



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board Meeting Held in Public on 2.5.19
in Venue Cymru, Llandudno

Present:

Mr M Polin	Chair (<i>part meeting</i>)
Mr G Doherty	Chief Executive (<i>part meeting</i>)
Cllr C Carlisle	Independent Member (<i>part meeting</i>)
Mrs D Carter	Acting Executive Director of Nursing & Midwifery
Mr J Cunliffe	Independent Member
Mr G Evans	Associate Member, Chair of Healthcare Professionals Forum
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs S Hill	Acting Executive Director of Finance
Mrs J Hughes	Independent Member
Mrs M W Jones	Vice Chair
Mrs G Lewis-Parry	Board Secretary
Dr E Moore	Executive Medical Director
Miss T Owen	Executive Director of Public Health (<i>part meeting</i>)
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 Ff Williams	Associate Member, Chair of Stakeholder Reference Group
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance

In Attendance:

Mrs K Dunn	Head of Corporate Affairs
Translator, members of public and observers	

Agenda Item	Action By
<p>19.67 Chair's Introductory Remarks</p> <p>19.67.1 The Vice-Chair welcomed everyone to the meeting and indicated that the Chair and Chief Executive were meeting with the Health Minister and would join the meeting at a later point.</p> <p>19.67.2 The Vice-Chair took the opportunity to draw attention to the recently published review of maternity services at Cwm Taf Health Board. The review raised a number of immediate concerns about the quality and safety of services and maternity services in Cwm Taf have been placed under Special Measures. Each Health Board is now required to provide a maternity services assurance report to Welsh Government (WG) within the next two weeks. The Acting Executive Director of Nursing & Midwifery added that the Cwm Taf report made sobering reading however it gave BCU the opportunity to test its own systems against the recommendations. The BCU response would also take into account commissioned maternity services from other provider organisations.</p>	
19.68 Special Measures	
19.68.1 Task & Finish Group Chair's Assurance Report	

<p>The Board Secretary presented the Chair's Assurance Report from the meeting held on the 15.4.19 which was noted.</p>	
<p>19.68.2 Draft Betsi Cadwaladr University Health Board Special Measures Improvement Framework October 2018-March 2019 - Overview Report</p> <p>19.68.2.1 The Board Secretary presented the report, drawing attention to the information summarised within the bullet points on the coversheet. Whilst good progress had been made in a number of areas, significant challenges remained. The report presented included a response to each of the specific expectations that had been set out by WG together with a self assessment as to whether or not the expectation had been met.</p> <p>19.68.2.2 A member referred to para 4.1.30 which indicated that staff from the psychology service were also in attendance at Stakeholder Group meetings. He declared an interest in that his wife was a former BCU psychologist, but asked that the accuracy of this statement be checked and the wording be amended if this was not the case. He also referred to para 4.1.31 which stated that "over 60% of the HASCAS/Ockenden recommendations are either complete, or nearing completion" and suggested that this section be expanded to identify which recommendations were or were not complete. He also felt that section 4.2 on strategic and service planning could be strengthened by the gaps within the clinical services strategy being clearly identified.</p> <p>19.68.2.3 The Executive Director of Primary & Community Services referred to the de-escalation of GP out of hours services and welcomed this positive recognition of achievement. In terms of in-hours general practice, he added that the organisation was now clearer in its understanding of some of the factors that influenced individuals in their decision to work in North Wales or not, and that retention had improved. He also highlighted positive progress in that all eligible places had been filled on the North Wales GP training programme and that three managed Wrexham practices were being returned to general medical services.</p> <p>19.68.2.4 Members welcomed the progress as set out in the report but that it was disappointing that the organisation remained in special measures. A comment was made that there was work to be done in terms of strengthening learning from concerns and being able to evidence this across the organisation. All the points raised would be taken into account before final submission.</p> <p>19.68.2.5 It was resolved that the Board approve the overview report for submission to Welsh Government.</p>	GLP
<p>19.69 Apologies for Absence</p> <p>Received on behalf of Mr A Thomas, Mrs M Edwards, Mrs G Harris, Cllr M Hughes and Mrs L Meadows. It was noted that other members had indicated they would be late joining the meeting.</p>	
<p>19.70 Declarations of Interest</p> <p>Mr J Cunliffe declared an interest in item 19.68 Special Measures (as above 19.68.2.2)</p>	
<p>19.71 Draft Minutes of the Health Board Meeting held on 28.3.19 for accuracy and review of Summary Action Log</p>	

<p>19.71.1 The minutes were approved as an accurate record pending the following amendment:</p> <ul style="list-style-type: none"> To amend numbering of item relating to Integrated Quality Performance Report and that minute 10.51.5 reflect the discussion around the possibility of arranging an extraordinary meeting of the Quality Safety & Experience (QSE) Committee. 	
<p>19.72 Committee and Advisory Group Chair's Assurance Reports</p> <p>19.72.1 Audit Committee 14.3.19</p> <p>19.72.1.1 The Committee Vice Chair presented the report and drew attention to the key assurances and risks as set out. In response to a question regarding how the issue of the out patient backlog was being taken forward at Committee level, he reported that there was a management response to the audit report and the recommendations were being monitored through the tracker tool. A wider overview of progress would be monitored via QSE Committee. The report was received and noted.</p> <p>19.72.2 Quality, Safety & Experience Committee 19.3.19</p> <p>19.72.2.1 The Committee Chair presented the report and drew attention to the key assurances and risks as set out. The Health Board Vice-Chair noted with disappointment that both the Audit and QSE Committees had highlighted concerns around clinical audit. The Executive Medical Director responded that the recent transfer of the function to the Office of the Medical Director would allow increased work with site improvement teams and strengthen clinical engagement. The different types of audits were recognised and a paper was being prepared which set out the scope and timeframe for undertaking audits across the various tiers. The report was received and noted.</p> <p>19.72.3 Finance & Performance (F&P) Committee 26.3.19</p> <p>19.72.3.1 The Health Board Vice-Chair suggested the report be received and noted that the Month 12 financial position would be discussed later on the agenda.</p> <p>19.72.4 Charitable Funds Committee 7.3.19</p> <p>19.72.4.1 The Committee Chair presented the report and drew attention to the key assurances and risks as set out. The report was received and noted.</p> <p><i>[Dr E Moore left the meeting]</i></p> <p>19.72.5 Strategy, Partnerships & Population Health (SPPH) Committee 2.4.19</p> <p>19.72.5.1 The Committee Chair presented the report and drew attention to the key assurances and risks as set out. The report was received and noted.</p> <p>19.72.6 Information Governance & Informatics Committee 14.2.19</p> <p>19.72.6.1 The Committee Chair presented the report and drew attention to the key assurances and risks as set out. The report was received and noted.</p> <p>19.72.7 Healthcare Professionals Forum (HPF) 15.3.19</p>	

<p>19.72.7.1 The HPF Chair presented the report and drew attention to the key assurances and risks as set out. The report was received and noted.</p> <p>19.72.8 Remuneration & Terms of Service Committee 9.4.19</p> <p>19.72.8.1 The Health Board Vice-Chair suggested the report be received and noted.</p>	
<p>19.73 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>19.73.2 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>19.74 Countess of Chester Contractual Agreement 2019/20</p> <p>19.74.1 The Acting Executive Director of Finance presented the paper which provided an update on the situation regarding the flow of North Wales patients to the Countess of Chester Hospital. She assured the Board that constructive discussions were ongoing and it was accepted that these needed to be concluded as soon as possible to minimise the impact on patients. It was acknowledged that there was also a significant level of public and media interest in this matter. The Executive Director of Planning & Performance added that referrals that were being returned were being monitored closely and amounted to just under 70 at the end of April – many relating to orthodontics.</p> <p><i>[Dr E Moore rejoined the meeting]</i></p> <p>19.74.2 It was resolved that the Board note the contents of the report and that updates will be given at each Board meeting until this issue is resolved and other Board Committees will be involved as appropriate.</p>	
<p>19.75 Integrated Quality & Performance Report</p> <p>19.75.1 The Executive Director of Planning & Performance presented the report which summarised performance data up to the end of March, although some indicators (notably mental health) only related to the end of February. He wished to focus on the areas of planned care and unscheduled care.</p> <p>19.75.2 In terms of planned care it was reported there had been a significant focus on reducing the number of patients waiting over 36 weeks, however, performance remained disappointingly above target. The Executive Director of Planning & Performance reminded the Board that planned care activity increased each year and that the focus now needed to be on planning for 2019-20. Figures were due to be presented to WG the following day. Work is continuing to develop a set of costed plans to allow investment choices to be considered.</p> <p>19.75.3 With regards to unscheduled care it was reported that attendances continued to increase year on year and there had been added seasonal challenges over the Easter holiday period. The Executive Director of Planning & Performance informed the Board that real improvements had been made with ambulance handovers and that the reduction</p>	

<p>in lost hours equated to an additional three ambulances available for patients because they were , not waiting outside Emergency Departments.</p> <p>19.75.4 A discussion ensued. A question was raised regarding the target for falls reported as serious incidents and an error was noted in that the target should be a reduction rather than zero. The Executive Director of Planning & Performance confirmed that current status should be shown as green.</p> <p>19.75.5 The QSE Committee Chair referred to the follow up waiting list, noting that following external and internal audit reports a need to undertake clinical risk stratification of those patients on the waiting list had been identified. She added that the QSE Committee members had received an update on the plan to address this matter and would continue to monitor regularly. The Acting Executive Director of Nursing & Midwifery added that risks were being mitigated to prevent reoccurrence of the situation, which could take up to a year to resolve substantially although there would be some actions that could be implemented more quickly – for example addressing administrative issues, procedures and training. Longer term there needed to be increased engagement with clinical teams to address the variation in practice.</p> <p>19.75.6 A comment was made regarding the importance of ensuring the workforce were engaged and owned the transformation agenda, which would in turn support improved performance.</p> <p>19.75.7 It was resolved that the Board note the report and to assist in addressing the governance issues raised.</p>	DC
<p>19.76 Finance Report Month 12</p> <p>19.76.1 The Acting Executive Director of Finance presented the paper and reminded the Board that currently there was an interim financial plan in place. The unaudited month 12 position was a £41.3m overspend of which £6.3m represented an adverse variance against plan. The reasons for the in-month overspend were set out on the coversheet and included the shortfall against savings plans, referral to treatment funding clawback, continuing health care overspends and offsetting of contractual underspends. Members' attention was then drawn to the summary of performance against key financial targets at para 1.2. It was also highlighted that there had been a reduction in agency costs but an increase in locum spend. In terms of savings plans, section 3.1 provided an explanation of the £6.7m shortfall. Finally, the Acting Executive Director of Finance confirmed that accounts were currently being prepared for consideration by the Audit Committee.</p> <p>19.76.2 The Vice-Chair of the F&P Committee expressed the Committee's disappointment and re-emphasised the required focus for 2019-20 in terms of savings and an achievable year-end position. The Executive Director of Workforce & OD provided explanatory detail in relation to the increased pay expenditure for March from accrual of holiday pay entitlement. She reported that an All Wales calculation had been made and Boards were advised to include in their financial reporting as a precautionary measure as there was a related legal case in England. She also added that the F&P Committee had agreed that an appendix on workforce analysis should be included in future reports.</p> <p>19.76.3 The Chair of QSE Committee noted that the coversheet indicated there was no impact on governance issues or risks and suggested this was not necessarily the case and should be addressed in future reports. She also noted that para 2.6 referred to underspends in primary care and queried what this related to. The Acting Executive</p>	

<p>Director of Finance indicated there were elements relating to general medical and general dental services, and she would provide a short explanatory note outside of the meeting.</p> <p>19.76.4 It was noted that discussions at the F&P Committee concerning the savings programme had suggested a view that plans were too transactional and did not help deliver the transformation agenda. The Executive Director of Planning & Performance supported this view and reminded members that a paper considered by the Board in March had set out the new improvement groups – the terms of reference for which had now been approved at Executive Team. He felt these would be instrumental in ensuring a sharper focus on savings delivery. The Executive Director of Workforce reminded members that the Board had taken the decision within the financial plan for 2018-19 to move a significant amount of transactional savings to workforce savings. The Chair of the Stakeholder Reference Group noted the good performance in terms of achieving the capital resource limit and suggested this was a positive indication of the organisation's ability to manage its resources, and that this could support the transformation agenda.</p> <p>19.76.5 The Vice Chair summarised that the financial position remained disappointing and challenging, and that discussions with WG continued regarding the financial plan. The Savings Sub-Group was now operational and reporting formally to the F&P Committee. In addition the PWC financial governance review was ongoing and due to report at the end of June/early July.</p> <p>19.76.6 It was resolved that the report be noted, including the draft unaudited financial position of £41.3m.</p>	SH
<p>19.77 Mental Health Assurance Report</p> <p>19.77.1 The Director of Mental Health & Learning Disabilities (MHLDS) presented the report, reminding members that the Together for Mental Health Strategy had been approved in 2016 and the Quality Improvement Governance Plan in 2018. The report focused on key improvements but also highlighted how governance arrangements could be improved as part of a whole system strategic approach, and how closer working with partners and service users could aid the development of new services and service models. The Director of MHLDS made reference to an internal audit report into governance arrangements within the Division and confirmed that he was attending Audit Committee in May to provide assurances on improvements that had been made.</p> <p><i>[Cllr C Carlisle joined the meeting].</i></p> <p>19.77.2 The Director of MHLDS went onto draw members' attention to key sections within the report and summarised that he accepted that the Division remained on a journey but that improvements were now being embedded, as could be evidenced by a range of endorsements within a recent Healthcare Inspectorate Wales report. He assured the Board that the Division's focus was to continue to embed a range of improvements and to ensure sustainability whilst improving financial performance and performance against the Mental Health Measure.</p> <p><i>[Miss T Owen joined the meeting].</i></p> <p>19.77.3 A discussion ensued. The Vice Chair expressed concern at the lack of clarity around the timeline for delivering and sustaining the Mental Health Measure targets. The Director of MHLDS responded that the current service model did cause difficulties and there were real capacity issues within community teams, compounded by an increased</p>	

<p>demand as identified via the recent 'deep dive' work. The Vice Chair added that national benchmarking confirmed that BCU was relatively well-resourced in comparison to other areas, and enquired when the detail of proposed disinvestment from one area into primary care would be available. The Director of MHLDS indicated this would form part of the suite of business cases, however, there was a need to ensure the provision of safe alternatives to admission before changing or removing the current model. The Executive Director of Workforce & OD suggested that a gant chart approach be applied to enable a timeline to be worked through at F&P Committee. The Vice Chair of F&P Committee would wish to see a clear plan and improved pace and urgency. He also questioned the affordability of some of the intentions set out in the paper – the Director of MHLDS accepted the Division had an unacceptable overspend but noted that this had been reduced with the delivery of around £4m of savings. He felt with increased grip and control, the plans were affordable.</p> <p>19.77.4 Members referred to Figure 1 around reportable serious incidents and suggested that the reporting needed to be developed to provide more detail on the nature of the incidents, how many remained open, and how lessons learnt had been shared. A view was expressed that the paper did not address the fundamentals of service change, and the Director of MHLDS set out examples of positive work in terms of creating the required climate which would then be underpinned by business cases to allow service models to change. A request was also made for there to be consistency in future reports in terms of how figures were displayed in graphs utilising decimal points and commas etc.</p> <p><i>[Mr G Doherty and Mr M Polin joined the meeting]</i></p> <p>19.77.5 The Chair of QSE Committee referred to para 6.3 which indicated a review on bed management and patient flow and requested further information. The Director of MHLDS would share the detail of this work with members. The QSE Chair also expressed concern that the report didn't sufficiently highlight areas for improvement and how these would be addressed, and that consideration needed to be given to determining what sort of data should be included in future. The Board Secretary would ensure a refresh of cycles of business for the QSE and Mental Health Act Committees was undertaken.</p> <p>19.77.6 A comment was recorded as to the positive aspect of the co-production of the report, and good evidence of third sector engagement.</p> <p>19.77.7 It was resolved that the Board note the contents of the report</p>	<p>AR</p> <p>GLP</p>
<p><i>The remainder of the meeting was Chaired by Mr M Polin</i></p>	
<p>19.78 HASCAS and Ockenden Improvement Group Report</p>	
<p>19.78.1 The Acting Executive Director of Nursing & Midwifery presented the report, noting that it was a year since the publication of the Ockenden report. She summarised that the paper focused on the 33 recommendations from both reviews and confirmed that updates were provided to each QSE Committee meeting. The report had also been shared with the Stakeholder Group and work was ongoing with clinical teams to test the measures. She felt that overall the report was broadly positive with the only red recommendation being around clinical records which had been complicated and delayed by the national blood enquiry work.</p> <p>19.78.2 A discussion ensued. A comment was made that the recommendation to develop an achievable strategy for older people with dementia required more clarity and to be</p>	

<p>aligned more closely to the wider mental health plan. With regards to the recommendation to develop a clear clinical services plan for older people it was suggested that this could only follow once there was a clear strategy. The Acting Executive Director of Nursing & Midwifery explained that the breadth of work was difficult to capture and there was a wide variation of priorities to work with. A further comment was made that clinical engagement needed to be wider than medical and dental and members were assured that whilst there were nuances in the report that referred to specific participation by medical and dental staff, the Board's approach would be to ensure effective engagement with all clinicians. The Chair of the QSE Committee welcomed the revised formatting of the report which made it far easier to align progress against the associated recommendations. She noted a point of accuracy that the finding for Ockenden 1 had been quoted rather than the recommendation itself, and requested that this be amended. The Executive Director of Workforce & OD confirmed that the IT risks that were workforce based had now been resolved. The Chair noted that the coversheet indicated a paper regarding additional resources would be submitted to Executive Team, and the Acting Executive Director of Nursing & Midwifery outlined the challenges in working through the costings and determining what level of resource would be required to deliver an action. She added that a lot of work had been mainstreamed into wider work programmes and that in her view the required resources would not be a significant amount. The Chair requested that future reports adopt the approach taken with Special Measures reports in that where an action remained amber or red, a view was provided as to when it will be delivered. The Chair also enquired how formal feedback to the Board would be secured from the Stakeholder Group and it was confirmed that the Stakeholder Group had been asked to consider an appropriate mechanism and timescale.</p> <p>19.78.3 It was resolved that the Board note the progress of the recommendations</p>	<p>DC</p> <p>DC</p> <p>DC</p>
<p>19.79 Service Strategy Update</p> <p>19.79.1 The Executive Director of Planning & Performance presented the paper which provided an update on the proposed approach for the development of a Service Strategy by September 2019. He noted that a key challenge would be whether the organisation could secure the support of its stakeholders, and he confirmed that BCU was working with other Boards who had commenced the process to learn from their approach. Using an approach known as 3D (Discover, Debate, Deliver) a paper would be developed to advise the Board as to whether the strategy was fit for purpose or whether a more detailed programme of review and revision was required which would result in a much longer term process of engagement. He indicated that the Living Healthier Staying Well work would form a key building block for the strategy development and that the Board needed to continue with the development of other service specific strategies eg; orthopaedics. It was acknowledged there were known gaps in the strategy but there would be more clarity by the autumn, at which time a national clinical plan/strategy should also have been developed by the Chief Medical Officer.</p> <p>19.79.2 A discussion ensued. It was acknowledged that whilst patient safety was fundamental to the strategy, the financial backdrop also needed to be taken into account and the strategy must encompass primary and community care alongside secondary care. The Chief Executive alluded to positive work around the orthopaedics pathway including prevention and alternatives to surgery. The Chair of the Healthcare Professionals Forum referred to the timescales and phases set out within the paper and suggested that there must be early and robust engagement and communications with staff to ensure the scope of the work was clearly shared. The Vice Chair confirmed that the principles of the strategy development had been discussed at the SPPH Committee who had also</p>	

<p>concluded that clinical engagement was key and that lessons from previous challenging public consultations must be learned. The Chair requested a briefing note be circulated to provide an update for members on the current communications plan status, and that a further interim update be provided to the next Board meeting.</p> <p>19.79.3 It was resolved that the Board consider the paper and the requirement to develop a Clinical Services Strategy.</p>	MW
<p>19.80 Reducing smoking prevalence to improve population health : an update on progress</p> <p>19.80.1 The Executive Director of Public Health presented the paper which gave an overview of smoking cessation services within BCUHB and an update on the approach to implementing the smoke free legislation. She highlighted that the paper had been discussed at the SPPH Committee and set out a range of positive work, including areas which BCU were leading upon across the whole of Wales. She advised members that 5% of all adult hospital admissions were related to smoking and that the value of smoking cessation should not be under-estimated.</p> <p>19.80.2 A discussion ensued. The Vice Chair suggested that the new regulations would require even closer working with Local Authority partners in terms of enforcement and that it would be useful to know how these discussions were progressing and what the timescale for a communications plan was. The Executive Director of Public Health confirmed that the communications and occupational health teams were closely involved and very supportive. In terms of enforcement of the legislation it had not yet been determined how this would be achieved but it was envisaged that there would need to be a significant level of involvement by estates teams. The Independent Member (Trade Union) commented that there needed to be absolute clarity for staff in terms of the implications of the legislation, particularly the smoking in vehicles issue. The Executive Director of Workforce & OD suggested that Trade Union partners be invited to participate in the Tobacco Control Group. It was also agreed that opportunities to work with the third sector and the North Wales Police in promoting smoking cessation in communities should be explored.</p> <p>19.80.3 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the opportunity for continued improvement against current Tier 1 performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services to reduce the burden of disease in North Wales. 2. Note the service developments across the Health Board 3. Endorse the approach being taken to ensure all our hospital sites become smoke free through the delivery of the Smoke Free Regulations. 	TO TO
<p>19.81 Medicines Management Annual Report</p> <p>19.81.1 The Executive Medical Director presented the report which had been considered by the QSE Committee in March 2019. A greater attempt had been made to ensure the annual report incorporated more primary and community care issues than previous years, and specific risks around mental health had been referenced. He added that the report did contain significant areas of successes.</p> <p>19.81.2 A discussion ensued. The Chair of QSE Committee reported that the Committee cycle of business had also been revised to include more regular updates on medicines management including incidents and concerns. She referred to a reference within the</p>	

<p>paper to a safety programme in Wrexham which looked at medication-related admissions and that the QSE Committee had asked whether this good practice could be rolled out. This would be discussed at the Quality Safety Group. The Chair noted the report included reference to the development of an action plan to reduce prescribing errors and asked that a position statement be provided. In terms of the serious incidents the Chair noted the report stated there had been 10 classified as catastrophic and he sought assurance that reviews had been undertaken and lessons learned. This was confirmed. The Chair also noted with concern that an informatics project resource was no longer available to support electronic discharge pilots. The Executive Medical Director acknowledged that prioritisation was a challenge and that pilots would need to undergo a risk based approach.</p> <p>19.81.3 It was resolved that the Board note the report.</p>	<p>EM</p> <p>EM</p>
<p>19.82 Nurse Staffing Update</p> <p><i>[Mr Ff Williams left the meeting]</i></p> <p>19.82.1 The Acting Executive Director of Nursing & Midwifery presented the report which had received positive feedback at the QSE Committee. A concern was raised that the table on page 8 regarding harm and serious incidents did not confirm how many cases remained open and whether the performance was deemed satisfactory or poor. This would be addressed in future reports.</p> <p>19.82.2 It was resolved that the Board note the report.</p>	<p>DC</p>
<p>19.83 Summary of In Committee Board business to be reported in public</p> <p>19.83.1 It was resolved that the Board note the paper.</p>	
<p>19.84 All Wales and Other Forums</p> <p>19.84.1 Emergency Ambulance Services Committee Minutes 17.10.18 It was resolved that the Board note the paper.</p> <p>19.84.2 Emergency Ambulance Services Committee Minutes 13.11.18 It was resolved that the Board note the paper.</p> <p>19.84.3 Emergency Ambulance Services Committee Chair's Summary 5.2.19 It was resolved that the Board note the paper.</p> <p>19.84.4 Welsh Health Specialised Services Committee Joint Briefing 26.3.19 It was resolved that the Board note the paper.</p> <p>19.84.5 A discussion took place at how feedback and information from All Wales Forums could be improved in terms of relevance to BCUHB and ensuring added value. The Chief Executive undertook to reflect on this discussion and consider whether a summary paper should be provided, or to have less frequent but more in depth agenda time awarded.</p>	<p>GD</p>
<p>19.85 Date of Next Meeting</p> <p>It was resolved that the Board would next meet on Thursday 25th July 2019 @ 10.00am in Neuadd Reichel, Bangor</p>	

<p>19.86 Committee Meetings to be held in public before the next Board Meeting</p> <p>It was resolved that the Board note the information provided.</p>	
<p>19.87 Any Other Business</p> <p>The Chair reflected on a recent Quality Improvement Innovation Research conference which had been well-received.</p>	