

**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board meeting held in public
on 30 March 2023 at Venue Cymru**

Board Members Present:

Name	Title
Dyfed Edwards	Chair
Karen Balmer	Independent Member
Clare Budden	Associate Member
Mandy Jones	Deputy Director of Nursing & Midwifery
Molly Marcu	Interim Board Secretary
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Teresa Owen	Executive Director of Public Health
Fon Roberts	Associate Member
Chris Stockport	Executive Director of Transformation and Planning
Steve Webster	Interim Executive Director of Finance
Rhian Watcyn-Jones	Independent Member
Gareth Williams	Independent Member
Jane Wild	Associate Member and Chair of the Healthcare Professionals Forum

In Attendance:

Nick Graham	Associate Director of Workforce Planning and Performance
Lowri Gwyn	For Translation
Matthew Joyes	Director of Quality, Patient Safety and Experience
Dylan Roberts	Chief Digital Information Officer
David Seabrooke	Interim Assistant Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships and Stakeholder Engagement
Philippa Peake Jones	Head of Corporate Affairs
David Jenkins	Special Adviser

Agenda Item	Action
<p>OPENING BUSINESS</p>	
<p>23/54 Welcome, introductions and apologies for absence</p> <p>23/54.1 The Chair reminded the Board that they were welcome to make their contributions in either Welsh or English.</p> <p>23/54.2 Apologies were received from:</p> <p>Gill Harris, Interim Chief Executive Gareth Evans, Acting Director of Therapies & Health Science Jason Brennan, Deputy Director of Workforce & OD Angela Wood, Executive Director of Nursing & Midwifery</p>	
<p>23/55 Report of the Chair - Dyfed Edwards</p> <p>23/55.01 The Chair stated that this was the first meeting of the board since the Welsh Government had placed the Health Board in special measures. When he had accepted the position, he acknowledged that there was a great deal of work ahead to address the issues identified. He stated that he was determined to tackle this with energy and determination together with support, respect and kindness with clarity around expectations. The focus of all the actions undertaken would be the health and well-being of the people of North Wales. He thought it important to set out the principles on which the improvement journey would be based.</p> <p>23/55.02 Since his appointment, the Chair had an opportunity to meet a number of people across the organisation from Bangor to Wrexham and stated that there was a dedicated workforce who go the extra mile and were proud to be part of Betsi Cadwaladr.</p>	
<p>23/56 Declarations of Interest on current agenda</p> <p>Associate Member, Clare Budden declared a non-commercial interest in the Pen y Berth item.</p> <p>The Chair declared his interest in the Canolfan Bro Lleu item as a user of health services in Dyffryn Nantlle, Gwynedd.</p>	
<p>23/57 Draft Minutes of the Health Board Meeting held in public on 26 January 2023 for accuracy</p>	

<p>23/57.01 The draft minutes of the Health Board held on 26 January 2023 were received and agreed as an accurate record, subject to the amendment around Clare Budden’s name and title (Associate Member) and to note that Jane Wild is chair of the Healthcare Professionals Forum.</p> <p>23/57.02 In relation to the Risk Management Group, it was noted that this had been stood down during the industrial action earlier in 2023.</p>	
<p>23/58 Matters Arising and Summary Action Log</p> <p>23/58.01 The Board reviewed the action log.</p> <p>It was suggested that action should not be marked closed until the Board had received full notification of completion.</p>	
<p>23/59 Patient Story</p> <p>23/59.01 The Associate Director of Quality (ADQ) introduced the patient story.</p> <p>23/59.2 Antoni shared his experience as a patient who was offered the opportunity to participate in the new Prehabilitation Service at the Wrexham Maelor Hospital. Antoni shared his experience of accessing this service and encouraged any patients who may find themselves in a similar position to “grasp the opportunity with both hands and go for it” to help get into better shape.</p> <p>23/59.03 It was noted that there were wide range of benefits of the Prehabilitation Service, including benefitting the patient's recovery. Services were considering and developing the best means of delivering the service. It was noted that maintaining communication was critical so patients do not feel abandoned during the wait for their procedure. At this stage it was a pilot programme limited to a small number of areas and further roll out was being considered.</p> <p>23/59.04 The ADQ undertook to provide further information on the number of patients benefiting from this programme. [Post meeting note: As at April 2022, 249 patients had benefited from this service]</p> <p>It was also requested that a staff story be included in the future.</p> <p>It was resolved that the patient story be received.</p>	



23/60 Report of the Interim Chief Executive Officer

23/60.1 The Board received the report which featured the following principal points and the Chair invited the Deputy Chief Executive Officer (DCEO) to present.

23/60.2 The DCEO highlighted:

- Immediately following his appointment, the Chair and DECO have undertaken visits to various sites across the Health Board to meet staff, to emphasise our appreciation for the work they do and to address concerns that they may have regarding the implications of Special Measures. These visits have been positively received and staff have been engaging and open in sharing their views. We will continue to build on this engagement with staff in the coming weeks and months.
- In a recent announcement the Welsh Air Ambulance confirmed that they have now renewed their aviation contract and this has secured the provision of services from Welshpool and Caernarfon, until at least 2026. There is also a proposal that the Welshpool base be merged with the North Wales base to form a single North Wales resource.
- Improving planned care – he apologised to those families who are still waiting for treatment and stated that we are looking at how we deliver care differently and engage with the population.
- He thanked the Community Health Council which ceases tomorrow and looked forward to working with the new body, Llais.
- Industrial action – he thanked staff for what has been a truly difficult time and apologised to patients and families who have had care cancelled. In light of the above the Health Board maintains its readiness to respond to potential further industrial action.
- Thanks was given to the Test, Trace and Protect (TTP) service which was a fantastic example of how the Health Board can implement a service in the matter of days and work closely with the local authorities. This service will be stood down at the end of March and a new Health Protection Service will be established to maintain some of the key benefits offered by TTP but to place them in a wider Health Protection Service.

The Board received the report.

23/62 Board Effectiveness – Audit Wales

23/62.01 The Board received a covering report prepared by the Interim Board Secretary summarising the position to date with the report by Audit Wales. The board received the published Audit Wales report set out in full and the Chair called upon Andrew Doughton and Matt Edwards from Audit Wales to address the report.

23/62.02 It was noted that some of the detail referenced in the Audit Wales report remains sensitive and confidential. The review had been undertaken due to the concerns arising from the audit of the 2021/22 Annual Accounts. Initial work on the annual structured assessment had raised concerns which led to the commissioning of the board effectiveness review.

23/62.03 The report set out deteriorating relationships, including deep seated fractures within the executive team and concerns about the quality of assurances provided by the executive to the board. There had been challenging criticisms from the former independent members. The ability to work cohesively was compromised. There were differences as to risk appetite. The quality of papers presented to the board was variable although the day-to-day administration of meetings was acceptable. Development activity had not succeeded in addressing the issues. There was extensive reliance on interim appointments. A range of short term and medium-term actions were needed to address the issues raised.

23/62.04 The Chair thanked Audit Wales for the report and looked forward in working with them over the coming months to address the issues raised.

23/63 Special Measures Report

23/63.01 The Board received the report from the DCEO setting out the rationale for the Health Board escalation to Special Measures, proposed framework and priorities for action.

23/63.02 The Chair welcomed Jeremy Griffiths and Olivia Shorrocks from Welsh Government to present their report.

23/63.03 It was acknowledged that the Health Board had many good things going on and that staff were delivering good patient care. However, Special Measures was the highest intervention in the escalation framework; the focus was to make improvements in focussed areas such as those highlighted in the Audit Wales report (referenced above). It was noted that exit criteria for Special Measures would be developed and that, if required, further special advisers would be appointed. It was emphasised that the Welsh Government was not running the

health board. There would be an accountability framework and regular progress reports.

23/63.04 There were three phases set out in the framework - stabilisation, standardisation and sustainability which were set out. Stabilisation would be the focus of the first six to nine months of Special Measures.

23/63.05 It was noted that Special Measures did not affect the Health Board's statutory duties but it did allow the Welsh Government to offer support in the right places and autonomy would be earned through de-escalation.

23/63.06 Olivia Shorrocks added that Welsh Government had put the entire Health board into Special Measures. The challenge of coming together as one organisation had not been addressed and there were significant issues of concern.

23/63.07 Welsh Government had not seen pace of change in terms of financial control, vascular services, urology, mental health and emergency care. The recovery programme had not been addressed.

23/63.08 The Chair thanked Welsh Government representatives for the update and as a unitary board acknowledged that the organisation would take ownership of the issues presented. He again emphasised that we are all on the same side in the need to ensure the best possible health service for North Wales.

23/63.09 The Chair stated that the Health Board, as a unitary board, would take ownership of the Special Measures programme. We all have a part to play to improve matters and would need to communicate and engage effectively with all staff across the organisation. We have 19,000 leaders and a great opportunity to make a difference and a need to ensure the best possible health service for this area.

23/63.10 Independent Member, Gareth Williams added that governance and the internal culture of the Health Board came across as important aspects of the work to be undertaken. It was acknowledged in relation to a question from Associate Member, Clare Budden that culture change would take longer than the six-month phase identified. The Staff Survey and other measures would be important benchmark to define progress. The Director of Partnerships and Stakeholder Engagement added that the Stronger Together work programme will be useful in supporting the provision of further feedback.

<p>23/63.11 The DCEO welcomed the special measures approach and emphasised the Board's commitment in responding. It was noted that executive leads had been identified for each of the domains in the framework.</p>	
<p>QUALITY & SAFETY</p>	
<p>23/64 Integrated Performance Report</p> <p>23/64.01 The Board received the Integrated Performance Report. The Interim Director of Finance (IDF) noted that it focused on a number of areas of adverse performance with some benchmarking information provided. The Chair, welcomed the Interim Director of Performance (IDP) to address the report.</p> <p>23/64.02 The following principal points were made:</p> <ul style="list-style-type: none"> • Planned care: we will not achieve the Welsh Government target for this year, but can confirm that the trajectory is improving slightly. There are still some 4,000 patients waiting in excess of three years. Waiting lists continue to grow and we need to understand the scale of the challenge • Unscheduled care – the performance in February 2023 against the 4-hour A & E target was 72% for the first time in two years (over 70%). Ambulance handovers in excess of 12 hours continue at high levels, with 2,064 being reported in February 2023. • Diagnostic waits have remained at the same level as at the beginning of the year. • Outpatient follow up – we have a transformation programme to support 77,000 patients who are 100% past their due date. • Ophthalmology – The percentage of ophthalmology appointments attended which were within their clinical target date or within 25% beyond their clinical target date for February 2023 is 50.6% against a national target of 95%. The highest in year performance was 54.5% in August 2022. A redesign of current patient pathways and outsourcing of activity are actions being taken to mitigate clinical risk. • Mental Health – CAMHS, the wait for first appointment will come back to target as of March, but there are still challenges around staff recruitment. 	



23/64.03 In relation to a question from Independent Member, Rhian Watcyn-Jones, the IEDF commented that there was a range of constraints impacting on the services, some of which was chronic staff recruitment problems some of which was estate related. He suggested that this needed to be approached at service level and could benefit from a deep dive into individual areas.

Further points were made as follows:

- It was important to ensure that service managers were all focused on the indicators that the director of performance was concerned with.
- The Board Assurance Framework (BAF) would be updated for the new financial year to reflect the pressures described here.
- There was concern about children's neuro-development assessments, including families who had gone into debt. By going private for initial consultations.
- The DCEO expressed his concern that behind the numbers and charts were real patients and real people.

23/64.04 The Chair summarised that we have work to map out special measures keeping a focus on performance, being clear to identify what needs specific detailed attention. Whatever it takes – we need the clarity – and ensure we put a lot of energy into identifying the issues. The Health Board needed to focus on where we are and this is where we want to get to and how we will get there together.

23/64 Quality & Patient Safety Report

23/64.01 The Board received the report from the Executive Director of Nursing and Midwifery and the Chair called upon the Deputy Director of Nursing and Midwifery (DDNM) to present. A supplementary report had been issued providing information about recent cases and developments.

23/64.02 It was noted that there is partial assurance due to ongoing learning and improvement as set out on the Board Assurance Framework. This is being addressed through the patient safety improvement programme and the quality strategy which is being finalised. There is detailed information that is given to the Quality Safety and Experience Committee and a patient experience report.

23/64.03 National reportable incidents remain constant, general themes falls pressure ulcers and recognition of deteriorating patients. On surgical safety, never events have reduced as significant work has been undertaken around the World Health Organisation checklist. The number of overdue incident reports,

including complaints is significantly below the expectation – report highlights what is being done to get better. There is one safety alert that is now closed.

23/64.04 There was significant concern regarding system learning and embedding that learning and sustaining it. Our priority is making sure systems are in place and that staff can do the right thing consistently.

23/64.05 It was noted that on nationally reportable incidents, 74 were open and 40 overdue and the board asked about the seriousness of this. Some are significantly overdue, but would be completed by August (apart from two) with a significant number completed by the end of April.

23/65 Vascular Report

23/65.01 The Board received the report from the Medical Director (MD) updating the Board on progress to improve the sustainability, quality and experience of Vascular Service and describing the improvement work via the development of specific pathways for key conditions, and the longer-term transformation work. Many of the issues that apply to vascular services apply to other areas in the organisation.

23/65.02 The Chair invited Dr Tom Davis, Interim Medical Director for the Central IHC to address the report and who reminded the Board that a number of reviews had taken place including the Vascular Quality Report and review of clinical pathways such as emergency ischemic limb management. The work by multi-disciplinary teams continued to be supported by Stoke and Liverpool and they provide a level of assurance to our patients.

23/65.03 It was noted that the National Vascular Register Report was important and more so as we move forward as we will need to use our benchmarking where there are areas of good performance.

23/65.04 Independent Member, Karen Balmer asked about how a report with 77 recommendations were prioritised and progressed. Independent Member, Gareth Williams asked if the dual consultant out of hours operating is still in place?

23/65.05 The MD confirmed that dual consultant operating has not historically been the practice in all UK vascular networks, but we have taken that as our normal for all daytime elective however this has now changed following risk assessment. The limitations of the National Vascular Registry data were acknowledged.



23/66 Well-being Plan for Flintshire and Wrexham

23/66.01 The Board received a report from Executive Director, Transformation and Strategic Planning (DTSP) setting out the Flintshire and Wrexham Public Services Board (PSB) draft Wellbeing Plan 2023 – 2028 for approval. This was one of three such boards in the Health Board's area.

23/66.02 The Plan had been developed to respond to the updated Wellbeing Assessments for the Flintshire and Wrexham area produced in 2022. It seeks to address the key areas which pose the greatest need or challenge for communities and where the PSB can make the greatest contribution towards social, environmental, cultural and economic well-being, adding value to existing partnerships and core services.

23/66.03 It was noted that there are three public service boards in North Wales and the Board is focussing on two objectives in the plan which are commended as the right ones.

The Plan was approved and acknowledged that it will be signed off by the PSB.

23/67 Update of Register of Approved Clinicians and of Section 12(2) Doctors

23/67.1 The report from the MD detailed an update of the Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales for 5th November 2022 to 21st December 2022. It was noted that BCUHB processes and ratifies these on the whole of Wales.

23/67.2 The Board approved and ratified the updates for this period and agreed to delegate the sign off of Section 12(2) Doctors to the MD to be ratified retrospectively the relevant Board meeting.

STRATEGY & RISK

23/68 Approach to Annual Plan 2023/24

23/68.01 The DTSP explained that the purpose of the report was to provide an update on the development of the Annual Plan for 2023/24. The Health Board has confirmed it is not in a position to submit a balanced and approvable IMTP and therefore will instead be submitting an Annual Plan for Welsh Government, whilst retaining a three-year focus on planning for the Health Board.

23/68.02 A submission has been accepted by the Welsh Government confirming the need for additional time to finalise key elements of the 2023/24 Plan, including the inclusion of actions relating to Special Measures, and to allow the new Chair and Independent Members of the Board to set the ambition and ensure appropriate scrutiny of the Plan.

23/68.03 The DTSP confirmed that there would be a draft plan supplied to the board for a planned workshop in April. It was also noted that a working draft plan is being submitted this week. This approach was acknowledged by Welsh government representatives.

23/69 Budget 2023/24 and Capital Programme

Initial Budget 2023/24

23/69.01 The Board received a report from the IDF to provide a briefing on the initial financial plan for 2023/24.

23/69.02 The report describes the resources delegated to the Health Board by Welsh Government, and, based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings and other financial improvements that will be delivered over the year.

23/69.03 The Health Board's Standing Orders require that a budget must be approved in advance of the start of a financial year. The report proposed an initial financial plan for 2023/24, as it reflects a significant deficit financial position and will therefore not be acceptable to Welsh Government in this form.

23/69.04 The IDF highlighted the following:

- The underlying deficit is £196m, the Health Board has had a number of cost pressures, inflation pressures and has made a lot of investments which have been funded through non-recurring funding including covid and unscheduled care funding.
- We have had increased income of c1.5% but the underlying inflation is still high and energy costs, primary care prescribing as examples. We have £22m inflation funding – unavoidable cost pressures are £58m.
- We have identified £18m savings and have reduction in investments that were planned £13m and a stretch of £7m. One of our challenges is about getting back to the basics of efficiency and savings.

23/69.05 He noted that there were urgent decisions around continuing health care rates – but we were not in a position to bring a formal paper – wanted to have a capability to make some interim increases.

23/69.06 In relation to a question from Independent Member, Rhian Watcyn Jones it was noted that recruitment issues had led to slippage. In relation to a question from Independent Member Gareth Williams it was noted that the work-up for regional treatment centres had been funded by revenue as a strategic outline case for capital had been unsuccessful. He felt that we are spending too much money on design

23/69.07 The DCEO commented that our track record on delivering saving schemes has not been good and that within Special Measures – we cannot let the finance team be the owners – needs to be working practice of the whole health board.

It was agreed to accept the report and approve the plan for the next financial year and the steps that it proposed and delegate to the DCEO to make uplifts within the budget.

23.69.08 Capital programme 2023 - 2028

23.69.09 The IDF introduced the item indicating that the capital plan is around our discretionary capital of £12.7m. For context, the total value of our equipment is £150m, our buildings £540m.

23.69.10 The Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five-year capital programme for the period 2023/24 to 2027/28 and in particular the investments prioritised for 2023/24. The capital programme has been considered by the PFIG Committee, which recommended the Health Board to approve it.

23.69.11 There was £4.3m for estates and we have allowed for slippage of 12.5%, gives us £18m, funding was allocated on that basis.

The capital programme was Approved.

23/70 Finance Report M11

23/70.1 The board received a report from the IDF setting out the draft unaudited financial performance of the Health Board for the eleven months from 1st April 2022 to 28th February 2023.



23/70.2 The cumulative position for the year is a deficit against plan of £8.2m, (0.42% of the allocation). The Health Board is forecasting a break-even position by the end of the financial year. This is due to receiving additional funding of £4.3m for COVID Discharge Support, £1.7m for Dispensing Fees and £1.7m Queen's Funeral Bank Holiday funding allocation to cover retrospective costs. In addition, the balanced forecast outturn position is also based on retaining slippage of £4.7m against sustainability funding, £1.2m against Value Based Healthcare funding and £0.4m surplus on COVID costs.

23/70.3 Savings delivered in the eleven months to February 2023 is £25.9m against a plan of £21.6m and a total target of £27.1m. The savings forecast is £27.1m, which is £7.9m below the original target of £35m for the year. Of the £27.1m forecast, £15.9m are non-recurring.

23/70.4 The forecast has changed from £10m deficit to break even due to slippage. WG have provided more funding and allowing the HB to retain slippage. We have more income, which is improving the position. On this basis we will achieve our three-year financial duty.

The Board noted the report.

23/71 Strategic Outline Case - Nursing and Residential Care Home at Penyberth, Penrhos a Public Sector Partnership in Gwynedd

23/71.01 The Board received the report from the IDF.

23/71.02 The Strategic Outline Case (SOC) has been developed and led by Gwynedd Council in close partnership with the Health Board to address the current fragile care provider market in the wider Pwllheli / Llŷn peninsula area through an innovative and more sustainable public sector partnership model with regard to the provision of nursing care placements. The scheme would provide a new 57 bed care home. Lead and run by Gwynedd Council. With nurse staffing provided by the Health Board. This was a new model within Wales. And there are risks around whether it would be a viable model. The outline business case would test these factors further. Including by learning from similar schemes outside Wales.

23/71.03 It was noted that the West Integrated Health Community is discussing with the council if there are other areas that can be adapted. In the East area of the health board, they have expanded on Home First which has reduced the demand for care home places.

<p>The Board approved the strategic outline case.</p>	
<p>23/72 Capital Funding Bid for the Amethyst Sexual Assault Referral Centre (SARC), Colwyn Bay</p> <p>23/72.01 The Board received the report from the IDF requesting that Welsh Government makes a capital investment of £619,000 to allow the Amethyst sexual Assault Referral Centre in Colwyn Bay to achieve accreditation ISO standard by October 2023. The Health Board was requested to approve the capital funding bid for submission.</p> <p>23/72.02 The Board recorded its appreciation of the role of North Wales Police in leading on this and providing the funding for the centre.</p> <p>The Board approved the capital bid.</p>	
<p>GOVERNANCE</p>	
<p>23/73 Reports of Board Committees</p> <p>22.73.01 The Board received reports of committees as follows:</p> <p>QSE 20 January presented by the Deputy Executive Director of Nursing MHCCC 9 February presented by the Executive Director of Public Health PFIG 18 January and 22 February presented by the Interim Executive Director of Finance TI Steering Group 22 February and 6 March presented by the Executive Medical Director</p>	
<p>CLOSING BUSINESS</p>	
<p>23/74 Items to Refer to Committees</p> <p>There was nothing to note.</p>	
<p>23/75 Review of Risks Highlighted within the Board meeting</p> <p>Maintain momentum on targeted intervention as we move to Special Measures – align to Corporate Risk Register</p> <p>Financial Plan – align to Corporate Risk Register and BAF</p>	

<p>23/76 Summary of Private Board Business - 26 January 2023</p> <p>23/76.1 The Health Board had considered the following matters in private session on 26 January 2023:</p> <p>Risk Register (Cyber risk) Isle of Anglesey County Council Domiciliary Care Scheme Chair's Assurance Report from Remuneration and Terms of Service Committee – 22 December 2022 Canolfan Lleu – Strategic Outline Business Case Plas Gororau – contract award</p> <p>It was resolved that the report be noted.</p>	
<p>23/77 Date of Next Meeting – 25 May 2023</p>	
<p>23/78 Questions from the Public</p> <p>A number of questions from the public were received in advance of the Board. One questioner attended and his question was put and responded to. The detail of the questions would be appended to the minutes.</p>	
<p>23/79 Exclusion of Press and Public</p> <p>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."</p>	