

**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 30 March 2022 via Zoom conferencing**

Present:

Name	Title
Mark Polin	Chair
Jo Whitehead	Chief Executive
Lucy Reid	Vice Chair
Gill Harris	Executive Director of Nursing and Midwifery/Deputy CEO
Clare Budden	Associate Board Member
Cllr Cheryl Carlisle	Independent Member
Morwena Edwards	Associate Board Member
Gareth Evans	Acting Executive Director of Therapies & Health Sciences
John Gallanders	Independent Member
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Cllr R Medwyn Hughes	Independent Member
Dr Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Linda Tomos	Independent Member
Chris Stockport	Executive Director of Primary Care and Community Services

In Attendance:

Claire Wilkinson	Deputy Director - Operational Workforce, Workforce & Organisational Development
Lestyn Tyne	For Translation
Matthew Joyes	Acting Associate Director Of Quality, Patient Safety and Experience
Molly Marcu	Acting Board Secretary
Philippa Peake-Jones	Head of Corporate Office, Corporate Office (Minutes)
John Morrell	Senior Server & Cloud Infrastructure Engineer, Informatics (for recording)
Jody Evans	Corporate Governance Officer, Corporate Office (for recording)

Agenda Item	Action
<p>22/94 Welcome and Apologies</p> <p>22/94.1 The Chair welcomed attendees to the meeting and noted apologies from Louise Brereton, Adrian Thomas, Professor Nichola Callow, John Cunliffe, Sue Green, Helen Steven-Jones, Clare Budden (for part) and Morwena Edwards.</p>	
<p>22/95 Declarations of Interest</p> <p>22/95.1 Cheryl Carlisle declared an interest in the CHC Fees paper, due to her local authority role.</p>	
<p>22/96 Interim Continuing Health Care (CHC) Fees 2022/2023</p> <p>22/96.1 The Executive Director of Finance presented the paper highlighting that the recommendation was to approve the interim CHC Fees for the 2022/23 period, enabling BCUHB to support care providers from April 2022. The Board was informed the full formal fee-setting process was likely to be completed in quarter 2 of 2022/23.</p> <ol style="list-style-type: none"> 1. Care Home rates £2.4m projected cost – 75% of the proposed uplift linked to Local Authority (LA) recommendations which included the impact of the real living wage; 2. Domiciliary Care rates - £0.27m projected cost (– 50% of the proposed uplift linked to LA recommendations which included the impact of the real living wage; 3. Joint funded packages of care £0.73m projected costs – Where the Local Authority was the Lead Commissioner, the Health Board would apply the Local Authority determined increase; 4. Bespoke Packages of Care - £0.07m projected cost– 75% of the value of the uplift which was linked to care home rates. <p>22/96.2 The Executive Director of Finance highlighted that the full care fees setting process was likely to exceed the £4.9m currently in the draft financial plan which was based on initial planning assumptions and the excess would need to be met through efficiencies.</p> <p>22/96.3 It was resolved that the interim CHC Fees for the 2022/23 period be approved.</p>	
<p>22/97 Approval of the Integrated Medium Term Plan including the Financial Plan (IMTP)</p> <p>22/97.1 The Executive Director of Primary Care and Community Services presented to the Board, highlighting the step change in the production of the IMTP produced in the context of Covid. The plan looked at horizontal pathways and a number of pieces of work helped move towards an end to end approach. The Executive Director of Primary Care and Community Services highlighted the</p>	

resource required to deliver the plan and referenced the seven appendices.

22/97.2 The Executive Director of Primary Care and Community Services highlighted the financial risks, the workforce recruitment challenges, the planned care recovery, Targeted Intervention (TI) and that the IMTP had been produced as a balanced three year plan. It was noted that further work would continue around planned care with the NHS Wales Delivery Unit working alongside the organisation and that further information would be shared with the Board in the coming months.

22/97.3 The Executive Director of Primary Care and Community Services concluded that the IMTP was balanced against resource, that it had the right amount of ambition for the population and organisational needs and that it had been drafted in partnership with those in the organisation and partnership organisations across Wales.

22/97.4 The Executive Director of Finance presented the financial summary noting that at the Performance, Finance and Information Governance (PFIG) meeting the previous week a detailed discussion had taken place around the finances of delivering the IMTP. It was noted that the plan was to break even, given the Welsh Government strategic support which had enabled a break even position in the previous two years.

22/97.5 The Executive Director of Finance clarified the exceptional and transitional costs for Covid and that the IMTP committed additional funding for vascular services and the diabetic foot pathway. It was noted that the funding allocation for the organisation was £1.9bn for the next three years.

22/97.6 The Executive Director of Finance highlighted the risks, these being energy costs increasing and the impact of Covid. It was noted that there had been considerable scrutiny on savings and benefit realisation and that this would be monitored via PFIG on a regular basis.

22/97.7 An Independent Member welcomed the commitment to provide health services for the people of North Wales but drew attention to partnership arrangements and staff retention, highlighting that the plan was ambitious, whilst heavily reliant on recruitment (which had already been recognised as a significant challenge). Therefore the plan would need to change if critical components were to materially change. The Executive Director of Primary Care and Community Services recognised that planning was not a once a year process and that the plan would be monitored and refined as circumstances changed. It was noted that a gateway process would be developed to ensure that intervention could take place through the usual committees. The Executive Director of Finance stated that the PFIG meeting held the previous week had agreed that a robust and comprehensive plan would return to the Committee in September and that the IMTP would be a standing agenda item at the Committee going forward.

22/97.8 An Independent Member queried the significant number of vacancies and whether from a budget perspective this would be 100% establishment and if so whether vacancies would translate into savings or be classified as underspend.

<p>The Executive Director of Finance advised that the budget was prepared on the basis of a full establishment, (with some of the savings being offset from agency costs) and that this was monitored on an ongoing basis and reported at a divisional and Health Board level. It was agreed that with regards to vacancies where the establishment had not been revised this matter would return to Board to ascertain the plan to address the issue whilst understanding the size of the gap.</p> <p>22/97.9 An Independent Member advised that it was important that the Board recognised that a balanced budget and a three year plan was being presented and that this was a significant development and a better position than in previous years. This provided a good base to move forward, and the coming year would be important. A refresh and review of the strategic financial situation would be required and reported through PFIG to the Board. The Independent Member thanked all involved in developing the plan.</p> <p>22/97.10 The Chair concluded that the plan gave a far more robust position than in previous years, that it was integrated and outcome focussed and would be presented to Welsh Government for approval. Consideration of the plans future reporting arrangements to the Board was to be undertaken. The Executive Director of Primary Care and Community Services advised that Welsh Government had been involved throughout the preparation of the IMTP and that the plan strongly connected to Ministerial priorities.</p> <p>22/97.11 It was resolved that :</p> <ul style="list-style-type: none"> • the 2022/25 IMTP, shaped by our Living Healthier, Staying Well strategy and the NHS Wales Planning Framework be received and approved; and • submission of the plan to Welsh Government in line with NHS Wales Planning Framework requirements be approved. 	<p>SG/SH</p> <p>CS</p>
<p>22/98 The People Strategy and Plan</p> <p>22/98.1 The Board discussed the plan and concluded that it was unfinished and not sufficiently connected to the IMTP. It was clarified that the cover paper advised that the paper had been to a Board Workshop in October 2021 and that the paper had not been, but that the subject of the paper had been discussed.</p> <p>22/98.2 It was noted that there was a concern from Trade Unions around succession planning and career progression for non-leaders, and that flexible working meant that staff had the right to request it, however this did not necessarily mean that it would be agreed. It was noted that more detail was required on the number of employees, recruitment numbers, including agency figures and how many employees were likely to retire. The Deputy Director for Workforce & Organisational Development agreed to feed comments back.</p> <p>22/98.3 The Chief Executive thanked colleagues for their feedback and highlighted that the detailed level of workforce numbers was shared with Welsh Government and helped to give assurance that the IMTP priorities were deliverable.</p>	

<p>22/98.4 It was resolved that the Workforce Strategy was not approved and that it would form the basis of the team work outside of the meeting with the Chair of PPPH and return to the Board for approval.</p>	<p>SG</p>
<p>22/99 Operating Model – Forward Timeline</p> <p>22/99.1 The Chief Executive presented the paper apologising for the errors, it was noted that the paper built on previous conversations at Board and Committee level and that a further paper would return to the Board in May. It was noted that the report reminded colleagues about the Stronger Together work and the Operating Model work and that both had highlighted that changes were essential. The Chief Executive gave her personal assurance that colleagues and Independent Members would be included in conversations about governance. It was noted that at the May meeting the Board will receive a paper on the governance assurance framework. It was noted that each senior leader would be asked to cascade information to the whole organisation following a meeting the following week.</p> <p>22/99.2 An Independent Member queried the time line and that as structures within directorates were created these should not undermine governance and reduce escalation. The Chief Executive advised that the management structures that were being proposed as part of the Operating Model were consistent where appropriate and that some services would continue to be pan BCUHB. At the most senior level there would be absolute consistency. Where there was the possibility of flexibility, it would be essential to be assured that there would be no detriment to clinical outcomes, experience or pathways and that any decisions would have to be signed of as part of the governance process prior to going live.</p> <p>22/99.3 A discussion took place around the structure and reporting lines with concern being raised that the acute hospitals were being moved down the structure. The Chief Executive agreed to ensure that clarity around roles and responsibilities was simplified in the next iteration of the paper. The Board noted the consultation and engagement process that had taken place through co-design. The Chief Executive stated that the process had been thorough and although it would be difficult to produce an Operating Model that would satisfy everyone’s design principles, co-production with staff had been a central principle.</p> <p>22/99.4 The Chair concluded that following the Board to Board meeting with the Community Health Council in April, the Board should come together to review an updated version of the Operating Model which would enable further conversations and refinement to take place outside of the Board Meeting.</p> <p>22/99.5 It was resolved that the report be noted and that an updated version would be discussed at a workshop session on 21 April.</p>	<p>SG/JW</p>
<p>22/100 Master Scheme of Reservation and Delegation</p> <p>22/100.1 The Acting Board Secretary presented the paper noting that the Master SORD had been reviewed at the March meeting of the Audit Committee and that</p>	

a further review of the document would be submitted to the July meeting of the Board following a further submission to the Audit Committee in June 2022. The Board noted the proposed changes namely:-

- the application of a similar limit for the CEO, Deputy CEO and Executive Director of Finance, in order to add resilience to the operational approval process, in case of a period of absence;
- delegated authority limit of £1,000,000 for business cases to the Performance, Finance and Information Governance Committee is ; and
- that the Audit Committee's authority to approve losses and special payments was formally incorporated within the Master SORD.

22/100.2 It was resolved that

- the updated Master Scheme of Reservation and Delegation be approved; and
- the Performance, Finance and Information Governance Committee delegated authority limit of £1,000, 000 for business cases be approved.

22/101 Vascular Update

22/101.1 The Executive Medical Director gave an update on Vascular Services noting that in the first seven days two further incidents had taken place. It was noted that extra safety measures were to be in place until 23 May.

22/101.2 The Chair asked what assurance could be provided in terms of the safety of the service. It was noted that enhancements to the 28 day plan would be in place by the end of the week and that support was now in place for the service to be as safe as possible. The Executive Medical Director advised that there was a balance of risk and that having reviewed other options, what was in place with the enhancements was the best way forward, whilst acknowledging that there would be a need to review other options and present these to the Quality, Safety and Experience Committee (QSE).

22/101.3 The Chief Executive advised that she was confident that all aspects of the vascular plan and the 28 day plan were being attended to with the utmost importance through the Executive Team and the YGC Hospital Management Team. Communications continued and subject to ensuring the 28 day actions remained in place she concluded that the situation was being handled in the right way.

22/101.4 An Independent Member stated the importance of having a very clear exit strategy once the 28 day plan concluded, to ensure a robust position going forward and that this should be reviewed at QSE.

22/101.5 Another Independent Member noted that the model was being replicated in a number of locations across the service, supported by locums and wished to

<p>understand if there were any potential retention issues in ensuring that the next 28 day plan would remain on track. The Executive Medical Director advised that the makeup of the BCUHB vascular network was not unique but thanked locums for their commitment to the Health Board. It was highlighted that locums were able to leave at short notice and should they do so it would have a significant impact on the service.</p> <p>22/101.6 The Board noted that at the start of the 28 day make safe arrangements it had been anticipated that 16 patients were likely to have to transfer, however no patients had been transferred out of North Wales to date. Additionally, it had been thought that around 20 patients would have their treatments postponed, with 50 outpatient appointments affected, but thankfully this had not been the case either. The Executive Medical Director apologised to anyone who had been affected by the change in service. It was noted that the morale of the staff within the service was low, but that the staff were fully committed and were being supported.</p> <p>22/101.7 An Independent Member queried if the patients had been consulted. The Executive Medical Director advised that due to the initial 28 day period being a short period of time there had not been a formal consultation but that patients had been communicated with and that a dedicated vascular help line had been established for patients and carers.</p> <p>22/101.8 An Independent Member suggested that the service was now operating above a risk appetite and tolerance appropriate for the service and that the Board should recognise this whilst understanding why. The Executive Medical Director advised that there was a balance between safety and sustainability and that increasing resource into the service could reduce the risk but would also have an impact on the team. The Vice Chair advised that in her opinion the service was operating outside of the Board’s risk tolerance and that a process was required to determine how this would be managed. The Acting Board Secretary advised that this would be incorporated within the Risk Appetite and Board Assurance Framework workshop on 7 April 2022, for the Board to consider in further detail.</p> <p>22/101.9 It was resolved that the actions taken in response to recent safety concerns and updates in the Vascular Improvement Plan be noted.</p>	
<p>22/102 Quality Highlight Report</p> <p>The Executive Director of Nursing and Midwifery/Deputy CEO presented the Quality Highlight Report. An Independent Member stated that it was a good start, with further work to be undertaken in relation to the format. It was noted that the next iteration of the report would need to demonstrate sustainable change as a way of learning.</p> <p>Another Independent Member highlighted that the report was focussed on secondary care and that primary care needed to feed into the report. The Chair concluded that any further comments should be passed to the Chair of the QSE Committee and the Executive Director of Nursing and Midwifery/Deputy CEO.</p>	<p>GH</p>

It was resolved that the Quality Highlight Report be received.	
---	--

Closing Business

The next meeting of the Health Board was scheduled to take place on Thursday 26 May 2022.
