

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Minutes of the Health Board meeting held in public**  
**on 30 May 2024 at Venue Cymru, Llandudno**

<b>Board Members present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Edwards	Chair
Clare Budden	Independent Member (IM)
Russell Caldicott (RC)	Interim Executive Director of Finance
Urtha Felda	Independent Member
Chris Field	Independent Member
Dyfed Jones	Independent Member
Prof Mike Larvin	Independent Member
Dr Nick Lyons (NL)	Executive Medical Director
Dr Jane Moore	Acting Executive Director of Public Health
Mike Parry	Associate Member – Chair Stakeholder Reference Group (SRG)
Carol Shillabeer (CS)	Chief Executive
Dr Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice-Chair
Jane Wild	Associate Member – Chair Healthcare Professionals Forum (HPF)
Angela Wood (AW)	Executive Director of Nursing and Midwifery
<b>In Attendance</b>	
Jason Brannan	Deputy Director of People
Phil Dickerty	Invited member of the public (for item 24/94)
Andrew Doughton	Audit Wales (part meeting)
David Graves	Invited member of the public (for item 24/94)
Gordon Hughes	Llais (for item 24/94)
Sue Irlam	Llais (for item 24/94)
Leon Marsh	Head of Patient Experience (part meeting)
Teresa Owen	Mental Health & Learning Disabilities (MH&LD) and Welsh Language Lead (part meeting)
Michele Phoenix	Audit Wales (part meeting)
Dylan Roberts	Chief Digital and Information Officer
Geoff Ryall Harvey	Chief Officer – Llais (for item 24/94)
Helen Stevens-Jones (HSJ)	Director of Partnerships, Engagement & Communications
Paolo Tardivel	Director Transformation and Improvement (part meeting)
Jane Trowman	Acting Assistant Director Care Homes support & Continuing Health Care (CHC) Commissioning ( for item 24/107)
Pam Wenger (PW)	Director Corporate Governance
Iain Wilkie	MH&LD Director
Diane Davies (DD)	Corporate Governance Manager - for minutes

Observing

Members of the public, BCUHB staff and media

Agenda Item	Action
<b>OPENING BUSINESS</b>	
<p><b>24/91 Welcome, Introductions and apologies for absence</b></p> <p>Apologies for absence were received from Karen Balmer, Independent Member, Billy Nicholls, Independent Member, Fôn Roberts, Associate Member – representing Directors of Social Services, Dr Chris Stockport, Executive Director of Planning and Transformation, and Gareth Evans, Acting Executive Director of Therapies &amp; Health Science.</p> <p>Pam Wenger, newly appointed Director of Corporate Governance was welcomed to her first full meeting of the Health Board in post.</p>	
<p><b>24/91.1 Declarations of Interest on current agenda</b></p> <p>Clare Budden, Independent Member declared an interest in agenda item 24/107 due to her substantive role outside of the Health Board relating to housing as Chief Executive of Clwyd Alyn. She agreed to absent herself from the meeting whilst the item was discussed.</p>	
<p><b>24/92 Draft minutes of the previous meeting held on 28.3.24 and matters arising</b></p> <p><b>24/92.1</b> The draft minutes of meeting held on 28.3.24 were <b>approved</b> as a true and accurate record <i>subject to the inclusion of Chris Field who was in attendance at the meeting and an amendment to Jane Wild's title.</i></p> <p><b>24/92.2</b> In response to the Vice-Chair's question, it was not anticipated that the Junior Doctors decision in NHS England to continue industrial action would affect the reported suspension of industrial action within NHS Wales.</p>	DD
<p><b>24/93 Action Log</b></p> <p>Members <b>received</b> the action log, <b>noted</b> the progress provided and agreed the closure of the items as indicated.</p>	
<p><b>24/94 Mental Health: Royal College of Psychiatrists' Invited Review Services Report</b></p> <p><b>24/94.1</b> The Chair welcomed receiving the report commissioned by Welsh Government which focussed on four reports including the Holden Report (2013), first Ockenden Report (2014), the Health and Social care Advisory Service (HASCAS) report (2018) and the second Ockenden Report (2018). He also welcomed family members present of affected patients who had been invited to address the Board Members. He was grateful for the support provided to them by Llais officers (previously the Community Health Council) in North Wales.</p>	

**24/94.2** The Chief Executive acknowledged the report, written by experts in the field, which set out that poor care had been provided to patients 10 years ago and it was the key issue being discussed at the outset of the meeting to ensure that due attention was brought to Mental Health and Learning Disability services patients and families as well as those affected by dementia whilst accessing all areas of healthcare provided within BCUHB. Whilst there had been progress made, there remained much work to do, and it would be important to also ensure that peers and families were listened to and involved in the improvements going forward. She stated publicly her apologies, on behalf of the Health Board, to all those affected and renewed the current Board Members' commitment to work with, and listen to, staff, carers and family members to make the necessary improvements in future care provision.

**24/94.4** In inviting the family members and Llais officers to address the Board Members the Chair emphasised the importance of listening and recognising the pain and suffering that they had endured.

**24/94.5** The Llais Chief Officer read a statement explaining how the Tawel Fan Families Group had formed following the closure of the ward in December 2013. He stated the families felt let down that 51 of the 84 recommendations arising from the Holden, Ockenden 1&2 and HASCAS review reports had not been implemented or embedded into practice. He called for one of the findings of the HASCAS report to be publicly corrected in regard to 'no institutional abuse' as the Nursing and Midwifery Council had recently struck off a nurse for their abusive and aggressive actions on the Tawel Fan ward at that time. The Llais Chief Officer recommended setting up an independent oversight group to closely monitor progress of the relevant recommendations in order that the Tawel Fan Families Group might receive some assurance that this would never affect any other patients or their families again.

**24/94.6** Mr Philip Dickerty read out a statement on behalf of the Tawel Fan Families Group which reflected the very personal and painful experiences of listening to and seeing the poor care that their family members had endured. The Group was very disheartened by the failure to learn from the original and subsequent reports and very concerned that, without implementation, this could lead to similar experiences in the future.

**24/94.7** Mr David Graves, whose family member was a patient on the ward, spoke of his personal experiences and deep concern regarding accountability and governance failings. He felt it was time to consider the introduction of a new national NHS Wales regulator similar to the Care Quality Commission in England. He also sought apologies for misleading statements regarding implementation. Mr Graves wished it to be known that he had admiration for the late Dr Peter Higson, a previous Chair of the Health Board.

**24/94.8** The Vice-Chair gave his personal commitment that these experiences would be focussed upon and that he would direct the Board to ensure the report remained a priority to action. In relating his personal experiences with staff working in these areas recently, he emphasised there were many committed and compassionate staff. However, work needed to be implemented on new organisational structures with stability to ensure staff were well supported and

avoided stress. The Vice-Chair also shared insight into complaints management issues, listening holistically to patients and their families, financial challenges with estate condition and networking. He was very committed to making the future better than the past.

**24/94.9** The Executive Director of Nursing and Midwifery gave a sincere apology to all those affected and welcomed the Review as an opportunity to ensure the issues were actioned. She shared process improvements which were already being implemented in complaints management with sharing learning across the organisation, increased pace and complaint staff support. The Executive Director of Nursing and Midwifery also shared the introduction of a Dementia Steering Group and recent appointment of a Dementia Lead. She was keen to fulfil a substantive appointment to the post of Mental Health Director of Nursing to share her high standards of leadership and vision within MH&LD.

**24/94.10** The Chair of the Quality, Safety and Experience (QSE) Committee gave her commitment that there would be a collective responsibility to ensure that the action plan formed in response to the Review would be implemented and followed through at pace. It was important that the quality of care received by the citizens of North Wales was at the heart of the organisation. Independent Member Dyfed Jones thanked the families and reinforced the commitment to ensure that these experiences were never repeated.

**24/94.11** The Chair thanked the families for their dignity having gone through so much self sacrifice in seeking not revenge, but action to ensure that these experiences were never repeated. He emphasised the gratitude and appreciation of the Board Members which must transform and shape BCUHB into an organisation to be proud of in supporting our Health Board family, patients and communities. He invited the Chief Executive to outline the way forward with certainty.

**24/94.12** The Chief Executive advised that the Health Board would enter into discussions with Llais and people with experience of the issues reported on. It would also be necessary to embed trust and faith in the evidence to provide assurances. An action plan would be developed that demonstrated progress with clarity, and be monitored at the Health Board meetings at six monthly intervals, whilst being appropriately monitored through the QSE Committee in between.

PW

**It was resolved that the Board:**

- **Received** the report of the Royal College of Psychiatrists and the key findings of the review.
- **Received** the views of families with experience of care, their feedback on the report and consideration of the best way forward.
- **Noted** that an earlier meeting had taken place with Llais representatives and families with experience of the services previously provided. The Health Board was grateful to those whom accepted the invitation to speak at the Board meeting on behalf of families and their personal experiences
- **Extended a sincere apology** to people who were let down by the Health Board.

<ul style="list-style-type: none"> <li>• <b>Agreed</b> to draw up a formal response to the findings of the Review with consideration of the views of families and other stakeholders, including Llais.</li> <li>• <b>Agreed</b> to present the formal response at the July Health Board meeting.</li> </ul>	PW/CS
<p><b>24/95 Patient Story - Community Stroke Prevention Team</b></p> <p><b>24/95.1</b> The Executive Director of Nursing and Midwifery introduced the video presentation of an insight into the work of the Community Stroke Prevention Team and the powerful positive story of a patient's experience in the diagnosis of previously unknown conditions. She stated she had great pride in the Team and their work.</p> <p><b>24/95.2</b> IM Clare Budden reflected on her substantive role within Housing Associations and the very practical benefit this service provided for many people closer to their home. In response to IM Dyfed Jones, the Executive Director of Nursing and Midwifery advised that GPs were aware of the service.</p> <p><b>It was resolved that</b> the Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report and supporting video presentation</li> </ul>	
<p><b>24/96 Citizen Experience Report</b></p> <p><b>24/96.1</b> The Director of Partnerships, Engagement &amp; Communications presented the report which provided a summary of the themes from the Health Board's involvement with citizens during the past three months. She highlighted continuing themes of citizen concern with waiting times, access and communication and also that engagement events within communities would continue throughout the year. She also advised that families were now involved with ongoing discussion to improve vascular services.</p> <p><b>24/96.2</b> The Head of Patient Experience reflected on the fundamental challenge of effectively capturing and providing robust evidence of experiences. He stated that patient experience was working well within Forums and there was a clear commitment to listen within Committees.</p> <p><b>24/96.3</b> IM Rhian Watcyn Jones expressed concern with continuing themes of not robustly sharing learning and the need for clarity on accountability and ownership. She stressed the importance of transparency in this area. In response to this and a number of other IM questions relating to response times, involvement within shaping services and frustration on access, the Head of Patient Experience undertook to improve publicity on learning from all lessons, provide the Board Members with data requested on Emergency Department access and Ophthalmology access. He provided examples of service user involvement.</p> <p><b>24/96.4</b> IM Chris Field was pleased to note the positive aspects of staff recognition and appreciation set out in the report.</p>	AW (LM)

**24/96.5** The Chair was pleased to see this second report developing, requesting that the Director of Partnerships, Engagement and Communication and her team explore more opportunities for the Board Members to understand the voice of the Citizen through this ongoing regular report.

**It was resolved that the Board:**

- **Noted** the report

**24/97 Chair's Report**

The Chair presented his report of many of the activities undertaken since the previous meeting. He highlighted the pre-rehabilitation unit visit at Wrexham Maelor hospital and the positive impacts that were ensuing from this service for patients. He emphasised that, as the Health Board moved into a new phase of Special Measures, it was clear that the Cabinet Secretary's expectation was to see performance improvements being progressed and delivery of the plans outlined. He acknowledged the considerable challenge ahead. It was also important to recognise work within community services and the positive opportunities provided.

**It was resolved that the Board:**

- **Noted** the report

**24/98 Chief Executive's Report**

**24/98.1** The Chief Executive presented her report of many of the activities undertaken since the previous meeting. She highlighted the Special Measures appendices to her report provided within the papers which also included the management responses to the Contract and Procurement Independent Reviews. The Vice-Chair was pleased to note that much change management was reported to have already been undertaken in regard to the procurement review. It was **noted** that a stocktake of all the Independent Reviews would be undertaken in due course and that with the receipt of the de-escalation framework these areas would be incorporated within the Board's focus on overall improved performance.

**24/98.2** The Chief Executive drew attention to the establishment of a new Corporate Governance Directorate under the newly appointed leadership of Pam Wenger, acknowledging the difficulties that this team had experienced in recent times. The report also included updates on the Infected Blood Inquiry and Corporate Parenting Charter. She added her apologies in regard to the Blood Inquiry, which echoed those of the Government, for those who had been affected. The Board Members noted the Emergency Medical Retrieval Service decision of the Joint Commissioning Committee to accept recommendation 4 (regarding withdrawal of a base at Caernarfon), which the Board had not supported. The Health Board would continue to endeavour to influence this outcome.

<p><b>24/98.3</b> The Chief Executive reported that a strategic item on Vascular Surgery would be considered by the Board in July 2024, and she was planning to extend invitations to meet with families of experience.</p> <p><b>It was resolved that</b> the Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report and</li> <li>• <b>Agreed</b> to sign the Corporate Parenting Charter</li> </ul>	PW/CS
<p><b>24/99 Vice-Chair's Report</b></p> <p>The Vice-Chair drew attention to the many visits he had undertaken, passionately stating that if the Health Board put in place an effective structure then improvements could be delivered, as there were very many good and committed staff working across the organisation.</p> <p><b>It was resolved that</b> the Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	
<p><b>STRATEGIC OBJECTIVE 4 - IMPROVING QUALITY, OUTCOMES AND EXPERIENCE</b></p>	
<p><b>24/100 Planned Care Fund – 2024/25 utilisation</b></p>	
<p><b>24/100.1</b> The Executive Medical Director introduced the report which set out how the Health Board would support the recovery of long waiting patients within elective care through the £34m Welsh Government (WG) 2024/25 ringfenced allocation which was now recurrently within the organisation's baselines. He emphasised the sobering numbers of patients waiting which included us, our families and communities. There would also be a need to address the patients' journey during this time with effective communication, especially in regard to managing deteriorating conditions, highlighting innovative work progressing in this area. He advised that regular Executive meetings would be taking place to drive forward improvements and report to Welsh Government (WG) on the challenging targets set out. He emphasised that quality, highest standards and good governance would also be factored into this.</p> <p><b>24/100.2</b> The Interim Executive Director of Finance acknowledged the generous ringfenced allocation which would be provided by WG on a very welcomed recurrent basis, it would allow BCUHB to plan more effectively and demonstrated WG's commitment to support effective improvements in this area. He highlighted the demand and capacity modelling work, as set out within the paper, to succeed in providing the sustainable services for long waiting patients, as far as possible within BCUHB provided services however, premium cost external services would also be engaged in the short term. Robust governance and effective monitoring would be key, as well as having confidence that BCU's financial resources were clearly understood and robust data metrics in place.</p> <p><b>24/100.3</b> Independent Members raised a number of points including variation of practices across different areas within the organisation, the cost of the support team, collaboration required across the Health Board, understanding patient</p>	

flexibility to travel further for quicker access and the need to provide patients with an understanding of their progress along the list whilst waiting.

**24/100.4** The Vice-Chair welcomed the additional funding provided at the cost of other public services during this period of austerity, recognising the Health Board had a responsibility and important obligation to ensure that consistency of delivery would be achieved. He questioned opening up a discussion with the Cabinet Secretary in regard to utilisation of funding to also address areas of Mental Health services whose metrics were not included within the ring fence. The Vice-Chair emphasised his preference for utilising BCU staffing instead of external services where possible to ensure greater grip.

**24/100.5** In regard to governance, the Director of Corporate Governance advised that the Performance, Finance and Information Governance Committee (PFIGC) and QSE Committee would shortly be provided with clarity on their role in monitoring appropriate performance levels and risk in a timely manner.

**24/100.6** In response to Primary Care involvement, the Chair emphasised that patient care, especially in regard to potential deterioration whilst waiting for appointments was a very important area that needed to be worked on. The Chief Executive undertook to share further information on patient pathways and the Executive Medical Director stated the importance of communicating the need to provide referrals of the highest standards. The Treat in Turn model was also discussed, including examples of very difficult decisions that would need to be undertaken by clinicians.

**24/100.7** A discussion ensued on the timeliness of reporting to the Board and confidence in the ability to meet the performance targets set out. The Chief Executive expressed mixed confidence as the delivery plan was currently ambitious but not water tight and there were similar issues facing Health Boards across the country. She felt that the work outlined in Theatre Optimisation and implementing follow up appointment process improvements would be extremely important to succeeding with performance improvements for patients. The Interim Executive Director of Finance concurred and emphasised the need to ensure that the methodology took into account whether agreed actions might create additional pressures elsewhere in the healthcare system. Also highlighted were the complexities of bringing together some specialty service provision on a pan BCU basis, albeit that some services had managed this successfully. In regard to the vacancy of Chief Operating Officer and concerns regarding potential gaps in oversight of Integrated Healthcare Communities, it was noted that recruitment was being progressed.

**24/100.8** Many Board members felt that a robust, timely monitoring system needed to be in position that ensured Board members were provided with updates each month. **It was agreed** that a group would be formed to undertake this and provide monthly reports to the Performance, Finance and Information Governance (PFIG) Committee, chaired by the Board Vice-Chair.

**It was resolved that** the Board:

- **Noted** the opportunity to improve performance through in house enhanced productivity, endorsing implementation of 'treat in turn' and the

CS

RC/NL



<p>plans articulated for use of Planned Care resources detailed within table 8, with;</p> <ul style="list-style-type: none"> <li>(a) Green schemes to commence as described</li> <li>(b) Orange schemes supported once approved by Executive</li> <li>(c) Schemes highlighted yellow whilst supported requiring separate business cases for Health Board prior to securing WG approval (owing to value).</li> </ul> <ul style="list-style-type: none"> <li>• <b>Noted</b> that the report also references consideration being given to how resources are utilised to develop robust demand and capacity models (to include opportunity for efficiency). With revised performance trajectories to be submitted by the end of May 2024, performance assessed moving forwards against these revised trajectories and Welsh Government targeted levels of performance.</li> <li>• <b>Agreed</b> monthly, timely monitoring reports to be developed for Board Members</li> </ul>	
<p><b>STRATEGIC ITEMS</b></p>	
<p><b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b></p>	
<p><b>24/101 No item</b></p>	
<p><b>24/102 Annual Audit report 2023 and Structured Assessment - Director of Corporate Governance</b></p> <p><b>24/102.1</b> The Director of Corporate Governance introduced these annual reporting items which provided the Board members with key findings from the audit work undertaken at Betsi Cadwaladr University Health Board by Audit Wales during 2023 and examined the Health Board’s arrangements that supported good governance and the efficient, effective and economic use of resources.</p> <p><b>24/102.2</b> Michele Phoenix, Audit Wales, presented the Annual Audit report and drew attention to the key findings which included a number of qualified opinions and the reasoning advised.</p> <p><b>24/102.3</b> Andrew Doughton, Audit Wales presented the Structured Assessment reflecting on the tangible progress in Board effectiveness that had made since the very challenging and difficult transition position 14 months previously, recognising that governance arrangements were continuing to be strengthened however, there remained some historic recommendations outstanding which needed to be addressed. The service pressures and sustainability of planned care resources was recognised including outpatients. He drew attention to the work required to address workforce planning, particularly in ensuring alignment with an effective organisational clinical strategy. He stated that all Audit Wales reports were scrutinised at BCU’s Audit Committee and he extended his thanks for the candidness and engagement shown by BCU staff in cooperating with the work undertaken.</p> <p><b>24/102.4</b> Discussion ensued on the technically complex work that had been undertaken, particularly in regard to finances. It was noted that BCU’s Finance department had been strengthened and was cohesive. The Vice-Chair agreed that there was more to do on providing solutions on improving productivity. The</p>	

<p>Chief Executive indicated that she would give consideration as to how the Financial Control action plan monitored by the Audit Committee might be shared more widely. She was pleased to state that a strengthened systematic approach to governance would be led by the newly appointed, highly experienced, Director of Corporate Governance which would provide greater confidence and assurance within the Board on following up recommendations and transparency in this area.</p> <p><b>24/102.5</b> The Chief Executive concluded that the report was an accurate reflection of the position, with challenging undertakings to address regarding governance and a recognition that accounting had moved forward significantly. She reflected on the importance of <b>how</b> changes were made, stating that the Annual Delivery Plan articulated some of these.</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Received</b> and <b>supported</b> the annual audit report;</li> <li>• <b>Received</b> and <b>supported</b> the structured assessment report;</li> <li>• <b>Agreed</b> that the executive team would address the improvement opportunities as outlined within the management response to the structured assessment provided;</li> <li>• <b>Agreed</b> that the Audit Committee would continue to scrutinise the delivery of the recommendations.</li> </ul>	CS
<p><b>24/103 Annual Delivery Plan - Executive Director of Transformation and Planning</b></p> <p><b>24/103.1</b> The Director of Transformation and Improvement joined the meeting to present the report which provided an overview of the end of year delivery position of the 2023/24 Annual Delivery Plan and the latest status of the 2024/25 plan development. He drew attention to the 67% completion rate of 2023/24 actions that had been achieved during the period, which centred upon stabilisation. Whilst many of those outstanding had been significantly progressed, they had not met target and would therefore also be tracked alongside BCU's integrated annual plan 2024/25 as provided within the papers. It was noted that additional actions recently received from WG would also be integrated into the plan via an appropriate change control process.</p> <p><b>24/103.2</b> The Board Members raised concern regarding lack of focus on primary care and that improvements were necessary in regard to commissioning and also contracting with the third sector.</p> <p><b>24/103.3</b> Clarity was sought on the action plan, the Vice-Chair emphasised the need for improved communication between the ambulance service and availability at Minor Injury Units to potentially alleviate pressure at Emergency Departments.</p> <p><b>24/103.4</b> The Director of Transformation and Improvement stated that the team would work to provide assurances of impacts achieved by the actions in future</p>	

<p>monitoring. He advised that the non-achievements within Cancer highlighted by IM Prof Larvin had been due to staffing issues.</p> <p><b>24/103.5</b> The Chief Digital and Information Officer made the point that as the organisation was within the first quarter there were opportunities to amend priorities as the year unfolded, he also undertook to liaise with the Director of Transformation and Improvement to further update the digital actions.</p> <p><b>24/103.6</b> The Chief Executive reflected on dealing with a very high intensity year dealing with Special Measures, she reflected that some of the actions BCU had set out were too much of a stretch in some areas and delays had also been experienced that had been beyond the organisation's control. However, pinch points had become better understood eg within Primary Care which needed to be addressed. The next year would be focussed on capability and having an effective annual delivery plan alongside BCU's own 3 year plan to provide better longer term vision</p> <p><b>It was resolved that</b> the Board</p> <ul style="list-style-type: none"> <li>• <b>Received</b> the report; and</li> <li>• <b>Noted</b> the overall progress made along with the challenges highlighted.</li> </ul>	
<p><b>24/104 Integrated Quality Management System (QMS) Framework</b></p> <p><b>24/104.1</b> The Executive Medical Director presented this item, outlining the Board's intent to introduce a quality management system across the organisation to ensure consistency of high level quality experiences moving forward. This new way of working had drawn upon the experiences of a wide range of other organisations and been discussed at recent Board Development sessions. Particular attention was drawn to the area of quality planning which would provide opportunities to do things very differently from the outset and also the intention to be a self-improving organisation, learning from past experiences. He stated that Vascular and Urology service developments were currently following this approach for consistency of their improvement journey.</p> <p><b>24/104.2</b> The Chair of the Planning, Population Health and Partnerships (PPHP) Committee suggested that future reporting of any items previously discussed at a Committee should state this within the reporting template and include an opportunity for the appropriate Committee Chair's feedback to be voiced, as this was an example of an item discussed previously at PPHPC. Comments were also made regarding the importance of dialogue with citizens and the theme of ensuring coproduction which had been prevalent during the meeting.</p> <p><b>24/104.3</b> The Chief Executive assured that there were some individual QMSs in place across the organisation where services were required to report to standards eg ISO regulations and these needed to be recognised within the report. She stated the need to also include user involvement and use of insights from external reports. A demonstration for Board members would be organised and it was <b>noted</b> that the QSE Committee would be delegated to monitor the implementation on behalf of the Board.</p> <p><b>It was resolved that the Board</b></p>	<p>PW</p> <p>NL</p>

<ul style="list-style-type: none"> <li>• <b>Approved</b> the report in support of the approach to implementation of a Quality Management System for the Health Board</li> </ul>	
<p><b>24/105 Research and Development Annual Report 2023/24</b></p> <p><b>24/105.1</b> The Executive Medical Director was proud to introduce the inspiring work being undertaken within the Health Board which also drove quality of care and improved the recruitment and retention of staff. A presentation was provided which included very positive patient and clinician experiences of clinical trials. The Executive Medical Director drew out many potential encouraging opportunities in this field including income generation, quality improvements within primary care and growing opportunities with the University through development of the new North Wales Medical School. He took on board the Vice-Chair's request to reference BCU's performance against the annual NHS Framework Review's 10 pillar WG structured reporting in future iterations. Board members welcomed the positive news and would welcome opportunities to raise the profile of the work being undertaken, especially in potentially improving recruitment.</p> <p><b>24/105.2</b> The Executive Medical Director acknowledged the encouraging comments regarding improving outcomes. He stated that there were opportunities to develop commercialisation of some programmes. The Interim Executive Director Public Health was also pleased to highlight Public Health's activities and collaborations within this area.</p> <p><b>It was resolved that the Board</b> <b>Noted</b></p> <ul style="list-style-type: none"> <li>• the contents of the Annual Report;</li> <li>• the potential to further develop opportunities to collaborate with both commercial and non-commercial partners; and</li> <li>• the opportunity to work closely with Universities and, in particular the North Wales Medical School</li> </ul>	NL
<p><b>24/106 Nurse Staffing Levels (NSL) assurance report –</b></p> <p><b>24/106.1</b> The Executive Director of Nursing and Midwifery presented this item which provided assurance to the Board that the requirements of the Nurse Staffing Act were being satisfied. She stated the triennial report approved at the previous Board meeting, had been submitted to WG and feedback was awaited. It was noted that appropriate discussions with Human Resources and Finance were being taken forward to ensure deliverability of appropriate staffing skills to meet the plans and she was pleased to highlight the increase in staffing (including international recruitment) and decrease in vacancies that had taken place.</p> <p><b>24/106.2</b> In response to questions relating to Healthcare Acquired Pressure Ulcer (HAPU) issues within the report, the Executive Director of Nursing and Midwifery gave assurance that deep dive activity had taken place and members of the QSE Committee would shortly be receiving an update on the improvement plan. Assurance was provided that QSE Committee undertook delegated</p>	

responsibility on reporting in this area, and future reports to the Board would include reference to this activity.

**It was resolved that the Board**

- **Received** the report to gain assurance that
  - Betsi Cadwaladr University Health Board (BCUHB) was 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; and
    - BCUHB was meeting its statutory duty to provide an Annual Presentation to the Board detailing calculated nurse staffing levels
- **Noted** that a financial assessment arising from the organisations statutory duty to calculate nurse staffing levels had been submitted via the IMTP scheme for consideration within the financial planning cycle for 2024/25

*Clare Budden left the meeting for this item and Jane Trowman joined to support discussion of the item.*

**24/107 Funded Nursing Care Interim Annual Fee Rate 2024/ 2025**

The Executive Director of Nursing and Midwifery presented the item, advising that as a national rate had not yet been agreed, WG was encouraging Health Boards to utilise the interim rate agreements so that care providers were not unduly penalised. In response to the Vice-Chair, the Interim Executive Director of Finance confirmed that any further WG agreed uplift would also include retrospective allocation.

**It was resolved that the Board**

**Approved**

- a proposed interim FNC rate for NHS contributions of £213.18 per resident per week with effect from the 1st April 2024 pending finalisation of the National FNC rate for 2024/25; and
- that, once the settlement of the A4C pay award for 2024/25 and the principles of the IUM are applied to form a final National FNC rate, IF the final national FNC rate is greater than the proposed interim rate, the difference between the interim rate and the final rate should be retrospectively applied and backdated to the 1st April 2024.

*Clare Budden rejoined the meeting and Jane Trowman left the meeting.*

**24/108 Corporate Governance Report**

The Director of Corporate Governance reported that the annual Board workplan, and consequent Committee workplans, would be worked on to align with the agreed delivery plan. Board items going forward would be of increased strategic focus. Following a discussion in relation to the application of the common seal, it was noted that the process was being addressed to provide the Board with more timely information.

<p><b>It was resolved that the Board Noted</b></p> <ul style="list-style-type: none"> <li>the contents of the report</li> <li>the affixing of the common seal</li> <li>the matters considered in the Private Board meeting on 30th March 2024</li> <li>the briefings from the Joint Commissioning Meeting held in April 2024; and</li> </ul> <p><b>Agreed</b> the proposal to circulate minutes of the Joint Commissioning meetings to members outside of the Board meetings as these were available to the public on their website</p>	
<p><b>24/109 Update of Approved Clinicians (All Wales) and Section 12(2) Doctors (All Wales) registers with effect from 5<sup>th</sup> March 2024 to 5<sup>th</sup> May 2024</b></p> <p><b>It was resolved that the Board</b></p> <ul style="list-style-type: none"> <li><b>Noted</b> the contents and</li> <li><b>Ratified</b> previous Chair's Action's undertaken to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across Wales.</li> </ul>	
<p><b>24/110 Corporate Risk Register and Board Assurance Framework</b></p> <p><b>24/110.1</b> The Director of Corporate Governance acknowledged the work undertaken however, there was further work to be done in order to ensure strategic alignment with all the Board's objectives. She advised that Risk and Board assurance were a priority area, especially in ensuring that there was alignment within the Board and Committee cycles of business that were being developed. Work would be undertaken with Executive colleagues to make the necessary improvements.</p> <p><b>24/110.2</b> A discussion ensued on clarity regarding the Board's 10 year strategy, in relation to the disconnect between the risk and BAF rating for Emergency Care the Director of Corporate Governance highlighted this as an example of an area which would require further discussion within the Executive Team.</p> <p><b>24/110.3</b> The Digital and Estates risks were highlighted as of particular concern. The Director of Corporate Governance gave assurance that the improved robustness of processes to be introduced would also pay attention to the timeliness of updates in response to concerns raised by IM Clare Budden. In response to various other questions raised, the Chief Executive stated that the Director of Corporate Governance would take these forward in discussions with Executive colleagues to make improvements to the documentation and facilitate further discussion at a Board Development session.</p> <p><b>It was resolved that the Board</b></p> <ul style="list-style-type: none"> <li><b>Noted</b> the report;</li> <li><b>Received</b> assurance in relation to the management of risk as outlined in the Board Assurance Framework and Corporate Risk Register;</li> <li><b>Endorsed changes</b> highlighted around the Board Assurance Framework and realignment to the Health Board's objectives.</li> </ul>	PW

<p><b>24/111 Improving Quality Report</b></p> <p><b>24/111.1</b> The Executive Director Nursing and Midwifery drew attention to the HAPU data which had been discussed earlier in the meeting, overdue reporting of incidents which were being supported and monitored, coroner’s concerns on learning from investigations and robust reporting – particularly sighting the Electronic Health Record outline business case which was being presented to WG which would support the prevention of Future Death notices. Unscheduled Care would be a focussed item on the next Board agenda.</p> <p><b>24/111.2</b> The development of an integrated policy on concerns and complaints processing was explained.</p> <p><b>24/111.3</b> The Chair emphasised that the Board’s drive to improve would need to be underpinned by the quality agenda. The QSE Chair was pleased to understand that the QSE Committee would be receiving improved data on quality as the reporting was developed. IM Chris Field raised processing and timeliness questions, examples of these were provided and it was advised that inquest reports were provided to the QSE Committee. The Executive Medical Director undertook to discuss length of claims with him outside the meeting.</p> <p><b>24/111.4</b> The Executive Director of Nursing and Midwifery explained that a portal was under development for launch in June to address evidence capture and provide an effective targeted cascade system. Governance arrangements were also being worked through with the newly appointed Director of Corporate Governance to strengthen processes and provide greater clarity. She undertook to liaise with the Associate Board member SRG to address some concerns he had raised regarding staff accommodation.</p> <p><b>24/111.5</b> The Chief Executive expressed her commitment to ensuring that complaints were clearly understood and dealt with in an appropriate and timely manner, drawing attention to the fact they were also an indicator of potential areas of concern to the Board.</p> <p><b>24/111.6</b> The Chair emphasised the need to ensure that complaints were dealt with in a timely manner to avoid further distress as highlighted through the Coroner’s concerns.</p> <p>It was resolved that the Board</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	<p>NL</p> <p>AW</p>
<p><b>24/112 Integrated Performance Report 2023/24 Month 12</b></p> <p><b>24/112.1</b> The Interim Executive Director of Finance presented the report which, whilst showing some trajectory improvement, was not in alignment with other Health Boards in Wales and these would be modified moving forward.</p> <p><b>24/112.2</b> The Executive Director Nursing and Midwifery highlighted clinical coding staffing, training and retention issues. The Deputy People Director highlighted lowered sickness absence levels commensurate with the time of</p>	

<p>year, improved retention levels of nursing staff, agency staffing improvements and greater grip in establishment controls.</p> <p><b>24/112.3</b> The Interim Executive Director Finance undertook to include trajectory reporting in regard to complaints in response to the previous item's discussion noting an expectation of reduction by October 2024.</p> <p><b>24/112.4</b> A discussion ensued on clinical coding recruitment and potential pay enhancements to improve retention, noting that Executive team would receive a position report in July. The Chief Digital and Information Officer emphasised the potential adverse impact on the organisation in regard to not having timely data or ability to promptly monitor clinician activity.</p> <p><b>24/112.5</b> The Chief Executive was concerned with the timing of the report, the next report would provide further information on Urgent Care. She was pleased to note that access to adult mental health services was continuing to improve. It was also noted that pharmacy prescribing and audiology were performing well.</p> <p><b>24/112.6</b> The Vice-Chair questioned Delayed Transfers of Care (DTC) comparisons with other Health Boards. In response to IM Clare Budden's question regarding understanding the impact of strikes on Outpatient waits and elective surgery, the Executive Medical Director undertook to share with all Board members outside the meeting an analysis which had been undertaken.</p> <p><b>It was resolved that the Board</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	<p>RC</p> <p>CS</p> <p>NL</p>
<p><b>24/113 2023-24 Financial Outturn 2023/24 report</b></p> <p><b>24/113.1</b> The Interim Executive Director of Finance reported that the full year, draft unaudited financial position of the Health Board was a deficit of £24.3m, with the in-month position reporting a surplus of £11.4m. The end of year financial position would be subject to the closure and submission of the final accounts for 2023/24 and subsequent audit by Audit Wales. The Health Board had delivered an £8.7m surplus against the planned forecast deficit of £33.0m. As the Health Board had made significant progress towards delivering the £20m deficit control total, WG had agreed for the Health Board to include the conditionally recurrent funding of £74.6m as recurrent funding in the underlying position reported in the Month 12 Monthly Monitoring Return to WG, to support sustainability of current services moving into the 2024/25 financial year. Key drivers remained as capacity in regard to delayed transfers of care, increased continuing health care fees, increasing mental health out of area placements. Of positive note was delivering all the savings targets. The Capital Resource Limit was attained.</p> <p><b>24/113.2</b> There was a challenging financial year to be faced which had commenced with the need to understand and address the increased provision of MH out of area placements. Savings plans to address the £44m target were currently being worked through. It was noted that the Planned Care ring fenced funding must only be utilised for this provision.</p>	



<p><b>24/113.3</b> The Vice-Chair complimented the Finance Team on the outturn, given the pressures faced. IM Clare Budden was pleased to understand the positive early feedback being received from Audit Wales.</p> <p><b>24/113.4</b> The Chief Executive stated that the levels of financial controls introduced could not be sustained going forward however, the Value and Sustainability workstreams would aid improvements. The Chair thanked the Finance Team, led by the Interim Executive Director of Finance, however he emphasised the cultural financial message which needed to be understood amongst staff regarding everyone’s financial responsibilities.</p> <p><b>It was resolved that the Board received and scrutinised the report</b></p>	
<b>FOR INFORMATION</b>	
<p><b>24/114 Committee and Advisory Group Chair Reports</b></p> <p>The Associate Board member SRG advised that he had recruited representatives of other organisations to strengthen the membership. It was agreed that the Director of Partnerships, Engagement and Communication would liaise with him to consider further items for discussion.</p> <p><b>It was resolved that the Board Noted</b> the reports of the following Committees’ and Advisory Groups’ Chairs</p> <ol style="list-style-type: none"> <li>1. Audit Committee</li> <li>2. Performance, Finance and Information Governance Committee</li> <li>3. Quality, Safety and Experience Committee</li> <li>4. Planning, Population Health and Partnership Committee</li> <li>5. People and Culture Committee</li> <li>6. Mental Health Legislation Committee</li> <li>7. Remuneration Committee</li> <li>8. Local Partnership Forum</li> </ol>	HSJ
<b>OTHER MATTERS</b>	
<p><b>24/115 Review of meeting effectiveness</b></p> <ul style="list-style-type: none"> <li>• The importance of allocating appropriate time for items</li> <li>• The Transformation and Improvement resource and service provision was requested to be included as a development session</li> <li>• The Director of Corporate Governance’s comments on moving the agenda towards strategic items was welcomed</li> <li>• Difficulties in listening were noted as the microphones did not amplify the sound within the room, but were used for the purpose of livestreaming only. This would be explored by the technical support team.</li> </ul>	PW  DD
<p><b>24/116 Any other business</b></p> <p>There was no additional business to be discussed.</p>	

<p><b>24/117 Date of next meeting</b></p> <p>12:00 10 July 2024 livestreamed only Health Board meeting to consider the final accounts</p> <p>9.30 25 July 2024 Health Board meeting at the Optic Centre, St Asaph and livestreamed</p>	
<p><b>Resolution to Exclude the Press and Public</b></p> <p>"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."</p>	