



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Health Board Meeting held in public on 24.9.20
 Meeting Held via Webex and Livestreamed

Present:

Mark Polin	Chair
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Chair of Healthcare Professionals Forum
David Fearnley	Executive Medical Director
Sue Green	Executive Director of Workforce & Organisational Development
Arpan Guha	Acting Executive Medical Director (Designate)
Gill Harris	Interim Chief Executive
Debra Hickman	Interim Executive Director of Nursing & Midwifery
Sue Hill	Acting Executive Director of Finance
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Eifion Jones	Independent Member
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health / Interim Deputy CEO
Dawn Sharp	Acting Board Secretary
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group (<i>part meeting</i>)

In Attendance:

Kate Dunn	Head of Corporate Affairs – for minutes
Mark Elias	Consultant Radiologist (part meeting)
Ian Howard	Assistant Director – Strategic and Business Analysis (<i>part meeting</i>)
Llinos Roberts	Business Manager – Chair's Office

Agenda Item Discussed	Action By
<p>20.93 Chair's Introductory Remarks</p> <p>20.93.1 The Chair welcomed everyone to the meeting and reported on a range of matters:-</p> <ol style="list-style-type: none"> 1. To confirm Chair's Action was taken to approve the resetting governance paper following Audit Committee agreement on 28th July 2020 2. To confirm Chair's Action was taken regarding the appointment of Jo Whitehead to the post of Chief Executive with effect from January 2021. Also note I have been in communication with her to prepare for her arrival. 3. To confirm Chair's Action was taken regarding the remuneration for the former Interim 	

<p>Chief Executive</p> <p>4. To confirm Chair's Action to approve the annual report and annual quality statement</p> <p>5. To confirm Chair's Action to approve the settlement of a high value claim and instruction of counsel to commence negotiation at a joint settlement meeting</p> <p>6. To inform the Board that the Minister has agreed an extension to the associate board member position of Director of MHLDS to 6th January 2021</p>	
<p>20.94 Apologies for Absence</p> <p>Apologies were received from Lucy Reid (Vice Chair), Morwena Edwards (Associate Board Member, Director of Social Services), Andy Roach (Director of Mental Health & Learning Disabilities), Gavin MacDonald (recently appointed Interim Chief Operating Officer) and Helen Wilkinson</p>	
<p>20.95 Declarations of Interest</p> <p>20.95.1 Jackie Hughes declared an interest in agenda item 20/110 in that her substantive post within BCUHB was within radiology.</p>	
<p>20.96 Draft Minutes of the Health Board Meeting held in public on 23.7.20 for accuracy and review of Summary Action Log</p> <p>20.96.1 The minutes were approved as an accurate record. Updates were provided to the summary action log.</p>	
<p>20.97 Minutes of Health Board Trustees Meeting Held on 23.1.20 for approval</p> <p>20.97.1 The minutes were approved as an accurate record. In terms of the actions within the minutes, the Chair stated he had received the following update with which he was content: <i>“Action 20/3.2 The BCUHB Partnership Support Manager in the Awyr Las Support Team sends all invitations for the events of significance for Leagues of Friends and other charities that work with BCUHB to Mandy Williams, PA to the Chairman. Since March, there have not been any events of significance for the Leagues of Friends and other charities. Once these resume, the BCUHB Partnership Support Manager will ensure Board Members are invited to attend. The Partnership Support Manager remains in regular contact with all the Leagues of Friends and other charities that work with BCUHB. Action 20/3.4 The monthly update has not been circulated since February due to the changing roles within the charity support team and the change in communications due to the initial Covid-19 Response Period. Updates were instead included in the Covid-19 daily communication issued to all staff, and a more detailed overview of the Awyr Las Support Team’s activity was shared in June. A 6 month report on the Covid-19 Appeal and Response from the Community will be shared with all supporters and the Board in October (wk 12/10/20) and the monthly update will be shared again from October.”</i></p>	

<p>20.98 Special Measures</p> <p>20.98.1 The Acting Chief Executive presented the paper which provided a position statement on special measures progress to date. She made a general comment that the work undertaken to respond to the pandemic had demonstrated there was a good level of alignment and capability within the organisation. She also commended the positive relationships between clinicians and their desire to work more cohesively to protect patients and public. The Acting Chief Executive drew attention to areas of progress within the paper including evidence of increased maturity, pathway development, work to populate the board assurance framework against organisational ambition and risks, and the strengthening of leadership within the Mental Health and Learning Disabilities (MHLDS) Division. She also noted that maternity and out of hours services were now stepped down from special measures.</p> <p>20.98.2 Members acknowledged the progress that had been made but remained concerned at the ability of the organisation to move out of special measures whilst still responding to the ongoing challenges of the pandemic. The Chair noted that a letter was being sent to the Chief Executive of NHS Wales following a recent special measures meeting with Welsh Government, and he asked that it be shared with Independent Members.</p> <p>20.98.3 It was resolved that the Board note the update.</p>	GH
<p>ITEMS FOR CONSENT</p> <p>The Chair proposed that this section of the agenda be moved on block, as no Board Member had indicated that they would wish to discuss a particular item.</p>	
<p>20.99 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>20.99.1 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.</p>	
<p>20.100 Annual Summary of Consultations</p> <p>20.100.1 It was resolved that the Board note the external consultations responded to by the Health Board and the associated monitoring arrangements.</p>	
<p>20.101 Annual Board Cycle of Business</p> <p>20.101.1 It was resolved that the Board approve the annual cycle of business</p>	

<p>20.102 Welsh Language Services Annual Monitoring Report for 2019-20</p> <p>20.102.1 It was resolved that Board endorse and approve the report, so it can be published and presented to the Welsh Language Commissioner in accordance with the previously agreed timetable (i.e. by the end of September 2020)</p>	
<p>20.103 Annual Plan Monitoring Progress Report</p> <p>20.103.1 The Executive Director of Planning & Performance presented the report and highlighted two areas where performance was significantly off track. Firstly he referred to stroke rehabilitation and reported that the concept of earlier discharge was being progressed through the business case presented to the Finance & Performance (F&P) Committee last year, and confirmed that this featured in the Board’s draft Q3/4 Plan. Secondly he referred to the implementation of the psychological therapies review and confirmed that leadership was being strengthened around this.</p> <p>20.103.2 Members were invited to make comments or raise questions. The Chair of the Digital & Information Governance (DIG) Committee referred to action AN17.2 which concerned the implementation of Phase 2 of the Digital Communities initiative and enquired whether this had been considered and documented within the committee structures. It was confirmed the matter had been discussed at the Regional Partnership Board as part of community services transformation discussions but the Executive Director of Planning & Performance would ensure a briefing was provided for the DIG Committee. The Chair of the DIG Committee also referred to action AN32.2 and enquired why national data centre issues were impacting upon local timescales and costs for the Welsh Emergency Department System (WEDS) funding and implementation. The Executive Director of Planning & Performance responded that the business case for WEDS was going through the required governance processes and he hoped it would be discussed at Executive Team soon. The proposed local solution would rely on national data centre infrastructure and recent failures within that setting had resulted in concerns which were being worked through. The Chair added that in terms of the broader digital agenda he had requested a briefing at the Board Workshop planned for 8th October.</p> <p>20.103.3 The Chair of the Strategy, Partnerships & Population Health (SPPH) Committee referred to action AN19.3 and enquired why the action to utilise a workforce dashboard to identify staffing resources was shown as no longer applicable for September. The Executive Director of Workforce & OD said this referred to the phrasing of the objective which was ongoing rather than one which would have concluded by the end of September. The SPPH Chair also referred to action AN27.6 regarding the transformation of the eye care pathway and sought assurance that the actions proposed from 1st October would be picked up in the Q3/4 plan. The Executive Director of Planning & Performance confirmed this was the case, however, some aspects did have associated additional resource elements which had delayed progress. Finally the SPPH Chair enquired as to communication with those patients who had not had their care delivered during the pandemic, and the Acting Chief Executive acknowledged that wider communication aspects in terms of a return to planned care would need to be a key element within the Q3/4 plan.</p>	<p>MW</p>

<p>20.103.4 The Audit Committee Chair queried why two actions regarding virtual appointments (AN20.1 and AN25.1) were amber and green respectively. The Acting Chief Executive confirmed that the amber status for out-patient appointments was appropriate as it had not yet been rolled out widely at the expected levels. The Executive Director of Planning & Performance added that an evaluation of software such as Attend Anywhere and Consultant Connect would need to be undertaken ahead of sourcing funding to continue their use into 2021-22.</p> <p>20.103.5 The Chair made reference to the reliance on the Intermediate Care Fund (ICF) to support many primary care initiatives which were very often short term in nature. He suggested it was timely for the transformation work to determine where investment priorities sat and to scope out the potential for establishing an incentive based fund to enable primary and community colleagues to bid for funding to support longer term projects – for example administrative support at Minor Injury Units and establishing a local unscheduled hub at a community hospital. The Executive Director of Primary & Community Services indicated that work was already commencing around rationalising and mainstreaming resources with partners rather than relying solely on ICF. In terms of incentive based funds he was not aware of any other than those established such as cluster funding but undertook to give this some thought with Area Team colleagues.</p> <p>20.103.6 The Chair also indicated that he remained concerned around urology services and that he was meeting with the Interim Deputy Director of Secondary Care on this matter and he would invite the Acting Chief Executive to join them. The Chair referred to the action AN16.2 relating to Community Response Teams and the challenges currently faced in terms of individuals and teams across health, social care and the third sector working virtually or being home based. The Executive Director of Primary & Community Services noted there were some issues in terms of governance and organisational firewall restrictions but overall this area was moving forward. The Chair made reference to action AN18.6 regarding psychological therapies and sought assurance this was being addressed as a priority. The Acting Chief Executive confirmed this was the case and that the Executive Director of Public Health, as the new executive lead, was planning to meet with the team as soon as possible.</p> <p>20.103.7 It was resolved that the Board note the report.</p> <p><i>[Francon Williams left the meeting]</i></p>	CS
<p>20.104 Quality & Performance Report</p> <p>20.104.1 The Executive Director of Planning & Performance presented the report and acknowledged that the Board was still responding to the pandemic situation and preparing for the implications of increased Covid-10 activity as part of a second wave, whilst responding to the delivery of a range of new services such as Test, Trace, Protect. He confirmed that Welsh Government had flexed its performance management approach and members would therefore see differences within the report in terms of comparisons of performance. With regards to unscheduled care the Board was seeing strong performance against traditional measures for flow in Emergency Departments and attendances were still below those for the same time last year. Non-elective admissions were high with particular pressures at Ysbyty Glan Clwyd (YGC) and significant delays in ambulance handover which were being addressed by the Interim Chief Operating Officer. Planned care referrals</p>	

were generally back up to pre-pandemic levels however the associated waiting times had increased. The Executive Director of Planning & Performance indicated that this situation supported a clinically led risk stratification approach but that the likely position was that the organisation would be recovering the planned care backlog for a number of years. With regards to diagnostics there was strong performance in some areas such as cancer, but within radiology there were large numbers of patients waiting longer than the standard 8 weeks. This had been subject to discussion at Executive Team in terms of additional resources and also the opportunity to transform services to improve the ability to recruit substantively. Finally the Executive Director of Planning & Performance indicated there was strong performance in terms of sickness absence with absence for non-covid reasons being at 4.6%.

20.104.2 Members were invited to make comments or raise questions. The Chair of SPPH Committee enquired regarding staff sickness absence relating to Covid-19 and how those that had been shielding were being supported and protected. The Executive Director of Workforce & OD reported that a focus needed to be sustained on reducing sickness rates and to be clear with staff that where they can work remotely and reduce their contacts, they should do so. In terms of shielding if a member of staff wished to return to work, or were required to do so, a specific risk assessment must be in place which was dynamically assessed and refreshed depending on the latest data. She also acknowledged that remote working could raise issues of isolation and loss of team relationships and support.

20.104.3 The Chair enquired as to the progress for identifying additional staff and space to improve phlebotomy compliance, and the Executive Director of Planning & Performance indicated that the use of temporary hospitals was being confirmed for this purpose. The Executive Director of Therapies & Health Sciences noted that around 60% of pre-covid capacity had been lost due to the need to meet social distancing requirements.

20.104.4 The Chair expressed his concern regarding unscheduled care performance and the deterioration in ambulance handover. The Acting Chief Executive assured the Board that she was extremely keen to resolve these issues and she had met with senior teams in the past few days to ensure that 'Make it Safe' immediate actions were in place and to require close monitoring.

20.104.5 The Chair noted that the F&P Committee would receive an update on planned care at its next meeting given the trajectory for radiology and endoscopy in particular. The Acting Chief Executive reported there had been a significant improvement in endoscopy performance and a number of initiatives were being taken forward to support radiology including the use of portable scanners. The Executive Director of Therapies & Health Sciences acknowledged that the impact on diagnostics had been significant and applied to both routine referrals and elective aspects. Currently an additional CT scanner based in Ysbyty Gwynedd was being utilised and there were plans to maximise MRI capacity also. With regards to endoscopy, additional capacity via insourcing was being considered and there was liaison with national groups. Finally the possibility of a mobile diagnostic and treatment centre which could be located where most needed was being scoped, and radiology referrals were being assessed on a risk stratification basis. The Chair stated that with regards to the mobile diagnostic and treatment centres he felt there was scope for the Board to be ambitious and to lead the way in this regard, even if that meant that the investment consequences be addressed at a later point. The Acting Chief Executive

confirmed that this approach had been discussed at the Executive Team and she welcomed the support of the Board to take up such opportunities as quickly as possible.

20.104.5 It was resolved that the Health Board receive the report.

20.105 Finance Reports

20.105.1 The Acting Executive Director of Finance presented the reports, focusing on the M4 report. She highlighted a range of points around the impact of the pandemic on the financial performance. To set some context she reported that the plan for 2020-21 was a deficit of £40m which equated to 3.6% of the Board's resource allocation based on the delivery of a savings plan of £45m. The M4 position was a deficit of £3.3m which was in line with plan, and a year to date deficit of £13.3m. In terms of Covid costs the total impact was £9.2m in month and £52.6m year to date. This included lost income of £1.6m in month and £5.4m year to date. Non-delivery of savings was £20.7m in month and £12m year to date. The Acting Executive Director of Finance reported that there were some items to be offset against this position, the largest being an elective underspend due to the measures that had to be taken around Covid-19 which amounted to £2.6m in month and £10m year to date. Within the M4 position there was WG funding of £6.8m in month, £50.2m year to date and £124.6m forecast for the full year. There was an assumed income of £20.7m in the year to date position and £79.6m in the year end forecast over and above what had already been confirmed by Welsh Government. In terms of savings delivery there was a challenging target of £45m and the pandemic had impacted significantly upon this with only £2.9m having been delivered to date. The forecast of £14.2m was greatly short of the target and the shortfall is part of the Board's assumed funding from Welsh Government. Actual Covid-19 expenditure was £46.9m year to date of which £26.3m related to the temporary hospitals with £23.6m of this relating to the commissioning of those hospitals. The Acting Executive Director of Finance wished to acknowledge the incredible achievements in creating these facilities across North Wales.

The cash position at the end of July was £3.1m with £2.5m of that being allocated for capital schemes. Due to the impact of Covid-19 there was currently a shortfall of cash of £38.7m being forecast, some which could be managed within the Health Board but some would require Welsh Government support. In terms of the capital resources limit of £23.9m, performance was currently in line with the plan. The Board had delivered against the target to pay 95% of non NHS invoices within 28 days. The Acting Executive Director of Finance set out three key financial risks as the assumption of Covid-19 funding, Welsh Risk Pool claims and delivery of savings. In relation to the assumption of Covid-19 funding it was anticipated that BCUHB would be notified of its share of the allocation imminently as part of the receipt of planning guidance for Quarters 3 and 4

20.105.2 Members were invited to make comments or raise questions. The Vice-Chair of the F&P Committee enquired whether Covid-19 costs were comparable to other Boards particularly where they impacted on the delivery of savings. The Acting Executive Director of Finance confirmed that they were proportionally comparable and she expected additional work to commence around recovering the savings programme. The Vice-Chair of F&P Committee also asked whether the Covid-19 specific funding from Welsh Government would be allocated on a different basis to the normal annual allocation and whether that

<p>may mean BCUHB would not receive a fair share. The Acting Executive Director of Finance felt that it would be a fair share but it would not be allocated through a standard formula to reflect that significant procurement had been carried out by Shared Services on behalf of all Health Boards. She added that Internal Audit and Audit Wales had undertaken a piece of work around financial governance of Covid-19 expenditure but she was not aware of any concerns that this had not been in order. The Chair felt it was worth noting that a financial governance cell had been established within BCUHB during Covid-19. He also made reference to a review around the commissioning of the temporary hospitals and the Acting Executive Director of Finance confirmed this had been requested by Welsh Government and a detailed report had been received which was helpful and recognised the achievement of commissioning the temporary hospitals in North Wales.</p> <p>20.105.4 It was resolved that the Board note the reports</p>	
<p>20.106 Committee and Advisory Group Chair's Assurance Reports</p> <p>20.106.1 Audit Committee 28.7.20 The Committee Chair highlighted that the meeting had been an extraordinary meeting held to receive the Auditor General's report into the Ysbyty Glan Clwyd development project, and which set out key steps taken by the Health Board and Welsh Government to reduce risks in future construction projects.</p> <p>20.106.2 Quality, Safety & Experience (QSE) Committee 28.8.20 and 29.7.20 The Health Board requested a timeline for the review that was being undertaken against the Holden recommendations and other related external reports. The Executive Medical Director provided a brief update in terms of vascular services in that the terms of reference for the review had been agreed and with a lead in time of around 10 weeks he would expect to receive the report early in 2021. The Acting Chief Executive highlighted that the QSE Committee had received a helpful report from the new Interim Director of Nursing within the MHLDS Division setting out the work priorities going forward. The Executive Director of Therapies & Health Sciences highlighted that the annual Organ & Tissue Donation report had been provided to board members and he wished to record his thanks to the teams and individuals involved for their support to this area of work during the pandemic. The Chair acknowledged this on behalf of the Board.</p> <p>20.106.3 Finance & Performance Committee (F&P) 27.8.20 and 16.7.20 The Committee Chair did not wish to highlight anything further.</p> <p>20.106.4 Strategy, Partnerships & Population Health Committee 13.8.20 The Committee Chair reminded members that the Committee had been stood down in March due to the pandemic but was now meeting again, although there was a significantly large agenda to be managed. She noted that a range of reports did highlight a number of challenges but she acknowledged the successes in terms of keeping services and programmes running throughout the Covid-19 pandemic. She drew members' attention to key assurances within her report around the role of the University and the Board's status as a University Health Board. She also informed members that there was a virtual Welsh</p>	DH

<p>language week being held during the week commencing 12th October which she would encourage members to support.</p> <p>20.106.5 Local Partnership Forum 7.7.20</p> <p>The Executive Director of Workforce and OD highlighted that the July agenda had been heavily focused on Covid-related matters. She acknowledged the essential input and engagement of Trade Union (TU) colleagues in helping to focus the workforce where it needs to be. The Independent Member (TU) noted that TU partners were positive in terms of the staff/union/management relationships during the pandemic and she felt there had been good communication throughout. She also welcomed the work of the health and safety teams and their contribution to keeping staff safe as more normal ways of working were returned to.</p>	
<p>20.107 Mental Health & Learning Disabilities Division Update</p> <p>20.107.1 The Executive Director of Public Health firstly wished to record her thanks to David Fearnley as the previous executive lead for the Division. She then went onto highlight key aspects of the report, in particular that there were good examples of supporting patients during the pandemic. She referred to the Phase 2 plan which had been developed by the Division in discussion with partners, and noted that whilst there were positive themes the plan may have been over ambitious at this current time. She was of the view that the Together for Mental Health Partnership Board would help to refocus and re-stabilise the way forward, and there was a need to be clear and concise. She suggested that clinical pathways were key to successful divisional plans and there was now a chance to re-energise these under refreshed leadership of Iain Wilkie (Interim Director of MHLDS) and Mike Smith (Interim Director of Nursing), alongside Alberto Salmoiraghi (Medical Director). She wished to record her thanks to Lesley Singleton for her work in leading the team over the past few months. The Executive Director of Public Health concluded by saying the principle aim was to move the division out of special measures and to ensure that mental health services were in an improved position.</p> <p>20.107.2 A member commented that the refreshed energy evident from the paper was welcomed, and that she personally had seen early progress in terms of partnership working with Local Authorities. The Chair noted reference within the paper to a review relating to the discharge of a large number of patients to the Local Primary Care Mental Health Services, and he asked that agreement be reached with the Health Board Vice-Chair as to the appropriate Committee route and timeframe for onward reporting to Board.</p> <p>20.107.3 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. Note the report which summarises the recent work on care pathways during the covid-19 pandemic, and seek any further assurance; 2. Support the efforts to stabilise leadership and management within the Division as a priority; 3. Support the MHLD Division to jointly manage external relationships to enable the necessary service changes over the next year of the covid-19 pandemic 4. Support the MHLD Division and management changes within the Mental Health and Learning Disability Division, as it facilitates partnership work as the next necessary step to 	TO

<p>achieve wider community resilience</p> <p>5. Support the MHL D Division as it develops and implements evidence based care pathways</p>	
<p>20.108 Update report - COVID-19 Outbreak East Health Economy</p> <p>20.108.1 The Acting Executive Director of Nursing & Midwifery presented the report and confirmed that the outbreak had been declared closed on 17th September in line with outbreak definitions. At time of closure there had been 122 positive cases of which 74 were healthcare acquired. There sadly had been 41 affiliated deaths and she wished to record her personal condolences to families who had lost loved ones. 60 staff had also tested positive at that time. The Acting Executive Director of Nursing & Midwifery went on to report there had been a significant level of input from and involvement with stakeholders at the time, including Welsh Government, Public Health Wales and staffside/trade union partners. She indicated there was significant learning from the outbreak and the themes were set out within the paper around patient and staff movement and adherence to social distancing. The duty of candour with patients and families was also highlighted. Members were informed that a delivery group had now commenced its work and there were a number of supporting work streams which would be executive-led. The priority would be to embed learning into sustainable practice so this would be reflected within standard operating procedures and testing of assurance. Finally it was noted that there were current clusters of infections on other acute sites and the learning from Wrexham was being applied to assist in those areas.</p> <p>20.108.2 Members were invited to make comments or raise questions. The Chair of SPPH Committee enquired as to the impact upon families and staff and how they were being supported. The Acting Executive Director of Nursing & Midwifery indicated that a single point of contact had been established for each family for the provision of timely information. In terms of staff, many felt distressed in terms of the harm caused and ongoing communication with them and consistency of messages was key. The Chair indicated he had visited an affected ward recently and expressed appreciation on behalf of the Board to the staff. The visit served to highlight how difficult it could be for staff to ensure certain groups of patients maintained a safe social distance. The Chair noted that the report mentioned both 3.6m and 2.6m in terms of bed spacing. The Acting Executive Director of Nursing & Midwifery confirmed that the benchmark was 2.6m however the guidance differed depending upon the age of the property and the variation in the Board's estate. The Acting Chief Executive added that as part of the environmental measures risk assessment of cohorts of patients had been undertaken and some beds had been removed to support social distancing. The Executive Director of Public Health wished to commend staff in localising the national guidance and implementing across sites, with the valuable support of the infection prevention team.</p> <p>20.108.3 It was resolved that the Board note the report as an update position for East Health Community.</p>	
<p>20.109 Covid-19 Vaccination Programme</p>	

<p>20.109.1 The Executive Director of Public Health presented the paper which provided an update on early planning progress in terms of a vaccination programme for Covid-19. She noted that understandably there was a high level of public and media interest in this matter. She confirmed that a Tactical Delivery Group had been established with partners to move the work forward and she was confident there was a good regional approach.</p> <p>20.109.2 It was resolved that the Board receive the briefing and note the work required to deliver a mass COVID-19 vaccination programme if / when a vaccine becomes available.</p>	
<p>20.110 Nuclear Medicine Consolidation Strategic Outline Case <i>[Ian Howard and Mark Elias joined the meeting]</i></p> <p>20.110.1 The Chair noted that the report had been read by members and had been scrutinized at the F&P Committee. The Executive Director of Therapies & Health Sciences wished to highlight the issues encountered with the current mobile scanner configuration and that the preferred way forward would be the development of a centre of excellence within BCUHB. He indicated that approval of the strategic outline case would open up the next stages of engagement with Welsh Government regarding capital. He wished to confirm there had been consultation and there was support for the proposal which was deemed to provide long term benefits in terms of an improved service and financial savings.</p> <p>20.110.2 It was resolved that the Board approve the Business Case for submission to Welsh Government.</p> <p><i>[Ian Howard and Mark Elias left the meeting]</i></p>	
<p>20.111 Summary of Private Board business to be reported in public</p> <p>20.111.1 It was resolved that the report be noted</p>	
<p>20.112 Healthcare Inspectorate Wales (HIW) Annual Report</p> <p>20.112.1 The Acting Executive Director of Nursing and Midwifery indicated that HIW colleagues would be happy to take any questions from members outside of meeting. She noted the key themes around strengthening learning across the Board which would need to be addressed within the overarching Quality Improvement Strategy.</p>	
<p>20.113 All Wales and Other Forums</p> <p>It was resolved that all the minutes and briefings be noted.</p>	
<p>20.113.1 Collaborative Leadership Forum Approved Minutes 15.1.20</p>	
<p>20.113.2 Emergency Ambulance Services Committee Confirmed Minutes 14.7.20, 12.5.20 Summary of Key Matters 8.9.20, 14.7.20</p>	

<p>20.113.3 Welsh Health Specialised Services Committee Joint Briefings 8.9.20 and 14.7.20</p>	
<p>20.113.4 Shared Services Partnership Committee Assurance Report 23.7.20</p>	
<p>20.114 Date of Next Meetings</p> <p>Joint Board meeting with Community Health Council 10.00am 15th October 2020 BCU Health Board meeting 9.30am 12th November 2020</p>	
<p>20.115 Exclusion of Press and Public</p> <p>20.115.1 It was resolved that 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>	