



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board Meeting Held in Public on 25.7.19
in Neuadd Reichel, Bangor

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 Member ~ Director of Social Services
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs S Hill	Acting Executive Director of Finance
Mrs J Hughes	Independent Member
Mr 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
Prof M Rees	Vice Chair of Healthcare Professionals Forum
Mrs L Reid	Independent Member
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
Mrs L Singleton	Director of Partnerships, Mental Health & Learning Disabilities (<i>Deputy for Mr A Roach</i>)

Translator, members of public and observers

Agenda Item	Action By
<p>19.102 Chair's Introductory Remarks</p> <p>The Chair welcomed everyone to the meeting. He reported that Chair's Action had been taken following the May Finance and Performance (F&P) Committee meeting to provide Health Board approval to proceed to OJEU tenders for contracts relating to Glycated Haemoglobin and Electrophoresis – both having a contract value of over £1m. He also confirmed that the Board had submitted its self-assessment to Healthcare Inspectorate Wales (HIW) against the recommendations of the Royal College of Obstetricians and Gynaecologists (RCOG) Review of Maternity Services at Cwm Taf Health Board. The matter was being monitored by the Quality, Safety & Experience (QSE) Committee. Finally the Chair reported that a new Independent Member had been appointed, but Ministerial confirmation was awaited.</p>	
<p>19.103 Special Measures Update</p>	

<p>The Chief Executive provided a short update in that the Board continued to work to the existing special measures framework to drive improvements. There was an imminent tripartite meeting between Welsh Government (WG), HIW and Wales Audit Office (WAO), and the revised framework was awaited.</p>	
<p>19.104 Apologies for Absence and Declarations of Interest</p> <p>Apologies were received from Mr G Evans, Prof N Callow, Mr Ff Williams and Mr A Roach. No declarations of interest were raised.</p>	
<p>19.105 Draft Minutes of the Health Board Meeting held in public on 2.5.19 for accuracy and review of Summary Action Log</p> <p>19.105.1 The minutes were accepted as an accurate record and updates were provided to the summary action log.</p> <p>19.105.2 The following matters arising were raised:</p> <ul style="list-style-type: none"> • Minute 19.68.2.2 – HASCAS and Ockenden update - the Acting Executive Director of Nursing and Midwifery confirmed that the point of accuracy raised regarding the attendance of psychology staff at the Stakeholder Group meeting had been accepted. • Minute 19.76 - Primary Care Expenditure Review - the Chair enquired whether the underspends were of concern and the Executive Director of Primary and Community Services indicated this was not an unusual situation and there were clear plans in place. In terms of the slippage relating to a pacesetter scheme he added that this was being considered on an all Wales basis. The Chair of the QSE Committee was keen to ensure that opportunities to utilise ring-fenced funding were not missed and that local enhanced schemes could be developed within primary care to help reduce pressures in secondary care. The Chair asked that the Executive Director of Primary and Community Services consider when would be timely for the Board to have a discussion around the development of primary care. • For future agendas it would be made clearer as to the context and source of the various briefing notes that had been circulated. 	<p>CS</p> <p>KD</p>
<p>19.106 Financial Baseline Review</p> <p>19.106.1 The Acting Executive Director of Finance presented the paper which set out the findings and recommendations of the work commissioned by the Health Board from Price Waterhouse Coopers (PWC) to provide an independent view of the Board’s financial position to support the development of the financial plan for 2019/20. She indicated that further progress had been made since the report had been produced and wished to record her thanks to colleagues for their support and commitment. Members’ attention was drawn to paragraph 9 of the Executive Summary which detailed the next key steps for the Board, namely:</p> <ol style="list-style-type: none"> 1. Agree key updates required to the 2019/20 financial plan; 2. Establish the level of savings required to meet an agreed control total; 3. Decide on a challenging but deliverable savings target for 2019/20; 4. Develop a multi year recovery plan with reference to the recommendations made in the report. <p>19.106.2 Members were reminded that the control total set by WG left the organisation with a further gap of £10m and the report tried to identify plans to address this gap. There were 17 recommendations within the report relating to financial control,</p>	

<p>Programme Management Office (PMO) and governance, and the savings plan with all associated actions being under the leadership of an identified Executive Director. It was noted that best, likely and worst case scenarios were described for the financial year 2019-20, and that section 2 of the report went onto describe the underlying position as a consequence of the out turn in 2018-19 which was being worked through with the Financial Delivery Unit (FDU). Members' attention was drawn to the risks and sensitivities described within the report relating to the underlying position, Continuing Health Care growth, Referral to Treatment (RTT), prescribing growth, English tariff prices, reclaims and funding slippage and cash releasing savings. The report also set out the Board's cost savings plans and the assessment of these undertaken by PWC. The Acting Executive Director of Finance indicated there was a clear expectation for the organisation to drive savings to deliver the £25m control total however, some of the ability to do this hinged on the transformation of services. There was also a need to understand the pipeline plans much better and be able to translate them into real opportunities.</p> <p>19.106.3 The Chair reminded members of the respective roles of the F&P Committee and the Savings Programme Group (SPG) around financial governance and scrutiny, and grip and control. He also referred to the offer from PWC to share a piece of work from another organisation concerned with understanding financial drivers, and the Acting Executive Director of Finance confirmed she had spoken with the organisation in question and would agree a timeline for sharing this work.</p> <p>19.106.4 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. receive the report; 2. confirm that Finance and Performance Committee will track progress against the action plan. 	<p>SH</p>
<p>19.107 Committee and Advisory Group Chair's Assurance Reports</p> <p>19.107.1 Audit Committee 30.5.19</p> <p>The Committee Chair presented the report and highlighted the risk that had been noted in that Internal Audit had identified there was no specific delivery plan to underpin the Mental Health Strategy. The Director of Partnerships, Mental Health & Learning Disabilities (MHLDS) confirmed that this was to be presented to the F&P Committee on 29.7.19. Members welcomed the positive work through the 'TODAYICAN' campaign within mental health but would wish to see a more coherent tracking of delivery and progress against the Strategy. The Chair of the QSE Committee also referred to the Audit Committee concerns around clinical audit and hoped that members would see this being addressed with clear outcome measures in terms of evidencing progress. It was resolved that the Board note the report.</p> <p>19.107.2 QSE Committee 21.5.19</p> <p>The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. She noted that the quality of committee papers had again been raised as a concern and the Chair indicated this matter would be dealt with at the next Board Workshop. The Chair referred to the concerns around progress with reducing avoidable mortality and the Executive Medical Director indicated that more traction was required with the relaunched RAMI group. It was resolved that the Board note the report.</p>	

19.107.3 F&P Committee 24.4.19 and 23.5.19

The Committee Chair presented the reports which set out key points and concerns. He thanked the Chief Executive for the helpful note which had recently been circulated to Independent Members around finance and performance. **It was resolved that** the Board note the report.

19.107.4 Charitable Funds Committee 20.6.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. **It was resolved that** the Board note the report.

19.107.5 Mental Health Act Committee 29.3.19 and 28.6.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report, including the recruitment of Section 12(2) doctors. **It was resolved that** the Board note the report.

19.107.6 Remuneration and Terms of Service Committee 13.5.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. **It was resolved that** the Board note the report.

19.107.7 Information Governance and Informatics Committee 9.5.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. He added that there had been a problematic telephony outage since the Committee had last met which would be reported to the next meeting. The Chair noted reference to delays with national projects and solutions. The Committee Chair agreed that clarity was needed in terms of the Board's interface with NHS Wales Informatics Service, but that it had been very useful to have the Director in attendance at the last meeting. **It was resolved that** the Board note the report.

19.107.8 Strategy, Partnership & Population Health (SPPH) Committee

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. The Chair enquired as to the status of the Third Sector Strategy and the Executive Director of Planning & Performance confirmed that whilst the principles were incorporated into wider plans there was a need for further consideration, with a follow up meeting being arranged with the Committee Chair and the Third Sector Independent Member. **It was resolved that** the Board note the report.

19.107.9 Stakeholder Reference Group (SRG) 4.6.19

The Executive Director of Planning & Performance presented the report and highlighted that he would be working with the SRG Chair to prioritise agenda items to ensure they align with the Health Board's work programme. **It was resolved that** the Board note the report.

<p>19.107.10 Healthcare Professionals Forum (HPF) 14.6.19</p> <p>The Vice-Chair of the HPF presented the report and highlighted that there had been a similar discussion at HPF regarding fully utilising the agenda time to inform the Health Board meetings. He made reference to the concerns around Physicians Associates and the Chief Executive indicated that he had asked the Deputy Medical Director to lead on a more direct approach. The Chair enquired as to the current position with regards to the robotic surgery business case and it was confirmed this continued to be refined locally whilst national work led by Cardiff and Vale was ongoing. The Chair requested that a position statement be prepared in order to keep partners and stakeholders informed. It was resolved that the Board note the report.</p> <p>19.107.11 Local Partnership Forum 25.4.19</p> <p>The Chief Executive presented the report. The Executive Director of Workforce & OD added that judging for the staff awards was due to be completed within the next week. It was resolved that the Board note the report.</p>	MW
<p>19.108 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>19.108.1 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>19.109 Documents Signed Under Seal : Update 19.12.18-22.5.19</p> <p>19.109.1 It was resolved that the Board note the update presented.</p>	
<p>19.110 Update on North Wales Vascular Service</p> <p>19.110.1 The Executive Medical Director presented the paper to the Board. The Chair enquired as to whether there were continuing pathway issues and the Executive Medical Director advised there were not. In response to a question regarding outcome data he indicated it was too soon to have meaningful data and suggested that a report be prepared for the Board around 12 months from implementation.</p> <p>19.110.2 It was resolved that the Board note the update.</p>	EM
<p>19.111 Putting Things Right (PTR) Annual Report</p> <p>19.111.1 The Acting Executive Director of Nursing presented the PTR annual report which had been discussed at the QSE Committee. She summarised that the organisation was not where it needed to be in terms of managing concerns, but that a good proportion of services were now achieving "real time" complaint management and there had been a notable reduction in incidents. She noted that the report described the work around the development of the Patient Advice Liaison Service (PALS), and details of coroner cases and also attempted to provide evidence of learning.</p>	

<p>19.111.2 A discussion ensued. The QSE Committee Chair recognised that there was further work to do in terms of data analysis and benchmarking going forwards. There was a general sense that responses to complaints had improved. The Chair enquired whether officers were content with the escalation process in place for Never Events and Regulation 28s – this was confirmed. In terms of claims it was confirmed that they were all benchmarked, but as the heaviest user of Datix in Wales it was to be expected that BCUHB had more activity.</p> <p>19.111.3 It was resolved that the Board approve the annual report for submission to Welsh Government and publication to the Health Board’s website.</p>	DC
<p>19.112 Health & Safety Annual Report and Improvement Plan</p>	
<p>19.112.1 The Executive Director of Workforce & OD presented the report which had also been considered by the QSE Committee. She reminded members of the commitment made in November 2018 to revise and refresh the approach to Health and Safety, the annual reporting process and to develop a three year plan. The Strategic Occupational Health and Safety Group (SOHSG) was now meeting on a monthly basis and was very well attended. It was reported that the data within the report was not as robust or complete as would have been hoped and did not separate out patient and staff information. The report also currently incorporated a section on sustainability which in future would be separated out. In terms of key highlights from the report, these related to issues with the extraction of data; an unacceptable number of incidents; an ongoing assessment programme undertaken in over 50 premises to date; the development of a gap analysis; a planned internal audit review and the commissioning of a security review. The Executive Director of Workforce & OD flagged that the Board should anticipate that the gap analysis would be very challenging.</p> <p>19.112.2 The QSE Committee Chair confirmed that there had been detailed discussion at QSE and that she personally was concerned at the gap in trajectories for training in each area, and that there must be fluidity within the three year plan. Other members welcomed the strengthened focus on Health and Safety and the comment was made that this needed to reflect on mental health and well-being as well as physical health. In response to a question regarding timeframes, the Executive Director of Workforce & OD indicated the initial gap analysis would be shared with the SOHSG in August, then work would be carried out with Trade Union partners to stratify risks and work through the financial implications, before further consideration at SOHSG in October and the QSE Committee in November. She also confirmed that the gap analysis incorporated operational matters as well as strategic. The Chair indicated it was not appropriate for the Board to consider the third recommendation regarding the training of senior leaders and competencies in the workforce.</p> <p>19.112.3 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the position outlined in the Annual Report. 2. Support the proposed improvement plan and full review of OHS systems through a gap analysis of legislative compliance and subsequent proposed 3 year strategy. 	
<p>19.113 Welsh Language Services Annual Monitoring Report 2018-19</p>	
<p>19.113.1 The Executive Director of Public Health presented the report which had been scrutinised at the SPPH Committee. She indicated that future reporting would be better aligned to the new Welsh Language Standards.</p>	

<p>19.113.2 A discussion ensued. A concern was expressed at the apparent low percentage of Welsh speakers in certain services – for example Child Adolescent Mental Health Services (CAMHS). The Executive Director of Public Health accepted that there were areas within the organisation where the proportion of Welsh speakers needed to be increased in line with the Commissioner’s priorities. Reference was also made to a recent patient story at the QSE Committee which highlighted a failure by the organisation to meet patient need in terms of their first language choice. The Chair shared his wish to ensure that every member of staff was able to demonstrate basic courtesy skills in the Welsh language and that the Board should be leading by example. The Executive Director of Public Health indicated that the corporate induction and orientation programme had been strengthened with regards to Welsh language, however, there was a need to win the hearts and minds of existing staff not just new appointments. The point was made that the individual proficiency levels for staff may be misleading as people who could offer basic greetings and courtesy in Welsh may be unwilling to place themselves at Level 1 “Entry”. A member also highlighted that she had recently sat on a consultant appointment panel and an individual was undertaking a research project into first language Welsh and its impact on health care, which may be useful for the Welsh Language Team to pick up on.</p> <p>19.113.3 The Executive Director of Public Health wished to record her thanks for the clear support to the Welsh Language from the Board.</p> <p>19.113.4 It was resolved that the Board approve the report.</p>	TO
<p>19.114 Three Year Outlook and 2019/20 Annual Plan, Incorporating Financial Plan</p> <p>19.114.1 The Chair opened the discussion by indicating he did not feel that the Board would be in a position to approve the plans at the meeting, notwithstanding that there had been a marked improvement on the interim version submitted in March. He reminded members that there were known gaps in terms of RTT, unscheduled care and finance and he would expect the Board to be clear on what actions were planned to address these.</p> <p>19.114.2 The Executive Director of Planning and Performance presented the Three Year Outlook and 2019-20 Annual Plan – confirming that it had been agreed by the Executive Team but recognising it did not address some key questions of the Board and it needed more detailed information on planning profiles and trajectories. He indicated that in terms of planned care there was an improved approach to capacity planning processes including waiting list initiatives, and WG had confirmed £14m support. This would allow the Board to make a commitment to deliver zero patients waiting over 52 weeks by the end of March 2020 and an improvement to the number of patients waiting over 36 weeks compared to March 2019. This would be achieved by commissioning additional in-house activity, outsourcing activity and changing booking processes. With regards to unscheduled care the Executive Director of Planning and Performance reported that reductions in Delayed Transfers of Care (DTOCs) and strong performance in ambulance handovers continued but this was variable across north Wales.</p> <p>19.114.3 A discussion ensued. The Chief Executive clarified that the endoscopy plan was not yet fully costed, and that there may also be a need to revisit the RTT plan if some of that funding was utilised for endoscopy. The Executive Director of Therapies and Health Sciences reported that an endoscopy paper was scheduled for the F&P</p>	

<p>Committee on the 29th July 2019. The Chair of the Information Governance and Informatics Committee referred to section 7 of the Three Year Outlook and Annual Plan which related to risks and mitigation, and noted with concern that the wider informatics risks were not captured. This would be addressed. The Chair of QSE Committee felt that the document appeared to be task focused rather than outcome focused and the planned improvements were not quantified. She also queried why many elements were not costed. The Chief Executive suggested that members receive a briefing on planned care spend in quarter 1 and the anticipated spend going forward in relation to delivery of the RTT. A member indicated she had previously requested a stronger focus on children with complex needs and a form of words around unpaid carers; she would resend the information to the Executive Director of Planning and Performance. The Vice-Chair of the F&P Committee suggested that by default the Board was already operating at risk, and the Chair confirmed that if the Executive Team had concerns around the ability to deliver the plan then it would need to revert back to the Health Board for discussion. The Chair requested that the F&P Committee consider trajectories for RTT and unscheduled care in August, together with proposals for diagnostics including endoscopy. It was agreed that a clear and comprehensive timetable for business cases be brought forward for consideration by the Board.</p>	<p>MW</p> <p>MW</p> <p>CC</p> <p>MW</p>
<p>19.114.4 In terms of the associated Financial Plan (detailed within Appendix 1 to the paper), the Acting Executive Director of Finance reported that £24.3m of cash releasing savings had now been identified. The main risk facing the organisation was to identify the £10m savings gap whilst delivering those plans already in existence. The Financial Recovery Group (FRG) continued to meet on a fortnightly basis with a clear expectation that the Board would see an improvement in savings that would allow the forecast to be amended.</p>	
<p>19.114.5 A discussion ensued. The Vice-Chair recounted that there had been a useful session with the Recovery Director and the Independent Members recently. She noted with concern that the Month 2 figures indicated an overspend twice the rate of the same period in 2018-19. The Acting Executive Director of Finance accepted there was real concern around the run rate with the majority of the over spend currently within secondary care. Members sought assurance that urgent actions were in place to recover this position. The Acting Executive Director of Finance confirmed there was full scrutiny and additional gateways around discretionary expenditure. The Chair responded that there would be a significant level of additional scrutiny at the F&P Committee and he was also aware that the Independent Financial Adviser had expressed concerns at the grading of savings schemes.</p>	
<p>19.114.6 The Executive Director of Workforce & OD added that the organisation was aware it had outdated models of delivery that were expensive and not necessarily the best option in terms of patient care, and that the overall focus of the plan was the delivery of good care. The Executive Director of Planning and Performance indicated that whilst there were elements within the plan around new money, the majority was concerned with making improvements within the existing cost envelope. The Vice-Chair of the HPF referred to the role of Physician Associates and how they could help deliver different ways of working and service delivery.</p>	
<p>19.114.7 In summing up, the Chair acknowledged the work that had been carried out to develop the Three Year Outlook and Annual Plan since March, and that he expected the remaining trajectories to be submitted to the F&P Committee in August. With regards to the Financial Plan he was clear that there needed to be a plan to close the financial gap by the end of September, with iterations going to F&P Committee on 22nd</p>	

<p>August and to the Health Board on 5th September. As currently presented the Board were not able to approve the financial plan as it did not meet the control total expectations.</p>	
<p>19.115 Integrated Quality & Performance Report (IQPR)</p> <p>19.115.1 The Chair confirmed that Independent Members had received a briefing note prior to the meeting providing an update on the key performance areas specifically relating to:</p> <ul style="list-style-type: none"> • The overall system of accountability reviews • RTT times including the additional actions being put into place from July 2019; • Unscheduled care performance in quarter 1 and the key actions to improve performance in quarter 2; • The financial position including information with regards to the Recovery Director and oversight by a Financial Recovery Group <p>19.115.2 A discussion ensued. It was noted that significant sections of the IQPR including RTT, diagnostics and cancer waits had already been subject to extensive discussion earlier in the meeting. The QSE Committee Chair raised a query with regards to the sequencing of data presented to QSE in July and the Executive Director of Planning and Performance confirmed that the report to the Board was performance to the end of June. Members noted the progress being made with regards to some infections and requested that where appropriate, information be disaggregated to site level so that the impact of the actions taken could be tracked and focussed activity put in place where necessary. Background information was provided by the Acting Executive Director of Nursing and Midwifery in relation to the improved sensitivity of testing and the increases in levels of understanding and reporting. It was agreed that she would work with the Performance Team to provide more granular reporting for infection prevention.</p> <p>19.115.3 It was confirmed that the Falls and Pressure Ulcers collaboratives had started and were demonstrating a positive impact driving increases in a reporting culture. It was acknowledged that this may impact on the ability to benchmark appropriately. Explanation was provided on the mortality data and the Executive Director of Planning and Performance agreed to explore what opportunities there would be to provide additional narrative in this section of the report to contextualise the information. Members discussed the finances and resources section, drawing attention to grip and control, the impact of pensions, the targeted improvement plan for sickness absence which will be shared with the F&P Committee in August, recognising the value of the Performance Appraisal Development Review (PADR) process to drive improvement.</p> <p>19.115.4 In relation to unscheduled care, the Acting Executive Director of Nursing and Midwifery drew the Board’s attention to the specific, bespoke and focussed action underway in Wrexham Maelor Hospital including changes within the Senior Leadership Team. This included the programme to support “Super Stranded Patients” with Area and Local Authority Teams working together with Hospital staff. Members requested that in future, Delayed Transfers of Care (DToC) information be presented by Area and include narrative with regards to the work in hand to strengthen the arrangements and reduce DToC. It was further requested that the narrative on dentistry be included within the primary care indicators. Members were advised that work was ongoing locally and nationally to develop a broader range of primary care indicators. The Board also noted the improvement made with regards to CAMHS.</p> <p>19.115.5 It was resolved that the Board note the report.</p>	<p>DC</p> <p>MW</p> <p>SG</p> <p>DC</p> <p>CS</p>

<p>19.116 Finance Report Month 1</p> <p>19.116.1 It was resolved that the Month 1 report be noted including the forecast outturn of £35.0m and recognising the significant risks to the financial position.</p>	
<p>19.117 Finance Report Month 2</p> <p>19.117.1 The Acting Executive Director of Finance presented the report. Members noted that whilst there were significant improvements in identifying savings schemes, there remained too great a variance in the non-delivery of savings against these plans. It was felt that the work undertaken with PWC had focussed predominantly on savings opportunities in secondary care which now needed to be progressed at pace. Members confirmed the need to maintain a focus on care closer to home and the ambition set out within the overall strategy whilst at the same time driving financial recovery across health economies.</p> <p>19.117.2 It was resolved that the Board note the report including the forecast position of £35.0m deficit.</p>	
<p>19.118 Service Strategy Update</p> <p>19.118.1 The Board received an update on the plans to produce a clinical services strategy which would be referred to as a services strategy. The report provided assurance that the development was on track with the timeline agreed by the Health Board and that progress had been scrutinised in detail by the SPPH Committee. Members acknowledged that arrangements for clinical engagement needed to mature and be strengthened further utilising all opportunities for engagement.</p> <p>19.118.2 It was resolved that the Board receive the update.</p>	
<p>19.119 Summary of In Committee Board business to be reported in public</p> <p>19.119.1 It was resolved that the Board note the paper</p>	
<p>19.120 All Wales and Other Forums</p> <p>19.120.1 NHS Wales Collaborative Leadership Forum Minutes of Meeting held on 6.12.18</p> <p>19.120.2 Shared Service Partnership Committee Assurance Report 14.3.19</p> <p>19.120.3 Shared Service Partnership Committee Assurance Report 23.5.19</p> <p>19.120.4 Mid Wales Joint Committee Assurance Report July 2019</p> <p>19.120.5 It was resolved that the Board note the information provided.</p>	
<p>19.121 Date of Next Meeting</p> <p>Thursday 5.9.19 10.00am in the Conwy Business Centre, Llandudno Junction</p>	

<p>19.122 Committee Meetings to be held in public before the next Board Meeting</p> <p>Finance & Performance Committee 29.7.19 and 22.8.19; Strategy, Partnerships & Population Health Committee 3.9.19; Information Governance & Informatics Committee 15.8.19; Remuneration & Terms of Service Committee 29.8.19</p>	
<p>19.123 Closing Remarks</p> <p>As the Executive Medical Director was stepping down from the Board, the Chair took the opportunity to thank Dr Evan Moore for the work he had undertaken as Executive Medical Director acknowledging the significant work progressed in relation to vascular surgery.</p>	