. A review of the data would need to be undertaken to identify any issues.
- Suggested a Deep Dive session be arranged for the Board to review a strategic approach to access to care as part of the Clinical Services Plan. A considerable amount of work was currently being undertaken and a recent away day has taken place focussing on services across primary and community care to identify a range of schemes currently in place.

- Noted that in order to deliver greater impact in relation to minor injuries and promote the service further, there was a need to ensure availability of clinical staff and a consistency of offer to deliver the service required.
- Acknowledged thanks from the Vice Chair to all staff who had welcomed him as part of his site visits. It was noted that the Director of Corporate Governance would be arranging a programme of visits for all Board Members and this would be shared in due course.

Actions:

- **25/08.1** The Board to review access to care at a future Board session.
- **25/08.2** The Director of Corporate Governance to arrange a programme of visits for all Board Members and share in due course.

It was resolved that the Board

- **DISCUSSED** and **NOTED** the contents of the report.

25/09 Citizens Engagement Report

The Board received the report and the Director of Partnership, Engagement and Communications highlighted:

- The report provides a look-back over the past year highlighting the main themes identified.
- This aligns to the work taking place on the Annual Plan and demonstrates that feedback received from the public and Llais was being considered and actioned.

In discussing the report, the Board:

- Recognised the amount of work completed by the Team and the successful partnership working with Llais.
- Highlighted the importance of accessing feedback outside of patient care settings, addressing issues raised and sharing progress more widely.
- Identified the need to link themes into the relevant reports such as the Quality Report that is presented to QSE Committee and the Board.
- Recognised the work completed externally reviewing our engagement approach and noted that discussions would be held with the Nursing Team to progress this further.
- Acknowledged the importance of patient feedback in relation to access to primary and secondary care, which is a fundamental issue across the NHS. It was noted that poor patient experience is responsible for almost half of the concerns received and extensive work is being undertaken to address these trends to ensure the safety and well-being of patients waiting well.
- Noted that engaging with patients and voluntary groups in the co-design of services to enable transformation of care is key.

Leon March, Head of Patient Experience, provided an update to the Board on the Integrated Concerns Policy highlighting:

- The work of the Integrated Hub in the management of mortality, complaints, concerns and incidents to ensure rapid review and responses are produced in a timely.
- New legislation that is due to be issued around ‘Spiritual Care Standards, new Putting Things Right guidance’, and Accessible Healthcare Standards’ noting that work is on-going to prepare for this legislation.
- The importance of linking in with the QSE Committee on this work and requested that a briefing be arranged for a future Committee meeting.

Actions:

- **25/09.1** Patient Experience to be discussed at a QSE Committee Development Session.
- **25/09.2** Discussions to be held around how the themes and trends from Patient Experience link though to the Quality Report.
- **25/09.3** A briefing on the new legislation highlighted to be discussed at a future QSE Committee

It was resolved that the Board

- **NOTED** the report.

STRATEGIC DIRECTION

25/10 Mental Health Update

The Chair welcomed Ros Alstead, Expert Advisor to Health Board's Royal College of Psychiatrists Services Review to provide an update on progress to the Board. A comprehensive report was presented and highlighted:

- Progress reports have been routinely submitted through the QSE Committee to monitor progress against the action plan and reaffirm the work in relation to patient experience for the families.
- Work is progressing in detail looking at developing an outward focussed action plan. This is in line with recommendations from the Royal College of Psychiatrist's (RCP) plan and would be measurable.
- The outcomes focus would be based on how the Health Board engage and work with service users and their carers in order to demonstrate real sustainable change and how this could be adapted across other services.
- The Expert Advisory Group (EAG) will continue to look at evidence and other sources of assurance to ensure this is translating through to good practice.
- Families and services users continue to engage and support this work.
- The work is around one-third completed and at the end of the 12-month period, outcomes will have been produced and assurance provided around mental health services being fit for purpose for service users and staff.
- The governance framework for reporting through to the Board was provided to ensure appropriate oversight. Work for the forthcoming 6 months will detail the progress of improvements and the measures to demonstrate sustained progress. This will feed through to the QSE Committee, along with details of the work programme for the Expert Advisory Group. Any escalated matters will be brought through the executive / governance structures.
- The governance framework reflects meaningful engagement with service users and carers and this work had been supported by Llais.
- Improvements in digital transformation will ensure that any incidents reported will be able to be translated into front line improvements.
- It was noted that some of the original recommendations may no longer be applicable and that there is a need for clarity around this.
- Procurement of the mental health Electronic Health Record system is close to tender stage. Work is being undertaken internally to prepare for the implementation of this system and it is anticipated that this system will become live within the next 12 to 18 months.
- Geoff Ryall Harvey, Llais advised that families have shared their appreciation of being involved in this work, and it was requested that, in addition to service users and carers, the Board consider widening the invitation to involve other representatives from the wider sector.

It was resolved that the Board

- **NOTED** the contents of the report.
- **RECEIVED ASSURANCE** on the progress of the Health Board response to the RCPsych Invited Services Review.

25/11 Patient Access to Planned Care Policy

The Board received the report and the Interim Chief Operating Officer highlighted:

- The policy will play a key role in ensuring that learning and sustainability of services are strengthened.
- A rigorous process has been undertaken in developing the policy which included consultation at clinical and operational level. The policy has been approved by the Executive Oversight Policy Group and has also been considered by the Patient Experience and Care Group to ensure input from a patient perspective.
- As part of the process, a number of patients had been identified to develop an information leaflet appropriate for the public and, since the publication of the Board papers the North Wales Gypsy, Roma, Traveller Health Needs Assessment is now available.

In discussing the report, the Board:

- Raised concern around the Referral to Treatment (RTT) standard of 26 weeks noting that BCU along with the rest of Wales are significantly below this target. It was acknowledged that work is being undertaken to address this and that improvements are being made in this area.
- Requested that reference be included to Veterans and their families to ensure that they are not disadvantaged in terms of accessing services and to ensure compliance with the covenant on the Veterans Charter.
- Recognised that further work is required in relation to the patient booking and cancellations process.
- Noted that whilst outputs were referenced in the policy, a request was made for targeted outcomes to be included.
- Acknowledged that training in the roll out of the policy would be key to its success and requested that this be included as part of the local induction process for staff, with learning and development resources in place to support training and form part of the revised planned care programme going forward.
- Highlighted that access to neurodevelopmental services is crucial and was requested that this is considered as part of the planned care ring fenced budget in order to secure additional funding to improve the service.
- Noted that equity of access to services for the population is key and that work is on-going with colleagues in terms of data collection and population profile looking at deprivation levels of patients on the waiting list to manage and understand patient needs.
- Highlighted issues regarding referral queries being directed to GP practices, it was confirmed that compliance and audit work is being undertaken to ensure that services are consistent in the management of patients.
- Noted that centralised booking processes are in place however improvements are needed in terms of pre-operative assessment clinics. Digital solutions are being sought and a FAQ document would be shared with Members outside the meeting.
- Acknowledged that an all Wales policy around access is being developed and the Planned Care Policy Group, as part of a consultation process, will review the changes required to national rules.

It was resolved that the Board:

- **APPROVED** the adoption of version 1.3 of the BCUHB Patient Access to Planned Care Policy.

25/12 Organisational Design Principles

The Board received the report and the Chief Executive highlighted:

- The principles will assist the Health Board in being clear around the way in which it develops policies, services, makes decisions and will also be key in the development of an organisational approach.
- The documentation will also assist in the delivery of the previously agreed core purpose of the Health Board and its strategic objectives which will be reported back to the Board at its next meeting as part of the IMTP.
- The principles have been developed through a process of consultation via the Stakeholder Reference Group as well as with staff and there is now a need to ensure that these principles are embedded within the organisation and adhered to in all decision making.
- The principles will be key to underpinning the business planning framework in terms of benefits realisation, quantification and undertaking post project implementation reviews as well as assisting in the evaluation of successful implementation of Business Cases being taken through Committees.

In discussing the report the Board:

- Requested reference to and recognition of volunteers to be included within the principles.
- Suggested the report refers to how the feedback received has been used to influence the final document.

It was resolved that the Board:

- **APPROVED** the Organisational Design Principles.

IMPROVING QUALITY

25/13 Vascular Services Update: Abdominal Aortic Aneurism Repair

Following a request at the previous Board meeting, the Chief Executive welcomed Dr Jim McGuigan, Deputy Medical Director to the meeting to present the report. Members were advised that Dr McGuigan, is leading on this work along with the Vascular Leadership Team and external experts who have been supporting the Health Board.

The Board received the report and the Deputy Medical Director highlighted:

- Vascular services was an area that has previously drawn significant focus and has also been an area of escalation with Healthcare Inspectorate Wales, however this had now been de-escalated due to the progress that had been made.
- Improvements have been made in the services over previous years with external validation from Healthcare Inspectorate Wales. The national lead has been supportive of the progress made by the Health Board.
- The Open Abdominal Aortic Aneurism Repair service has been paused with services being transferred across to the Royal Stoke University Hospital following the advice of the clinical team and support from national leads. This decision was made due to an adverse event in late 2024 and in order to ensure patient safety, the vascular leadership team requested a pause in services to allow time to reflect and review the elective and urgent service requirement.

- The priority of the Health Board was to ensure the best outcomes for patients and the Board recognised the mature approach and openness of the leadership team in recognising the need to take this action. This reflected the collaborative working relationships in place with partners across Wales and England.
- Following completion of the reviews, these would need to be considered and discussions held with the University Hospital North Midlands (Stoke) and others to identify opportunities for continued partnership working.

The Chair requested that the Board's thanks be extended to the vascular team for their management of the situation and looked forward to seeing the service continue to progress.

It was resolved that the Board:

- **NOTED** the contents of the report.

25/14 Chair's Assurance Report: Quality, Safety and Experience Committee

The Board received the report and the Chair of the Quality, Safety and Experience Committee highlighted:

- A request from the Committee that the profile of Organ Donation is raised and discussed at a future Board meeting.
- Concerns around poor performance in colonoscopy where the Health Board has been a significant outlier with performance of 7.8% against the WG target of 90% of offering patients an index colonoscopy procedure within 4 weeks of booking their specialist screening appointment. This issue has previously been discussed by the Committee and a request has been made for an early update..

Action:

- **25/14.1** The QSE Committee have requested that Organ Donation is discussed at a future Board meeting.

It was resolved that the Board:

- **NOTED** the report.

25/15 Improving Quality Report

The Board received the report and the Executive Director of Public Health and Deputy Executive Director of Nursing highlighted:

- The importance of quality and the need to focus on safety, effectiveness and patient experience to ensure we maximise the outcomes for the patients of North Wales.
- An improvement in the number of nationally reported incidents that have been completed within the required timescale.
- There have been no never events recorded during October and November 2024.
- Previous issues highlighted around oxygen cylinder safety are being addressed. An improvement plan has been developed and is currently being implemented with staff.
- Work is taking place with North Wales Police around missing patients and the feedback received highlights an improved position in relation to staff having a better understanding of when they need to report patients as missing.
- Work is also taking place with Local Authority colleagues around discharge reviews to replicate good practice across North Wales.

- Focused work has been taking place in relation to complaints and the current position has significantly improved therefore a recommendation will go to the QSE Committee proposing this is de-escalated as a risk due to a sustained improvement in this area.
- In relation to Clinical Effectiveness and the Mortality Review, work is taking place to review how the teams work with the Medical Examiners around death certification.
- The team are fully engaged with Local Authority partners around Safeguarding Reviews as the findings have implications for the organisation.
- In relation to Infection Prevention and Control, there are currently issues around C-Diff and the need to improve health care procedures to address this which is also an issue across Wales. The National Infection Prevention Team and Public Health colleagues have been invited to visit the Health Board to review current practice and advise of any areas where prevention can be strengthened.
- The number of patients in areas such as Emergency Departments make it difficult to decant for cleaning. This is being addressed by a decant process across all sites and will be reviewed against the National Cleaning Standards as part of the Director of Environment and Estates portfolio.
- There have been a number of unannounced visits including a visit to Heddfan by HIW. An area of additional assurance was identified in terms of restraint and physical intervention and that assurance has now been provided.

In discussing the report, the Board:

- Queried why pace of learning remains a reason for partial assurance and the need to move forward with embedding lessons learnt to deliver improvements to prevent this justification being used in the future. It was confirmed that further work is required in this area in terms of culture, system and process and the need to learn from and adopt best practice in a timely manner.
- Enquired about the volume of vulnerable adults who are admitted and then discharged either home or to a care setting in relation to quality of care.
- Referred to the improved position in terms of complaints and stated the need to maintain a position of dealing with complaints in a timely manner and embedding the changes required to ensure the issues addressed are not raised as recurring complaints.
- Highlighted patient feedback data and the lower levels of satisfaction being recorded in Emergency Departments than other areas. It was suggested that further work is required to address longer term solutions that will make a difference to patients and this should be addressed more broadly by the QSE Committee in terms of improving overall performance.

Action:

- **25/15.1** QSE Committee to review patient feedback data and discuss how this can be addressed to provide longer term solutions to improve performance.

It was resolved that the Board:

- **NOTED** the report

MONITORING PERFORMANCE AND FINANCE

25/16 Chair's Assurance Report: Planning, Public Health and Partnerships Committee

The Board received the report and the Chair of the Planning, Public Health and Partnerships Committee highlighted:

- A workshop session was held as part of the last meeting to focus on the draft Annual Plan. The Plan builds on the work completed last year and will go to the Board in March 2025.

- A report on the Primary Care Board was received and going forward the Committee would like to see the priorities and work being completed to receive assurance on improvements in health and well-being for our population.
- There has been a focus on prevention and the Prevention Plan will form part of the Annual Plan to establish an approach to embedding prevention.
- The Committee received an update on the North Wales Gypsy, Roma, Traveller Health Needs Assessment and this will help to gain an understanding of the health needs of minority groups and how to deliver services in this area.

It was resolved that the Board:

- **NOTED** the report

25/17 Annual Plan Quarter 3 Report

The Board received the report and the Director of Transformation & Improvement highlighted:

- 121 deliverables were due for completion in Quarter 3 and this is being reviewed to try and reduce the volume of deliverables going forward.
- Progress has been made in the prevention space in areas including smoking cessation, healthy weight, physical activity and alcohol as well as in Primary Care including the same day primary care offer.
- A number of objectives in Women's Services have been achieved in relation to menopause as well as implementing some of the GIRFT recommendations which highlights a focus on embedding best practice.
- Progress is being made on the Electronic Healthcare Records system which will enable overarching service transformation.
- A number of areas did not deliver during this quarter therefore the delivery rate was 61% which highlights a decrease on last quarter. The majority of these areas were part of the improved quality outcomes and experience objective and relate to areas such as workforce and investment. Improving delivery in these areas remains a high priority.
- The Special Measures response plan has now been integrated into this report.

In discussing the report, the Board:

- Enquired about the development of the green wards and whether this is proving effective as a reablement tool. It was confirmed that this issue is being discussed further around case management and how to ensure patients are being cared for in the correct setting.
- Questioned the confidence of the Executive to achieve completion by the end of Quarter 4, in those areas that are currently behind target. It was confirmed that there may be some areas that will need to be transferred over to next year's plan. However, the majority of work has begun in these areas.
- Highlighted that our capability does not always meet our ambition in some areas.
- Emphasised the volume of deliverables relating to challenged services, acknowledged the information that is being shared in relation to the Clinical Services Plan and highlighted an understanding of the issues and priorities required to deliver in this area.
- Recognised that this report has developed well to ensure focus on delivery and improved outcomes for the people we serve within our communities.

It was resolved that the Board:

- **RECEIVED ASSURANCE** on the progress made during Q3 along with the challenges highlighted.
- **APPROVED** the change control outlined within the paper.

25/18 Chair's Assurance Report: Performance, Finance and Information Governance Committee

The Board received the report and the Chair of the Performance, Finance & Information Governance Committee highlighted:

- The Committee held a Development Session relating to the financial envelope for the IMTP and feedback from the Auditors confirmed the session had been valuable.

It was resolved that the Board:

- **NOTED** the report

25/19 Financial Performance 2024/25 Monthly Report

The Board received the report and the Interim Executive Director of Finance highlighted:

- The current financial climate is challenging and other Health Boards are also under pressure to deliver.
- BCU was a £2.3b organisation, a 1% deviation from that position results in £23m and the Board were sighted on how marginal movement resulted in a significant figure.
- The last recorded deficit plan was £19.8m. Since then we have received £11.15m current allocation in-year. The deficit position has now moved and we are targeting an £8.6m deficit at the end of the financial year.
- The planned deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position and this would be noted in the Audit Wales Audited Report as a potential regulatory breach.
- We have a £14.8m deficit position year to-date and a financial challenge to reach our control targets. This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) and the Executive, who had issued an expenditure control targeting a 1.4% reduction on spend profiles.
- We currently have a circa £15m to £16m residual risk and this is being managed continually to deliver our control targets.
- We may look to implement additional control measures including temporary workforce and areas of non-pay to help the Integrated Health Communities and other Directorates to target reductions in areas that will provide benefits and have limited impact on patient care. These measures do not relate to Planned Care.
- We will be held to account by our regulator to reach the £8.6m target and have also received resource allocations therefore there is a need to reach our control target to secure this additional allocation.
- The total cost of the pay award was calculated as £72.5m. This is being discussed with Welsh Government to ensure the final funding allocation is received.
- In relation to Capital, the year-to-date expenditure is circa £15.2m and further work is required in this area.
- The Health Board have identified savings above the planned savings requirements however this will need to be managed to reach the minimum requirement of 2% as part of the 2025/26 financial plans.

In discussing the report, the Board:

- Queried the £21m additional expenditure risks highlighted in the report for this financial year. It was confirmed that this figure could come down to circa £10m to £15m as a risk profile as we move forward.

- Enquired about the current position since the report was produced. It was confirmed that with additional controls there would be confidence in closing the gap further.
- Questioned the plans going forward into the new financial year in relation to duplication and rationalisation. It was confirmed that value and sustainability will be a key element and a paper on this will be discussed at the next PFIG Committee.
- Acknowledged that any significant, strategic issues the organisation intend to make in relation to the financial position would require a Board decision.

It was resolved that the Board:

- **RECEIVED** and **SCRUTINSED** the contents of the report.

25/20 Integrated Quality and Performance Report

The Board received the report and the Director of Performance and Commissioning highlighted:

- From a quality perspective, a positive position was reported in terms of no never events taking place and this position has remained since the end of July 2024.
- The number of complaints responded to within the set timescale has been achieved for three consecutive months.
- The organisation may receive a potential fine in relation to the late submission of Learning from Event Reports (LFERs) which currently amounts to approximately £196k. If the current position of late responses remains at this level, there is a risk that this figure will increase. Action is being taken to try and mitigate this.
- Infection rates remain above predicted trajectories for MRSA and C.difficile.
- There has been some improvement in-month in relation to clinical coding compliance. However, we remain below the 95% target. This is an area of focus as it relates to the mortality work being undertaken.
- Nursing & Midwifery turnover rates remain low. However, there is a slight increase in sickness with the contributing factors for ongoing sickness relating to stress and mental health.
- There has been an increase in the use of agency staff at approximately 3.6% of the pay bill.
- In terms of access, we are reporting against all-Wales criteria that many Health Boards are also finding difficult to achieve.
- Adult access to Mental Health continues to perform well however performance against the referral to treatment target for children requiring assessment for neurodivergence continues to deteriorate.
- In relation to Urgent and Emergency Care, during December 2024, 3,598 patients experienced waits of over 12 hours, and 1,852 patients experienced waits of over 24 hours in our Emergency Departments which is the highest number recorded.
- Performance against the cancer pathway remains fragile with only 52% of patients being seen within target. Further work is required to improve access in this area.
- The Referral to Treatment target remains stable. However, validation work is required to address the volume of patients waiting for follow up appointments.

In discussing the report, the Board:

- Recognised the difficulty of the current position and the need to try and attain the targets set where possible.
- Highlighted the issue of patients not receiving physiotherapy due to lack of accommodation available. The Chief Executive recognised this along with similar examples that need to be resolved promptly and agreed to address this issue. It was noted that this could be linked to

cultural and leadership issues in terms of standards and approach and these issues are important to highlight.
- Acknowledged an improvement in the quality of reporting with the addition of narrative to highlight what is being done to help improve the position.
- Recognised the work being completed by Pharmacies which has resulted in specific patients not presenting in Emergency Departments.
- Referred to the escalation of LFERs and the importance of addressing this issue. Assurance was provided that the Audit Committee have discussed this at length and are due to have a Development Session focussing on this issue. The Committee also raised concerns relating to recovering the backlog whilst dealing with any additional reports. Confirmation was provided that a new process is now in place, a recovery plan is being developed to address the backlog, and an update would be reported back through the Conformance Report on a quarterly basis.
- Queried performance in relation to Planned Care and the number of patients waiting to be seen. It was confirmed that over 4000 patients are due to be seen in the next few months due to insourcing and outsourcing capacity which will help address some of the backlog. There is a need to ensure the report focusses on how these issues are being addressed.
- Highlighted low theatre utilisation and how this is being challenged. It was confirmed that this needs to be addressed along with other areas to improve access with the resource available.
- Referred to the long waiting lists with Dermatology being highlighted as a example where 94 out of 100 patients reviewed did not present with cancer. The Health Board has some of the lowest figures in this area. However, further work is required to address this in more detail.
- Emphasised the high level of planning and efforts from staff to maintain level of resilience in relation to Urgent and Emergency Care.
- Recognised the need to focus on cancer performance to achieve the access targets.
- Acknowledged pathway care delays and provided assurance that we are currently on trajectory however further work is required. A two week process is taking place during February 2025 with clear leadership and support from Directors of Social Services to try and start to reduce pathway of care delays.
- Referred to an update received by the QSE Committee on clinical coding and agreed to share this with Board members.

Actions:
- **25/20.1** The Chief Executive to address accommodation issues in the Physiotherapy Team.
- **25/20.2** Head of Corporate Affairs to share the report from QSE Committee on clinical coding with Board members outside of the meeting.

It was resolved that the Board:
- **REVIEWED** the contents of the report and proposed actions arising from the report.

GOVERNANCE & ASSURANCE

25/21 Chair's Assurance Report: Audit Committee

The Board received the report and the Chair of the Audit Committee highlighted:
- The results from the rapid review on Consultant Job Planning which received an unsatisfactory opinion. It was confirmed that out of 1200 medics, two thirds still required a review of their job plan and the aspiration is to have 90% of job plans completed by the end of the year. It was also highlighted that the majority of objectives were not in line with the

current strategic objectives of the organisation and suggested this area needs to be addressed as a matter of urgency to help shape the requirement of services going forward.
- The Audit Committee are holding a Fraud Awareness session on 20th February 2025 and Board members were invited to attend.

It was resolved that the Board:
- **NOTED** the report

25/22 Corporate Governance Report

The Board received the report and the Head of Corporate Affairs highlighted:
- The requirement to approve the Terms of Reference for the two sub-committees of the Joint Committee noting the change that there is no longer a need for a staff representative.

In discussing the report, the Board:
- Referred to the use of the seal and the need for further efficiency in signing and sealing contracts. It was confirmed that seal management in being reviewed.

It was resolved that the Board:
- **NOTED** the contents of the report.
- **NOTED** the affixing of the common seal, as outlined in this report.
- **RATIFIED** the Chair's Action, dated 10th January 2025.
- **NOTED** the matters considered in the Private Board meeting on 28th November 2024.
- **APPROVED** the Terms of Reference for the two sub-committees of the Joint Committee.
- **RATIFIED** the approved Clinicians and Section 12(2) Doctors across Wales.

25/23 Board Assurance Framework (BAF)

The Board received the report and the Head of Risk Management highlighted:
- This is the first iteration of the BAF following approval of the Three-Year Plan. This was a live document and will evolve as work on the Plan continues.
- It is important for the Health Board understand the risks relating to the strategy and the plans in place to ensure resilience.
- The BAF has been developed by the Executive Team and reviewed by Committees and Internal Audit.
- The framework defines the eight risks which require approval by the Board and the next stage will be for Committees to review the risks and the level of assurance required.

In discussing the report, the Board:
- Recognised the work completed and the improvements made in this area including setting out the risk controls and gaps.
- Suggested timelines and the use of language may need to be revised, it was confirmed that this is an area that will be reviewed.
- Queried the role of the Board and Committees in relation to the BAF. It was confirmed that areas will only need to be reviewed by exception if there are any changes.

It was resolved that the Board
- **RECEIVED** and **CONSIDERED** the contents of the BAF for approval.

25/24 Chair Reports of Committees and Advisory Groups

The Board received the Chair's Reports from the following Committees and Advisory Groups:

- People and Culture Committee
- Remuneration Committee
- Local Partnership Forum
- Healthcare Professionals Forum
- Stakeholder Reference Group (SRG)
- Mental Health Legislation Committee (MHLC)

In discussing the report, the following was highlighted:

- The Chair referred to the recent Remuneration Committee noting that the Committee approved the permanent appointment of Russell Caldicott as Executive Director of Finance.
- The Chair of SRG reported an increase in membership, improved attendance and thanked to the Board for recognising the value of consultation with the Group on a regular basis.
- The Chair thanked Mike Parry for his leadership in developing the SRG.

It was resolved that the Board:

- **RECEIVED** and **NOTED** the reports.

OTHER MATTERS

25/25 Any other Business (previously agreed with Chair)

The Chair confirmed that this would be the last Board meeting for Dr Chris Stockport, Executive Director of Transformation & Strategic Planning and thanked him for all his work over the years and wished him well in his new post.

25/26 Review of Meeting Effectiveness

It was agreed that the Board spent valuable time discussing some important issues.

25/27 Date of Next Meeting:

Thursday 27th March 2025, 9.30am

25/28 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."