



**Betsi Cadwaladr University Health Board (BCUHB)**  
**Minutes of the Health Board meeting held in public on 23.1.20**  
**in Neuadd Reichel, Bangor**

**Present:**

Mr M Polin	Chair
Prof N Callow	Independent Member ~ University
Cllr C Carlisle	Independent Member
Mrs M Edwards	Associate Member ~ Director of Social Services
Mr G Evans	Chair of Healthcare Professionals Forum
Dr D Fearnley	Executive Medical Director
Mrs S Green	Executive Director of Workforce & Organisational Development
Mrs G Harris	Executive Director of Nursing & Midwifery / Deputy Chief Executive
Mrs S Hill	Acting Executive Director of Finance
Mrs J Hughes	Independent Member
Cllr M Hughes	Independent Member
Mr E Jones	Independent Member
Mrs L Meadows	Independent Member
Miss T Owen	Executive Director of Public Health
Mrs L Reid	Vice Chair
Mrs L Jones	Acting Board Secretary
Mrs L Singleton	Acting Director of Mental Health & Learning Disabilities
Mr A Thomas	Executive Director of Therapies & Health Sciences ( <i>part meeting</i> )
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance
Mr Ff Williams	Chair of Stakeholder Reference Group

**In Attendance:**

Mrs D Carter	Associate Director of Quality Assurance / Interim Director of Operations
Mrs K Dunn	Head of Corporate Affairs (for minutes)

Translator, members of the public, observers

Agenda Item Discussed	Action By
<b>20/5 Apologies for Absence</b>	
<b>20/5.1</b> Received for Mr J Cunliffe, Mr G Doherty, Mr A Roach, Ms D Sharp and Dr C Stockport	
<b>20/6 Chair's Introductory Remarks</b>	
<b>20/6.1</b> The Chair welcomed everyone to the meeting. He noted that the Finance & Performance (F&P) Committee had met earlier that day and there had been a detailed level of scrutiny of many areas that also appeared on the coming agenda.	

**20/7 Declarations of Interest**

Dr D Fearnley declared an interest in agenda item 20/11 in that he was named on the register of approved clinicians under Section 12(2).

**20/8 Draft Minutes of the Health Board Meeting held in public on 7.11.19 for accuracy and review of Summary Action Log**

**20/8.1** The minutes were approved as an accurate record pending the following amendments:

- To reflect that Cllr M Hughes was in attendance
- To amend 19.161.1 to read “..... as set out in the actions advised. Progress of delivery of the recommendations would be presented to the Quality, Safety & Experience Committee in line with their cycle of business. It was particularly noted that .....”
- To amend 19.161.2 to read “.....resolved and implemented. Regarding recommendation 4 she assured members that a communications plan was on track to be developed and would be circulated to members in due course”.

**20/8.2** Updates were also noted to the summary action log.

**20/8.3** It was noted that a briefing had been circulated on financial governance and performance within the Mental Health & Learning Disabilities (MHL) Division and the Chair suggested there would be merit in it being shared with Welsh Government (WG) leads for mental health.

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**20/9 Special Measures**

**20/9.1 Task & Finish Group Chair's Assurance Report 9.12.19**

**20/9.1.1** The report was noted.

**20/9.2 Self Review Overview Report**

**20/9.2.1** The Deputy Chief Executive wished to record her thanks to a number of individuals involved in the development of the report. She felt that the organisation needed to acknowledge where it was and that there were some areas of positive improvement but there was no cause for complacency. She noted that a scrutiny process via confirm and challenge within the Executive Team and with Independent Members was evolving.

**20/9.2.2** A question was raised regarding the impact of the Safe Clean Care programme on the Estates Department and the Associate Director of Quality Assurance / Interim Director of Operations confirmed this was being addressed with the relevant teams and would be appropriately managed.

**20/9.2.3** The Chair reported that Special Measures had been the subject of discussion at a recent meeting with WG. He said he was pursuing greater coordination between the Special Measures Task & Finish Group (SMIF) meetings and the WG/Executive Special Measures meetings. Secondly he stated there was a need for clarity in terms of the

ambition and expectation to move mental health out of Special Measures within the next six months and what actions were required to enable this.

**20/9.2.4** The Acting Board Secretary reported that a formal Ministerial overview had not yet been received, however, WG had recently confirmed that the Board's level of escalation remained the same.

**20/9.2.5** It was resolved that the Board note the report for information.

## **20/10 Committee and Advisory Group Chair's Assurance Reports**

### **20/10.1 Joint Audit and Quality, Safety & Experience (QSE) Committee 5.11.19**

**20/10.1.1** The QSE Committee Chair presented the report and drew attention to the key assurances and risks as set out including the concerns over the pace of progress to the ongoing development of the clinical audit function. She added that the Clinical Audit Policy was scheduled for submission to the QSE Committee on the 28.1.20. The Executive Medical Director welcomed the helpful scrutiny by the Joint Committee and felt that the emerging clinical strategy would help shape this area of work also. The Deputy Chief Executive added that as part of the ongoing governance review it was intended to refresh the role of the Quality and Safety Group (QSG) which would allow for a strengthened focus on the effectiveness of clinical audit. The Audit Committee Chair extended his thanks to the Office of the Medical Director for the continued work in this regard but reiterated the Joint Committee's concerns around pace.

**20/10.1.2** The report was noted.

### **20/10.2 Audit Committee 12.12.19**

**20/10.2.1** The Committee Chair presented the report and drew attention to the key assurances and risks as set out. In terms of the Corporate Risks, the Chair indicated that the F&P Committee had reviewed the risks resting within its remit earlier that day and had some concerns that the sources of assurance were insufficient. The Audit Committee Chair felt there were differences in terms of interpretation of risk scoring, and the Deputy Chief Executive indicated that there was a potential need to undertake a training needs analysis in terms of understanding risk across the organisation. It was noted that a new approach to corporate risk management was under development.

**20/10.2.2** The report was noted.

### **20/10.3 Quality, Safety & Experience Committee 19.11.19**

**20/10.3.1** The Committee Chair presented the report and drew attention to the key assurances and risks as set out. The Health Board Chair referred to the escalated matter of the lack of assurance around the mortality report and asked whether the Committee Chair was content that this would not be repeated. The Committee Chair was confident that there was now clarity and that a paper coming to QSE in March would set out how mortality reporting would in future meet the Committee's needs.

**20/10.3.2** The Committee Chair sought the Board's support to a proposal to require staff to use an alternative to lanyards for identity badges. This was on the basis of infection

prevention. A comment was made that it would be easier to apply this to the whole workforce than identify certain staff groups. The Board were supportive in principle of the Committee's proposal. As an aside, in terms of visibility, the Health Board Chair indicated that he had requested a review of the walkarounds programme.

**20/10.3.3** The report was noted.

**20/10.4 Finance & Performance Committee 24.10.19, 4.12.19 and 19.12.19**

**20/10.4.1** The Committee Chair presented the report and drew attention to the key assurances and risks as set out.

**20/10.4.2** The report was noted.

**20/10.5 Charitable Funds Committee 10.12.19**

**20/10.5.1** The Committee Chair presented the report and drew attention to the key assurances and risks as set out. She was pleased to highlight that Awyr Las had been selected by Redrow as their charity of the year.

**20/10.5.2** The report was noted.

**20/10.6 Mental Health Act Committee 20.12.19**

**20/10.6.1** The Chair of the December Committee meeting presented the report and drew attention to the key assurances and risks as set out. In terms of the shortage of Section 12(2) Doctors, the incoming Committee Chair confirmed she had raised this with the Executive Director of Primary & Community Services who would approach GPs to encourage applications and clarify funding/indemnity issues for independent contractors.

**20/10.6.2** The report was noted.

**20/10.7 Remuneration & Terms of Service Committee 4.11.19**

**20/10.7.1** The Committee Chair presented the report and drew attention to the key assurances and risks as set out including the updating of Committee Terms of Reference.

**20/10.7.2** The report was noted.

**20/10.8 Strategy, Partnerships & Population Health (SPPH) Committee 3.12.19**

**20/10.8.1** The Committee Chair presented the report and drew attention to the key assurances and risks as set out including the approval of the Strategic Equality Plan.

**20/10.8.2** The report was noted.

**20/10.9 Digital & Information Governance Committee 21.11.19**

**20/10.9.1** The report was noted.

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**20/10.10 Stakeholder Reference Group (SRG) 17.12.19**

**20/10.10.1** The Advisory Group Chair presented the report and drew attention to the key advice and feedback for the Board.

**20/10.10.2** In terms of the Well North Wales programme update, the Executive Director of Public Health commented that to achieve this there would need to be further opportunities identified to work with partners. In response to a question from an Independent Member it was confirmed that Local Authority attendance at the SRG continued to be of concern.

**20/10.10.3** The report was noted.

**20/10.11 Healthcare Professionals Forum 13.12.19**

**20/10.11.1** The Advisory Group Chair presented the report and drew attention to the key advice and feedback for the Board.

**20/10.11.2** In terms of the point raised around dental funding and access to services, the Health Board Chair noted that dental services were to be discussed at the next F&P Committee meeting.

**20/10.11.3** The report was noted.

**20/10.12 Local Partnership Forum 8.10.19**

**20/10.12.1** The Deputy Chief Executive presented the report and drew attention to the key advice and feedback for the Board.

**20/10.12.2** In response to a question from an Independent Member regarding the shift proposals and rota discussions, the Executive Director of Workforce & Organisational Development confirmed this was being progressed constructively via a Task and Finish Group with Trade Union partners. The Chair noted that the LPF members were of the view that the situation was now more positive.

**20/10.12.3** The report was noted.

**20/11 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)**

**20/11.1** It was resolved that the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.

**20/12 Performance Reports**

**20/12.1 Annual Plan Monitoring Progress Report 2019-20**

**20/12.1.1** The Executive Director of Planning and Performance presented the report, drawing members' attention to the primary care and planned care sections. He indicated that he was confident that the organisation was focusing on the right areas.

**20/12.1.2** A discussion ensued. The QSE Committee Chair noted there were elements within the report with a very brief narrative or no update at all, and she felt that this did not provide a good sense of assurance given that the Board was now in the last quarter of the year. Whilst it was acknowledged that more detailed scrutiny took place at Committee level, it was felt that this paper still needed to stand alone as a robust Board report. The Executive Director of Planning and Performance accepted that the report did lack some commentary. The Chair reflected that the F&P Committee had discussed the report in detail and given the supporting diligence by the Executive Team and other scrutiny committees he did not expect there to be any unknown issues arising within this quarter. He also was aware that Executives were looking at capacity issues ahead of a Board Workshop planned for the 6.2.20. The Chair also noted that he had requested an assessment of the estates strategy to check it was sufficiently robust to support the Board's strategic plans. An independent member referred to a statement within the report that the business case for residences was unlikely to reach Board in March. The Executive Director of Planning and Performance confirmed that there was a draft business case which could be shared with members in an appropriate setting, but there were complex issues around the options available to the Health Board.

**20/12.1.3** It was resolved that the Board note the report.

## **20/12.2 Integrated Quality & Performance Report**

**20/12.2.1** The Executive Director of Planning and Performance apologised for a range of formatting issues within the paper and an error within the benchmarking ranking which would be corrected. Looking back 12 months he noted that the worst ever Emergency Department (ED) waiting times had been reported across the UK with more and more conveyances and patient contacts. BCUHB had remained the worst performer in Wales. In terms of Section 28 reports there had been a significant reduction, but planned care performance continued to deteriorate across most measures. The Executive Director of Planning and Performance added that the number of patients on the follow up list within BCU had increased to 92,000 from 83,000. In terms of diagnostics, performance was broadly stable but this was primarily due to the additional non-recurring investment. Finally he noted that PADR rates within the Health Board had increased markedly.

**20/12.2.2** The Chair referred to earlier discussions at the F&P Committee where members were in agreement that the current level of performance was not acceptable, however, they did acknowledge the amount of work ongoing to try and improve matters. In addition the very visible and personal work led by the Interim Director of Operations and her team within the EDs had been recognised by WG. Overall the Chair felt there was a greater sense of optimism around unscheduled care. In terms of planned care the F&P Committee had received a report from the Head of Planned Care Improvement, and the Chair also confirmed that a further report would be provided for the February Committee to set out proposals for use of the £7m recently allocated by Welsh Government. The F&P Committee had requested a report around the follow up validation work, and further information on diagnostics and therapies performance would be shared with the Committee by the Executive Director of Therapies and Health Sciences. The Chair

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stressed that this feedback from the earlier Committee meeting was meant to inform members and not to restrict discussion at the Board meeting.

**20/12.2.3** A discussion ensued. The QSE Committee Chair was pleased to see that the Mental Health Measure for Child Adolescent Mental Health Services (CAMHS) had been achieved. She also queried the statement within the executive summary that there had been no never events within the reported period, as she was aware of one that happened in November and should presumably have been reported in December. The Associate Director of Quality Assurance / Interim Director of Operations offered an explanation for the latter. Finally, the QSE Committee Chair was pleased to note the inclusion of more primary care indicators but had some suggestions for alternative measures that may give a better overview of integrated care. She undertook to feed these back directly to the Executive Director of Performance and Planning.

**20/12.2.4** The point was raised that this level of performance could not be allowed to become normalised, and that whilst members were being assured there was heightened scrutiny and actions being put in place, these were not yet resulting in improvements in the figures being reported. An Independent Member also noted that 86% of attendances on the Wrexham site did not require admission, but there was no explanatory narrative to support this statement. The Associate Director of Quality Assurance / Interim Director of Operations reported on a range of actions including a trial with GPs doing shifts at EDs and work to increase the skill set of staff including an extended role for Advance Nurse Practitioners and ICAN support workers.

**20/12.2.5** The Chair summarised that the immediate next steps were key in the Board's ability to recognise what was impeding its performance and to establish grip and control.

**20/12.2.6** It was resolved that the Board note the report.

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### **20/12.3 Unscheduled Care Update**

**20/12.3.1** The Associate Director of Quality Assurance / Interim Director of Operations presented the paper and suggested that it tried to explain the demand, types of illness presenting, levels of deterioration and higher acuity in patients.

**20/12.3.2** A discussion ensued. The QSE Committee Chair made reference to the same day emergency care model within Ysbyty Glan Clwyd (YGC) and it was noted that this was part of the acute care model and related to conditions that could be treated through specific definitions. Site reports had been produced which may identify lessons learnt. An Independent Member felt that the paper was quite acute focused and could perhaps look more at a health economy approach. The Chair fed back the concerns of All Wales Chairs regarding funding streams and that the allocation of winter pressures monies late in the year wasn't helpful. An Independent Member noted that an increase in breaches for under 18s in the West health economy, and the Associate Director of Quality Assurance / Interim Director of Operations advised that a daily analysis was undertaken and the breaches related mainly to 16-18 year olds not to younger children.

**20/12.3.3** It was resolved that the Board:

- note the unscheduled care performance for December across BCUHB and for each health economy including winter update

<ul style="list-style-type: none"> <li>• note the update from the Building Better Care programme and ongoing work within phase 4</li> </ul>	
<p><b>20/13 Finance Report Month 7</b></p> <p><b>20/13.1 It was resolved that</b> the report be noted.</p>	
<p><b>20/14 Finance Report Month 8</b></p> <p><b>20/14.1</b> The Acting Executive Director of Finance presented the paper and highlighted that the position had deteriorated in that the Health Board was overspent by £27.1m, £8.8m higher than the control total plan and £3.8m over the original plan. A letter had been sent to WG to highlight the risks to the financial forecast. The Acting Executive Director of Finance reported that a range of additional financial controls had been put in place to reduce discretionary expenditure without affecting patient care, and there was continued scrutiny of divisional plans. Members’ attention was drawn to the additional non-recurring funding which had been received to address winter pressures, and officers were working to create a plan to spend this appropriately.</p> <p><b>20/14.2</b> A discussion ensued. The Chair of the SRG noted that the IQPR stated that “the original planned deficit continues to be considered achievable if the Health Board can convert and deliver 50% of the remaining red schemes, and deliver all the green and amber schemes at their planned values alongside containing emerging cost pressures”. He asked what the latest position against this was and the Acting Executive Director of Finance reported that the organisation was currently forecasting delivering savings of £37m which was off plan. She indicated there continued to be savings schemes being identified and that the pressure would be maintained. In response to a question regarding savings for 2020-21 it was confirmed that this was a clear focus for the Financial Recovery Group (FRG) together with the involvement of the improvement groups. The Chair also reported that the Financial Recovery Director had attended the F&amp;P Committee earlier that day and provided the latest update on savings and an assurance around the organisation’s ability to deliver the £41m (or better) position at year end. He noted the further measures being put in place to manage expenditure but acknowledged the challenge of delivering significant savings whilst continuing to drive service improvement and performance outcomes. He concluded that conversations would continue with the Minister concerning the Board’s financial position.</p> <p><b>20/14.3 It was resolved that the Board</b> note the report with particular reference to the forecast deficit of £35m and the specific actions in progress to achieve plan.</p>	
<p><b>20/15 Digital Strategy Development : the National Picture</b></p> <p><b>20/15.1</b> The Executive Medical Director presented the paper which summarised the changes that had taken place with regards to the national digital strategy over recent years in Wales. He felt that the position was becoming clearer and there were opportunities for BCUHB to influence national programmes and bring positive changes to North Wales. It was noted that a helpful meeting had been held with the NHS Wales Informatics Service in terms of how the organisations could work better together.</p> <p><b>20/15.2</b> A discussion ensued. The QSE Committee Chair felt that prioritisation would be vital and the Executive Medical Director confirmed that a prioritised list of systems for</p>	



digital investment had been developed and would need careful consideration in order to achieve the right solutions with the best outcomes. Members also noted that training and skilling of staff must be addressed alongside digital solutions, and thought given to digital inclusion with partners and the wider population in terms of health inequalities. The Chair welcomed the update and suggested that BCUHB should strive for more leverage with digital solutions across Wales and that the Board would be happy to assist and provide support to such conversations.

**20/15.3 It was resolved that the Board** note the report as being a summary of the national digital strategy in Wales.

### **20/16 Wales Audit Office (WAO) Structured Assessment and Annual Audit Report**

**20/16.1** Mr Andrew Doughton (WAO) presented this agenda item. In terms of the structured assessment he indicated the report covered five main areas relating to finance and performance; strategic vision; turnaround and transformation; governance arrangements; and workforce issues of recruitment, productivity and modernisation. He drew attention to the main conclusions set out within Para 9 of the report, and to the seven recommendations set out in Exhibit 1 and summarised that the Health Board was yet to fully address many of the key challenges identified in the previous structured assessment but that he would support a longer term approach to achieving the right outcomes.

*[Mr A Thomas joined the meeting]*

**20/16.2 It was resolved that the Board:**

- Formally receive and approve the WAO Structured Assessment 2019 recommendations and the actions set out in the Management Response.
- Request a progress update at the May Board meeting.

**20/16.3** Mr Doughton went onto present the Annual Audit Report for 2019 which provided a summary of WAO's programme of work including the audit of the accountability report and annual financial statements. It was noted that an unqualified opinion on the accuracy and proper preparation of the 2018-19 financial statements had been issued but that a qualified audit opinion had been issued on the regularity of the financial transactions within the financial statements of the Health Board, together with a substantive report highlighting the organisation's failure to meet its statutory financial duties. The wider programme of audit work was set out in Exhibit 2. Finally Mr Doughton stated that the report had been cleared with the Executive Team and presented to Audit Committee.

**20/16.4** The Chair referred to the ongoing audit of interim director appointment arrangements and enquired when the report would be available as it was likely to be a matter that attracted public and media interest. Mr Doughton confirmed he had not yet seen the draft report but the audit was due to conclude in February.

**20/16.5** The Chair thanked Mr Doughton for the reports and welcomed the positive relationship with WAO colleagues together with the scrutiny and insight they provided.

**20/16.6 It was resolved that the Board** formally receive and note the WAO Annual Audit Report 2019

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## 20/17 Welsh Language Standards : BCUHB Position Update

**20/17.1** The Executive Director of Public Health presented the paper which provided an update on progress with delivering the Welsh Language Standards following the Health Board being issued with the final compliance notice in line with the Welsh Language (Wales) Measure 2011. The paper set out a range of positive steps that had been taken and also a number of challenges and risks in terms of compliance. With regards to Standard 37 which related to making documents available bilingually, the Executive Director of Public Health confirmed the steps that had been taken to better address this requirement including the translation of the new Board report template, and translation of individual papers for Welsh speaking presenters. She drew members' attention to the significant capacity issues in terms of the ability to provide all papers bilingually, together with the added challenges this would create in terms of deadlines for publication. In terms of Standard 63 regarding education courses being run bilingually, the Executive Director of Public Health described the work being undertaken by the Welsh Language Standards Project Management Group to try and move forwards with meeting this standard.

**20/17.2** A discussion ensued. An Independent Member acknowledged the improvements that had been made to the external website. He went on to express his concerns over the progress with meeting Standard 37 and felt that an organisation of BCUHB's size needed to address this by building additional capacity and changing the culture. He welcomed the update within the paper presented but did not feel it provided clarity on what further steps and milestones were being identified to deliver this standard. Another Independent Member noted that the Commissioner could levy a fine on non-compliant organisations. The Chair agreed that the organisation needed to be more visible in terms of working towards this standard and he would wish to see all standing items on Board agendas being provided bilingually, accepting that there would need to be an assessment to fully understand the required capacity to deliver this. The Executive Director of Public Health acknowledged that the Welsh Language Team would welcome more visibility of the Welsh language at Board meetings but reiterated the challenges in terms of meeting publication timescales. She undertook to ensure an appropriate assessment was undertaken and brought back to the Board and confirmed that performance against the standards was routinely reported to the SPPH Committee.

**20/17.3** The Associate Director of Quality Assurance / Interim Director of Operations referred to a recent patient story around the use of the Welsh language which had been received at the QSE Committee and agreed to share with all members for interest. The Associate Member (Director of Social Services) referred to the development of digital systems and that Welsh language needed to be considered and built in at the earliest stage, not as an add on. The Executive Director of Public Health stated that all members and attendees were encouraged to contribute as much to Board meetings in Welsh as they were able. It was also noted that two board members had applied for a residential Welsh course at Nant Gwrtheyrn.

**20/17.4** It was resolved that the Board note the report and ongoing work in relation to delivery of the Welsh Language Standards ongoing actions to promote the Welsh language.

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<p><b>20/19 Bryn Beryl Integrated Dementia &amp; Adult Mental Health Centre Capital Business Case</b></p> <p><b>20/19.1</b> The Executive Director of Planning and Performance presented the business case which set out the rationale for the development of an integrated Dementia and Adult Mental Health Centre on the Bryn Beryl site. He confirmed that the business case had been supported by the F&amp;P Committee.</p> <p><b>20/19.2</b> A question was asked as to how the proposals would be shared with the public and partners, and the Executive Director of Planning and Performance confirmed that once approved, a robust communications plan and campaign would be implemented.</p> <p><b>20/19.3 It was resolved that the Board</b> approve the capital business case for the Bryn Beryl Integrated Dementia and Adult Mental Health Centre.</p>	
<p><b>20/20 Standing Orders (SOs) and Scheme of Reservation and Delegation of Powers (SORDs)</b></p> <p><b>20/20.1</b> The Acting Board Secretary presented the report which had been scrutinized and approved by the Audit Committee. She confirmed there was nothing contentious within the amendments and the Audit Committee had not raised any concerns. The Board’s attention was drawn to the need to ratify and incorporate SOs for the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) into the Board’s own. In addition it was noted that a separate process would follow to update individual operational SORDs within BCUHB.</p> <p><b>20/20.2 It was resolved that the Board:</b></p> <ul style="list-style-type: none"> <li>• Ratify changes to the Standing Orders and SoRD already approved by the Audit Committee</li> <li>• Note that, following ratification, operational level SoRDs for each Executive, Area and main hospital site will be updated in line with the changes made to the Health Board’s overarching master SoRD.</li> </ul>	
<p><b>20/21 Summary of Private Board business to be reported in public</b></p> <p><b>20/21.1</b> A typographical error was noted in that the paper should read “approval of previous minutes”</p> <p><b>20/21.2 It was resolved that the Board</b> note the report.</p>	
<p><b>20/22 Documents Signed Under Seal - Mrs Liz Jones</b></p> <p><b>20/22.1 It was resolved that the Board</b> note the information presented.</p>	
<p><b>20/23 All Wales and Other Forums</b></p> <p><b>20/23.1 Welsh Health Specialised Services Joint Committee Briefing 12.11.19</b></p>	

<p><b>20/23.1.1</b> The Acting Executive Director of Finance informed members that WHSCC's Integrated Commissioning Plan had been incorporated into BCUHB's own plans as required.</p> <p><b>20/23.1.2</b> The briefing was noted.</p> <p><b>20/23.2 Emergency Ambulance Services Committee Chair's Summary 12.11.19</b></p> <p><b>20/23.2.1</b> The summary was noted</p> <p><b>20/23.3 Mid Wales Joint Committee 19.11.19</b></p> <p><b>20/23.3.1</b> The Chair suggested there was a lot of detail within the update and BCUHB needed to ensure it was learning from other Health Boards and making the right connections. The Executive Director of Planning and Performance would raise this with the BCUHB representative Mrs Sally Baxter.</p> <p><b>20/23.3.2</b> The update was noted.</p> <p><b>20/23.4 Shared Services Partnership Committee Assurance Report 2.12.19</b></p> <p><b>20/23.4.1</b> The report was noted.</p>	MW
<p><b>20/24 Date of Next Meeting</b></p> <p>Thursday 26.3.20 @ 9.30am in Preswylfa, Mold.</p>	
<p><b>20/25 Committee Meetings to be held in public before the next Board Meeting</b></p> <p>Quality, Safety &amp; Experience Committee 28.1.20; Digital and Information Governance Committee 13.2.20; Finance &amp; Performance Committee 27.2.20; Charitable Funds Committee 10.3.20, Quality Safety &amp; Experience Committee 17.3.20, Finance &amp; Performance Committee 24.3.20.</p>	
<p><b>20/26 Exclusion of Press and Public</b></p> <p><b>It was resolved that</b> 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>	