



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board Meeting Held in Public on 28.3.19
in Catrin Finch Centre, Wrexham

Present:

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Cllr C Carlisle	Independent Member
Mrs D Carter	Acting Executive Director of Nursing & Midwifery
Mr J Cunliffe	Independent Member
Mrs M Edwards	Associate Board Member, Director of Social Services
Mr G Ellis-Evans	Vice Chair, Stakeholder Reference Group
Mr G Evans	Associate Board Member, Chair of Healthcare Professionals Forum
Mr R Favager	Executive Director of Finance
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs J Hughes	Independent Member
Cllr M Hughes	Independent Member
Mrs M W Jones	Vice Chair
Mrs G Lewis-Parry	Board Secretary
Mrs L Meadows	Independent Member
Dr E Moore	Executive Medical Director
Miss T Owen	Executive Director of Public Health
Mrs L Reid	Independent Member
Mr A Roach	Associate Board Member, Director of Mental Health & Learning Disabilities
Mr C Stockport	Executive Director of Primary Care & Community Services
Mr A Thomas	Executive Director of Therapies & Health Sciences
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance

In Attendance:

Mrs K Dunn	Head of Corporate Affairs
Mr D Jenkins	Independent Adviser
Translator and Observers	

Agenda Item	Action By
<p>19.41 Chair's Introductory Remarks</p> <p>The Chair welcomed Mr Gareth Evans to his first board meeting as Chair (Designate) for the Healthcare Professionals Forum. He also welcomed Mr David Jenkins to the meeting in his role as Independent Adviser. The Chair went on to record his appreciation for the contribution and support provided to the Health Board by Mrs Bethan Russell-Williams who had tendered her resignation recently. Finally he indicated that after the public session the Health Board was meeting with the Board of Health Education & Improvement Wales.</p>	
<p>19.42 Special Measures Improvement Framework Task & Finish Group Chair's Assurance Report 25.2.19</p>	

<p>The Chair presented the report and highlighted that the group had found the input from the Executive Team very valuable. He reported that a number of actions had been discharged, whilst a number remained as requiring more work. The Board Secretary added that the next end of phase report for Special Measures was being prepared for the May Board meeting. The Chair also drew attention to the letter of the 22.2.19 from the Chief Executive of NHS Wales relating to joint escalation and intervention arrangements which confirmed that GP out of hours had been de-escalated from Special Measures.</p>	
<p>19.43 Apologies for Absence</p> <p>Apologies were received for Mrs G Harris, Mr Ff Williams and Prof J Rycroft–Malone.</p>	
<p>19.44 Declarations of Interest</p> <p>None were declared.</p>	
<p>19.45 Draft Minutes of Trustees Board Meeting Held on 24.1.19</p> <p>The minutes were approved as an accurate record pending an amendment to reflect that Mr J Cunliffe had submitted his apologies.</p>	
<p>19.46 Draft Minutes of the Health Board Meeting Held on 24.1.19</p> <p>19.46.1 The minutes were approved as an accurate record pending the following amendments:</p> <ul style="list-style-type: none"> • To reword 19.15.5 to read “Members confirmed that they felt the plan set out the strategic direction and provided a baseline on which to build” • To remove the wording “resulting in a £500K forecast deterioration in contracts” from 19.20.5 • To reword 19.25.2 to read “links with the Quality & Safety Group had been improved” • To include within 19.17.2 “The Chair of the Information Governance & Informatics Committee highlighted that there would be an impact on health records storage that would need to be taken into account as the business case progressed” <p>19.46.2 Updates were provided to the summary action log with members confirming closure of a range of actions and identifying others which required further work.</p> <p>19.46.3 The following matters arising were raised:</p> <ul style="list-style-type: none"> • That for future reference the correct terminology for staff side was now “Trade Union partners”. • That the reformatted HASCAS and Ockenden report had been well received by the Quality, Safety & Experience Committee, and that the next report to Board would include an update on the alignment of stakeholders to areas of their specific interest. 	
<p>19.47 Committee and Advisory Group Chair’s Assurance Reports</p> <p>19.47.1 Mental Health Act Committee 3.1.19</p> <p>The Committee Chair presented the report and highlighted the key risks arising from the deep dives into Child Adolescent Mental Health Services, noting that the report from the Delivery Unit’s visit in December 2018 was still awaited. She also suggested that there</p>	

were differences in the data reported within a recent briefing note and the Integrated Quality Performance Report which indicated there were issues around sustainability.

19.47.2 Quality Safety & Experience (QSE) Committee 22.1.19

The Committee Chair presented the report and highlighted the continuing concern around Pressure Ulcers. The Chair also highlighted the achievement of the Health Board being the best ranked Welsh health employer within the Stonewall Top 100 Employers List for 2019.

19.47.3 Remuneration & Terms of Service Committee 14.1.19

The Chair presented the report and highlighted that work continued around reviewing Executive portfolios and the wider organisational structure, ensuring that the Committee remained fully sighted on these issues.

19.47.4 Strategy, Partnerships & Population Health Committee 5.2.19

The Committee Chair presented the report and highlighted that the Committee had reviewed the draft divisional improvement plans and had noted some gaps with concern. She added that the Regional Partnership Board had welcomed the joint working and genuine involvement in development of the Health Board's Three Year Plan. The Independent Member (Third Sector) noted that the Chief Executive had attended the Public Service Board recently to present the Three Year outlook which had been positively received.

19.47.5 Information Governance & Informatics Committee 13.11.18

The Committee Chair presented the report and highlighted the risks around the impact of delays and non-delivery of national solutions or systems. He also reported that the Committee had requested that consideration be given to splitting and clarifying corporate risks to incorporate emerging risks around the national blood inquiry.

19.47.6 Stakeholder Reference Group 5.3.19

The Vice-Chair of the group presented the report and highlighted the discussion around encouraging agency nurses to return to work in BCU on a substantive basis. The Executive Director of Workforce & Organisational Development (OD) shared the concern of the SRG and assured the Board that this principle was addressed within the Workforce Strategy. It was agreed that an appropriate representative from Workforce & OD attend the next meeting of the SRG.

SG

19.47.7 Local Partnership Forum 8.1.19

The Executive Director of Workforce & Organisational Development presented the report and noted that there had been a useful workshop session around the development of the Workforce Strategy and that a similar approach had been suggested to address health and safety management at the next meeting of the forum. The Board's attention was also drawn to a significant improvement in job evaluation performance following the amendment of key performance indicators.

19.47.8 Finance & Performance (F&P) Committee 17.1.19 and 26.2.19

<p>The Chair presented the report highlighting the Committee's main concerns and disappointment around the financial position and delivery against savings plan, and that performance around both planned and unscheduled care remained of concern.</p>	
<p>19.48 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>19.48.1 It was resolved that the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	
<p>19.49 Annual Review of Standing Orders, Scheme of Reservation and Delegation (SORD) and Board Cycle of Business</p> <p>19.49.1 The Board Secretary presented the paper confirming that the Board reviewed this suite of governance papers on an annual basis, however, due to the ongoing national review of model Standing Orders, this element was being deferred to the May Audit Committee. She drew members' attention to the interim SORD that had been updated to reflect recent changes to senior portfolios, noting there would be other changes in due course.</p> <p>19.49.2 The Vice Chair of the Audit Committee indicated that some Committee members had been unaware of the Managing Director roles at the three acute hospitals, until they had received the SORD. The Chair acknowledged that communication could have been improved and clarified that the Executive Team were now looking further at the organisational structure - as discussed at the Independent Members' meeting on the 25.3.19. The Chair indicated that as a principle the Independent Members would wish to be assured that the necessary capacity existed across acute sites and area teams, and that roles and accountabilities are clear. The Chief Executive added that it was clear that more senior roles needed strengthening at each of the acute sites and he was assured that the interim Managing Director arrangements were consistent with the Board's direction of travel.</p> <p>19.49.3 It was resolved that the Board:-</p> <ul style="list-style-type: none"> • Noted the deferral of the Annual Review of Standing Orders pending the national review of the Model being undertaken by Welsh Government; • Approved the revisions to the SORD as endorsed by the Audit Committee; • Approved the Board cycle of business for the year ahead noting that this was an iterative document. 	
<p>19.50 Update on North Wales Vascular Service</p> <p>19.50.1 The Chairman acknowledged that there had been a significant amount of public and media interest in this matter recently. The Executive Medical Director presented the paper which set out the background and context to the decision-making and he drew attention to the additional engagement and communication that had taken place. He wished to highlight the significant investment that the Health Board had made in the hybrid theatre and the dedicated ward, and reflected that despite the best efforts of many individuals there remained a level of misunderstanding around vascular services with a widely held belief that the proposals would result in all emergency vascular care moving from Ysbyty Gwynedd, and that there would also be an adverse effect on renal services</p>	

which is not the case. The point was made that lessons needed to be learned from the communication issues experienced with this service development, and a clearer strategy for engagement and myth-busting should be maintained.

19.50.2 In response to a question regarding timely recruitment, the Executive Medical Director confirmed there had been a good level of interest with sufficient appointments having been made to safely open the ward although there were gaps that would need to be managed through the use of bank, agency and existing staff. He also confirmed that Wales Ambulance Services NHS Trust had been heavily involved in the discussions and the majority of patients would continue to be taken for assessment at the closest ED unit as dictated by their individual condition. The Chief Executive clarified that this was a continuation of what currently happens and would not be a change. He also wished to highlight that the development of the specialist centre had enabled the Health Board to achieve far more positive recruitment. The Vice Chair asked whether there was a sense as to the impact of the aneurysm screening programme on the number of emergencies. The Executive Medical Director confirmed that emergency aneurysms had fallen in general over the last 20 years which could in part be attributed to the screening programme together with aneurysms being generally a less prevalent condition as a consequence of changes in lifestyles choices. The Chair noted that the paper referred to the conclusion of job planning for consultant vascular surgeons during March and sought assurance that this would be achieved. The Executive Medical Director undertook to follow this up.

EM

19.50.3 The Chair summarised that the organisation had the capacity and capability to establish the new facility which would go live on 10th April 2019 following investment by Welsh Government and a significant contribution by the Livesy Trust. He accepted there was a view amongst some members of the public and partners that the Board had departed from its original decision but he remained assured that this was not the case. He did accept that there had been elements of narrative within board papers that could have been clearer. It was also noted that the Executive Medical Director had personally met with a range of individuals and partners such as the Local Medical Committee and Assembly Members which had been productive meetings in terms of clarifying the Board's position and providing assurances.

19.50.4 It was resolved that the Board note the report.

19.51 Integrated Quality Performance Report

19.51.1 The Executive Director of Planning & Performance presented the report and drew members' attention to the summary dashboard which indicated that there were significant challenges across all areas although 34 of the 50 key performance indicators had improved since the last report. The Chief Executive wished to note the substantial improvement within some areas of unscheduled care. He also highlighted that dermatology was an area where there was great variability amongst cases coupled with recruitment issues.

19.51.2 In terms of endoscopy it was noted that an extraordinary meeting of the QSE Committee had been held on the 28th February 2019 to sight the Committee on the emerging position, with a further update having been provided to the March meeting. The Committee had considered how the issue had arisen and whether reporting systems currently in place were sufficient for the future. The Chief Executive set out two key actions around boosting activity via additional resources and a mobile unit, and addressing the backlog. The Executive Director of Therapies & Health Sciences stated

that the mobile unit should be operational by mid-May and would screen a further 120 patients per week. A longer term measure for Wrexham was also being developed through the capital programme. The Executive Director of Therapies & Health Sciences had also met with the Delivery Unit regarding demand models, and he confirmed that BCUHB were engaging with the national endoscopy work chaired by Mr Simon Dean. Members expressed concern at the effect on a large percentage of the organisation's diagnostic waits and that performance and quality of service in other specialties also relied on diagnostics.

19.51.3 The Chair referred to referral to treatment forecasting and modelling work ongoing with the Delivery Unit and noted that the clear expectation from Welsh Government was that the Health Board must not exceed the position as at the end of the previous year. Failure to achieve this may result in a clawback of some additional resource that had been provided. The Executive Director of Planning & Performance confirmed he was working on the terms of reference for a task and finish group with the aim to complete the first phase of work by May 2019. The Chair then sought assurance that falls were being reported appropriately and the QSE Committee Chair indicated that a report was awaited on the backlog of serious untoward incidents. The Chair noted an increase in locum expenditure. The Executive Director of Workforce & Organisational Development indicated that potential underlying factors had been identified and whilst there had been an increase she indicated that the rate was lower than the same period last year.

19.51.4 In terms of sickness rates the Executive Director of Workforce & Organisational Development confirmed that whilst the 4.5% target was not currently deliverable by the organisation, this challenge was shared by many other Boards with BCUHB currently performing the second best in Wales. She confirmed that improvement methodology would be applied to those areas where it would have the most impact. Training on the new absence management policy was currently being provided however the change from a very prescriptive to a more compassionate/ discretionary approach would take time to work through. In the meantime the focus would remain on the areas of musculoskeletal issues, absences due to accidents, stress and long term absences.

19.51.5 The QSE Committee Chair raised the matter of patient follow ups and an associated limited assurance audit report, noting that concerns had been raised at both Audit and QSE Committees in terms of prioritisation and harm. The Acting Executive Director of Nursing & Midwifery confirmed that where any harm was identified the GP and/or other healthcare professional were engaged with. It was suggested that consideration be given to how best to ensure the QSE Committee was briefed on mitigating actions in a timely manner including the potential for an extraordinary meeting of the Committee.

DC

19.51.6 A question was asked regarding the number of stroke consultants in post and it was confirmed that this had been looked into previously and there were no major concerns about this establishment. The Executive Director of Workforce & Organisational Development added that it was rare for an organisation to employ a full cohort of consultants who specialised in stroke only, and that generally the majority were care of the elderly consultants who had an element of stroke specialism. It was noted that the QSE Committee had received a recent paper on stroke services and it was agreed that this be refreshed and circulated to all board members as an update.

EM

19.51.7 In response to a question regarding the Mental Health Measure, the Director of Mental Health & Learning Disabilities confirmed that the February figures had just been validated and though there was an improvement performance was still below target. The

<p>Vice Chair suggested that the demand capacity review would be key to improvement. The QSE Committee Chair noted that the paper indicated that patients were being treated “in turn” and she sought assurance that the priority of patients was also being taken into account. The Director of Mental Health & Learning Disabilities confirmed that patients were triaged in terms of risk. The Executive Director of Public Health added that the figures for child and adolescent mental health had been validated and there remained work to be done to improve performance and sustainability and build resilience.</p> <p>19.51.8 It was resolved that the Board note the report.</p> <p><i>[Mrs M W Jones, Dr C Stockport and Cllr C Carlisle left the meeting]</i></p>	
<p>19.53 Finance Reports Month 10 and Month 11</p> <p>19.53.1 The Executive Director of Finance suggested that the Month 10 paper be received for information and that the discussion focus on the Month 11 position which had been considered by the F&P Committee on the 26th March 2019. For Month 11 the actual deficit in month was £2.9m, £700k over the plan which was due to £800k planned savings not delivered and overspend on prescribing, cumulatively the Health Board is overspent by £36.5m. He highlighted that all of the expected referral to treatment resources had now been received and a potential £1m clawback had been factored into the forecast position. If this did not materialise then the Board’s forecast position would be around £41m deficit. With regards to savings, £38m was forecast to be delivered against the £45m plan. The Chair acknowledged the substantial amount of savings that had been delivered but that it was not enough and the deficit would have to carry across into 2019-20 as part of the underlying deficit. The Board were aware that the position would have been considerably worse if not for the additional Welsh Government support around referral to treatment.</p> <p>19.53.2 It was resolved that the Board note the report including the forecast out-turn and recognised the significant risks to the financial position.</p> <p><i>[Cllr C Carlisle re-joined the meeting]</i></p>	
<p>19.54 Wales Audit Office (WAO) Annual Audit Report 2018</p> <p>19.54.1 The Board Secretary presented the report which summarised the work of WAO throughout the year, and drew attention to the unqualified opinion on the accuracy and proper preparation of the 2017-18 financial statements, and a qualified audit opinion relating to the failure to meet statutory financial duties. In addition the Auditor General had noted that whilst the Health Board was strengthening its governance and management arrangements, it continued to struggle to develop financially sustainable medium-term plans and improve priority areas of performance. The Board Secretary confirmed that the report had been discussed at the Audit Committee. The Chair welcomed the report and he was clear as to the rationale for the Auditor General making these observations.</p> <p>19.54.2 It was resolved that the report be received.</p> <p><i>[Dr C Stockport and Mrs M W Jones re-joined the meeting]</i></p>	
<p>19.55 Concerns Management – Update to Include Actions Requested within the Public Service Ombudsman Wales (PSOW) Annual Letter 2017-18</p>	

19.55.1 The Acting Executive Director of Nursing & Midwifery presented the paper which described the governance framework for concerns management within the Health Board and how performance had been improved and trajectories set.

19.55.2 A comment was made that although the paper referred to a “sustained improvement for the management of all incidences” it was potentially too soon to claim this. This point was accepted although it was confirmed that the categorisation of incidents had commenced in earnest back in July 2018. A point of accuracy was also raised in that the paper had not been received at the QSE Committee as was stated on the coversheet. The QSE Committee Chair added that the improved qualitative reporting of concerns to the Committee was very much appreciated. In response to a question from the Vice Chair regarding the number of incidents, the Acting Executive Director of Nursing & Midwifery accepted that coding or grading issues could potentially skew the data, however, she was confident that there had been an actual reduction in the number of serious untoward incidents in the past year. The Chair welcomed the significant improvement which had also been noted by the PSOW in his letter.

19.55.3 It was resolved that the Board note the report.

19.56 Staff Engagement – NHS Wales Staff Survey 2018 : Delivering Improvement

19.56.1 The Executive Director of Workforce & Organisational Development presented the paper which provided an overarching Organisational Staff Survey Improvement Plan together with Divisional Improvement Plans for 2019/20. She noted that each of the plans were dynamic in nature and the Board would need to respond to feedback as it arose. Members were informed that the Organisational Improvement Plan focused on the top three areas for improvement as identified within the survey – namely work related stress, harassment, bullying or abuse and Executive Team visibility and engagement. In terms of Executive visibility, the Executive Director of Workforce & Organisational Development felt this was pivotal to setting the strategic direction and giving the workforce confidence. She then drew members’ attention to the Divisional Plans and that these were focused on the areas of biggest impact. Finally she suggested that the Board would need to be able to test how staff engagement was being impacted by the annual plan.

19.56.2 A discussion ensued. It was queried whether the Staff App had been agreed through the appropriate General Data Protection Regulation and Information Governance processes, and this was confirmed. The Chair suggested that the priorities of the Organisational Improvement Plan did not appear to be fully reflected in all of the Divisional Plans. The Executive Director of Workforce & Organisational Development responded that each division reviewed their discrete report from the staff survey and calibrated them with known factors that might have affected the figures. Staff within the divisions had also been involved in determining what elements they wished to see within their respective reports. A comment was also made that in terms of bullying and harassment there would be a great level of detail behind the figures which would need to be understood in terms of developing outcomes.

19.56.3 It was resolved that the Board

- Approve the Organisational Improvement Plan.
- Note the Divisional improvement plans.
- Note and endorse the link between the national NHS Wales Staff Survey and the BCUHB ByddwchynFalch/BeProud survey work.
- Note the national changes to the approach of collecting colleague experiences.

[The Board broke for lunch]

19.57 Enabling Strategies

19.57.1 Workforce Strategy

19.57.1.1 The Executive Director of Workforce & Organisational Development presented the draft strategy, highlighting that the document did not purport to be a detailed workforce plan but it aimed to provide a clear direction upon which the organisation could build in terms of workforce and to provide a clear framework for the development of other strategies. She added it was important to recognise that the strategy was aligned to developing a wider workforce strategy for health and social care.

19.57.1.2 A discussion ensued. In response to a question it was confirmed that the strategy was evidence based in that it places the patient at the centre and then considers what skills would be required within the workforce to meet the needs of that patient. The section on communication of the strategy was felt to be very important and that the focus needed to be on ensuring every member of staff understood how the strategy applied to them. The issue of Welsh Language skills was raised and it was felt this should be built more strongly into the work programme, together with sequencing aspects of primary care and health inequalities. A comment was made that the development of the strategy was an important milestone for the organisation and that the importance of staff as an asset to driving transformational change must not be undervalued. In response to a point regarding alignment to other strategies it was confirmed that the document was aligned with the regional Workforce Strategy and supported opportunities for development with partners eg; integrated workforce.

19.57.1.3 It was resolved that the Board approve the Workforce Strategy.

19.57.2 Estates Strategy

19.57.2.1 The Executive Director of Planning & Performance presented the paper which set out the long term strategy for the BCU estate in support of Living Healthier : Staying Well. The strategy identifies the unsustainable status of the current BCU estate and provided cost comparisons of maintaining it. He accepted that the Board did not yet have a clinical strategy, however, he felt that the estates strategy appropriately set out the organisation's initial priorities. He noted that issues of outline business cases and consultation would need to be picked up as discussions progressed to a more detailed level. Members were assured that the strategy was aligned to the 2019-20 annual plan and set out a consistent direction of travel, however, there would be significant communication and engagement aspects to be worked through.

19.57.2.2 It was resolved that the Board approve the estates strategy subject to formal annual review by the Health Board.

19.57.3 Digital Strategy

19.57.3.1. The Executive Medical Director provided a verbal update, highlighting that key priorities would be the implementation of the Welsh Patient Administration System; maintenance of existing services and systems; and the work to bring new technology into the organisation in order to drive transformation. He indicated that close working with Welsh Government, NHS Wales Informatics Service and others would be essential in

<p>terms of delivery. Members were aware of the challenges around national solutions and associated criticism by the Public Accounts Committee.</p>	
<p>19.58 Three Year Outlook and 2019-20 Annual Plan</p> <p>19.58.1 The Executive Director of Planning & Performance presented the paper and confirmed that it reflected helpful feedback from Welsh Government. He confirmed that an equality impact assessment had been completed and apologised that this has not been provided and that a copy would be made available. He suggested that the core priorities and enablers would be familiar to Board members, and that there were a range of planned care elements that required more work. He also added there was a public-facing version of the document.</p> <p>19.58.2 The Executive Director of Finance drew members' attention to Appendix 1 which set out the financial plan for 2019-20 and confirmed that this had been considered by the F&P Committee who recommended the plan to the Board. He stated that whilst the Standing Orders and Standing Financial Instructions required the Health Board to agree a budget by the 1st April, the Health Board would need to agree an interim budget for 2019-20. He reminded members that the Board had now commissioned a review of its financial plans which should culminate in a report in June 2019. The Executive Director of Finance reported that the F&P Committee had two main concerns – namely the lack of quantification of the delivery of waiting times specifically referral to treatment, and the level of savings worked up to date (ie £22.5m of £34m). It was stated that the waiting times issue continued to be worked through in terms of demand and capacity and that the financial plan being presented did not include delivery of waiting times. In terms of the savings plans it was noted that if the new Welsh Government criteria was used then only £9m would be classified as green.</p> <p>19.58.3 The Executive Director of Finance referred to Table 20 which provided a summary of the financial gap assessment and reiterated the concerns around the Board's position, together with risks to be managed around growth in continuing health care and prescribing. He confirmed that the plan included £9.4m of new investments funded from core funding however some elements were yet to be financially quantified. Finally he alerted members that the Board needed to be aware that other than the £2m referral to treatment monies, there was no other funding for waiting time targets and a quick resolution was required.</p> <p>19.58.4 The Vice Chair suggested that there needed to be more granularity in terms of clear targets and percentage points for improvement, with a stronger sense of ambition. She would also seek assurance that whatever targets were included were aligned with the IQPR. The Vice-Chair of the F&P Committee commented that the most significant issue was around the uncertainties in terms of savings plans. The Chair of QSE Committee noted that the paper made references to pathways and new models of care, and she reminded colleagues that there was a source of rich data available via patient and user experience. A comment was also made that the plan could be strengthened in terms of support for children with severe disabilities and their carers</p> <p>19.58.5 The Chair summarised that the Board was being asked to agree an interim plan and to recognise the gaps as described relating to referral to treatment, unscheduled care and finance, with the Board being updated on these elements at the May meeting. Members felt that whilst these gaps were recognised, the plan did represent the strategic direction of travel and there was clear read-across from the enabling strategies, and that this should be the key focus of communications. In terms of savings the Chair would</p>	<p>MW</p>

<p>expect the F&P Committee to continue to build confidence around the levels and whether they met Welsh Government criteria, with other cross-cutting opportunities also being reported to the F&P Committee. The Chair added that agreement must be reached as to how the Programme Management Office capacity could best be utilised to support the transformation programme. It was noted that the plan committed the Health Board to producing a Clinical Service Strategy by the end of September 2019 and there was a discussion around the challenges to achieving this. An update would be provided to the Board in May on key milestones.</p>	<p>MW</p>
<p>19.58.6 A conversation took place regarding how best to ensure the various elements of the plan were monitored through the Committee structure and it was agreed that this be mapped out through the Committee Business Management Group.</p>	<p>GLP</p>
<p>19.58.7 It was resolved that the Board:</p> <ul style="list-style-type: none"> • Approve the Three Year Outlook and 2019/20 Annual Plan with the exception of plans to deliver elective care in the specialties set out on page 40 of the paper i.e. services requiring recurrent investment in capacity to deliver, and services at serious risk of failing to deliver 36 week RTT target in 2019/20. • Approve the financial plan for 2019/20. • Note that a plan update will be presented to the July Board to include: <ul style="list-style-type: none"> ○ The implementation plan as a result of the financial review, and the RTT Taskforce. ○ The results of ongoing discussions with colleagues in Welsh Government. ○ Any other areas where the plan developed over time. 	
<p>19.59 In Committee Business to be reported in Public</p> <p>It was resolved that the Board note the paper.</p>	
<p>19.60 All Wales Forums – Welsh Health Specialised Services Joint Committee Briefing 22.1.19</p> <p>The Chief Executive confirmed that the WHSCC commissioning plan had been reflected in the BCU plan. The briefing was noted.</p>	
<p>19.61 All Wales Forums – Mid Wales Joint Committee for Health and Care Update January 2019</p> <p>The update was noted.</p>	
<p>19.62 Date of Next Meeting</p> <p>Thursday 2nd May 2019 @ 10.00am in Venue Cymru, Llandudno.</p>	
<p>19.63 Committee Meetings to be held in public before the next Board Meeting</p> <p>It was noted that the following Committees were due to meet:</p> <p>Mental Health Act Committee 29.3.19 Strategy, Partnerships & Population Health Committee 2.4.19 Finance & Performance Committee 24.4.19</p>	

19.64 Any Other Business

The Chair invited Mr David Jenkins to say a few words as his role with the Health Board was coming to a close. Mr Jenkins thanked the Board for working with him over the past 15 months in terms of his independent adviser appointment by the Minister. He recorded that his experience had been wholly positive in that he was of the opinion that the Board was now in a much better position in terms of its ability to identify the issues requiring focus, to scrutinize and to exercise real challenge onto the Executives. He felt that overall governance had improved and he was more confident in the Board's ability to address the known issues and to make improvements. He recognised that when a Board had high aspirations and provided a greater level of challenge that this did increase the commitment and pressure on both Independent Members and Executives but that this was positive. He concluded by indicating he would report formally to the Minister in due course.