



Healthcare Professionals Forum (HPF)

Minutes of the meeting held on Friday 6th December 2024 via Microsoft Teams

	<u>01.03.24</u>	<u>07.06.24</u>	<u>13.09.24</u>	<u>06.12.24</u>	<u>HPF/IMTP Planning Workshop 06.12.24</u>
Executive Health Board Lead Officer – Gareth Evans	P	A	◆	◆	◆
Executive Health Board Lead Officer – Teresa Owen	◆	◆	A	P	A
<u>Welsh Medical Committee:</u>					
Primary and Community Care Medical Representative – Dr Tim Davies	P	P	P	P	P
Mental Health Medical Representative – Faye Graver	A	A	A	A	A
Specialist and Tertiary Care Medical Representative – Dr Chris Thorpe	P	A	◆	◆	◆
<u>Welsh Nursing and Midwifery Committee:</u>					
Community Nursing and Midwifery Representative – Emma Adamson (Vice Chair HPF)	A	P *	P	P	A
Hospital Nursing and Midwifery Representative – Naomi Holder	P	P	A	P	P
<u>Welsh Health Professions Committee:</u>					
Therapies Representative – Steven Grayston	P	P	A	P	P
<u>Welsh Scientific Advisory Committee:</u>					
Scientific Representative – Jane Wild (Chair HPF)	P	P	P	P	P
<u>Welsh Optometric Committee:</u>					
Optometry Representative – Manon Haf	P	P	P	P	P

<u>Welsh Dental Committee:</u>					
Dental Representative – Jeremy Williams	P	A	A	X	X
<u>Welsh Pharmaceutical Committee:</u>					
Hospital and Primary Care representative – Sarah Kingman	P	P	P	P	P
Community Pharmacists Representative – Sally Harris	A	P	P	P	P
<u>Guests in attendance:</u>					
Rachael Page, Assistant Director of Primary Care				P*	
Angela Wood, Executive Director of Nursing and Midwifery				P*	
Sam Watson, Improvement and Business Manager Office of the Exec Nurse Director				P*	
<u>Corporate Governance Directorate:</u>					
Executive Business Manager - Llinos Roberts	P	P	A	A	A
Secretariat HPF - Rona Newton	P	A	P	P	P

Key:

P - In attendance / **P*** - Present for part meeting / **A** – Apologies submitted

X – Not in attendance / **MC** – Meeting cancelled

◆ Not a member of the Healthcare Professionals Forum at this time

It was noted that the meeting was not recorded on this occasion.

H24/36 Welcome, Introductory remarks and apologies

H24/36.1 The Chair opened the meeting and welcomed those present. The Chair wished to note a warm welcome to the new Executive Lead Teresa Owen, who was joining the HPF for the first time since her appointment as Executive Director of Allied Health Professionals and Health Science.

H24/36.2. The Chair facilitated introductions of the members.

H24/36.3 Apologies received from:

Faye Graver, Mental Health Medical Representative

Ffion Johnstone, Integrated Health Community Director (West) – Guest speaker

H24/37 Declarations of Interest

No declarations of interest were received.

H24/38 Draft minutes of previous meeting held on 13th September 2024 for approval

<p>The minutes of the meeting held on 13 September 2024 were accepted as a true and accurate record of the meeting.</p>	
<p>H24/39 Matters arising and summary action plan</p> <p>H24/39.1 The Action Log was discussed and the following updates made:</p> <p>H24/39.2 Membership – With regard to other vacancies on the HPF, it was agreed that this would remain on the Action Log until they were appointed to. This included vacancy, and deputies for all roles on the HPF. Due to a change in the Executive Director/Executive Lead HPF role, the letter for Expressions of Interest for the AHP representative will be issued from the new Executive Lead.</p> <p>H24/39.3. In relation to minute H24/20.3.2 clinical supervision contracts, Steve Grayston, AHP representative advised the Forum members that the work is in progress and should be completed and shared by early 2025.</p>	<p>JW/LR</p> <p>SG</p>
<p>H24/40 Primary Care presentation and discussion Verbal presentation by Rachael Page, Assistant Director of Primary Care</p> <p>The Chair welcomed Rachael Page, Assistant Director of Primary Care, for the first time at HPF and following introductions with the members, a presentation was shared with a number of slides.</p> <p>Accelerated Cluster Development (ACD) Presentation</p> <p>Overview of Clusters and Collaboratives</p> <ul style="list-style-type: none"> • Clusters: Groups of local services involved in health and care across a geographical area, typically serving a population of 25,000 to 100,000 people. There are 14 clusters across North Wales, each at different maturity levels. • Collaboratives: Professional groups within clusters that work together to respond to regional population needs, improve service quality, and design local solutions. <p>Goals of ACD</p> <ul style="list-style-type: none"> • Transformational Change: ACD aims to transform the way primary care clusters work, moving beyond the initial GP-focused model to include a broader range of health and care professionals. • Strategic Programme for Primary Care (SPPC): Oversees the ACD programme, which is a key component of the strategic programme for primary care in Wales. <p>Key Components of ACD</p> <ul style="list-style-type: none"> • Cluster Leads: Each cluster has a lead employed by the health board to oversee professional collaboratives in their locality. • Professional Collaboratives: Mechanisms by which services come together within their professional groups to respond to population needs, improve service quality, and implement national strategies. • PAN Cluster Planning Groups: Bring together cluster work at a county population footprint level to collaborate with health boards, local authorities, and public health experts. 	

Challenges and Legacy Issues

- **Bureaucratic Processes:** Previous phases of cluster development were seen as bureaucratic with a lack of autonomy and long-term planning.
- **GP Club Perception:** Clusters were often viewed as GP-centric, necessitating a broader membership and clearer future purpose.

ACD Programme Objectives

- **Local Decision Making:** Shift decision-making authority to local levels to ensure primary and community care have a clear voice in strategic discussions.
- **Multi-Professional and Multi-Agency Clusters:** Strengthen clusters to include a wide range of health and care professionals and agencies.
- **Public-Facing Identity:** Establish clusters and PAN cluster planning groups as known entities within the community.

Anticipated Outcomes

- **Improved Population Health:** Enhance health and well-being through coordinated care and support.
- **Value from Care:** Increase the value derived from care and support services.
- **Quality and Safety:** Improve the quality and safety of services provided.
- **Engaged Workforce:** Develop a workforce that is engaged and invested in the collaborative process.

Discussion Points

- **Engagement in Collaboratives:**
 - **Training Needs:** Identified the need for training for collaborative leads to ensure they understand their roles and responsibilities.
 - **Incentives:** Discussed the importance of providing incentives to encourage participation in collaboratives.
 - **Equal Voice:** Ensuring all professional groups have an equal voice within the collaboratives.
- **Supporting the Shift Left:**
 - **Prevention Services:** Expand and improve prevention services to reduce reliance on secondary care.
 - **Admission Avoidance:** Implement strategies to avoid unnecessary hospital admissions.
 - **Community-Based Services:** Provide more services in community settings to reduce hospital stays and waiting lists.

Feedback and Next Steps

- **Feedback from Members:** Members provided feedback on the challenges and opportunities within the ACD programme, including the need for better funding, clearer roles, and more effective use of resources.
- **Future Focus:** Continue to refine the ACD programme based on feedback and ensure it aligns with the broader strategic goals of the health board.

The Chair thanked Rachael for her time, and thanked the members for their contributions to the discussion.

[Rachael Page left the meeting]

H24/41 Guest Presentation - Quality Management Systems

Angela Wood, Executive Director of Nursing and Midwifery and Sam Watson, Improvement and Business Manager, Office of the Exec Nurse Director.

The Chair welcomed Angela Wood, Executive Director of Nursing and Midwifery and Sam Watson, Improvement and Business Manager, Office of the Exec Nurse Director to the HPF and following introductions with the members, a presentation was shared with a number of slides.

Quality Management System (QMS) Presentation**Background and Purpose**

- Objective: To ensure high-quality care across the organisation with a consistent and coordinated approach to managing quality.
- Scope: The QMS goes beyond quality improvement and assurance, encompassing planning, control, assurance, and improvement to provide a systematic approach to quality management.
- Requirement: The Statutory Duty of Quality from April 2023 mandates that all NHS Wales organisations develop a QMS.

Development and Framework

- Conceptual Framework: The QMS framework was signed off by the board in May 2023 after extensive workshops and consultations with various stakeholders, including Healthcare Improvement and Audit Wales.
- Key Principles: The QMS must complement existing processes, be simple to understand, add value, and be useful for all levels of the organisation. It should also be iterative, allowing for continuous improvement.

Components of the QMS

- Quality Planning
- Quality Control
- Quality Improvement
- Quality Assurance

Operationalisation

- Support and Resources: Dedicated support from the Transformation team, including project support leads and a corporate lead.
- Pilot Areas: Initial pilots in Vascular and Urology services, with fast followers in Women's Services and Transformation and Improvement.
- Assessment Tool: Development of a Maturity Assessment Tool, initially in Excel and now being digitised for easier use.
- Quality Manual: Each service will develop a Quality Manual, which will be accessible through a web-based library.

Next Steps

- Further Testing: Continue testing the maturity assessment tool and refine it based on feedback.
- Web Page: Launch a web page with resources and guidance, including a Quality Manual library.
- Rollout: Plan the rollout across services, starting with those identified in the clinical services strategy.

- Evaluation: Evaluate pilot areas and present findings to the Executive Team and Quality Committee.

Key Points of Discussion

- Intuitive Design: The QMS is designed to be intuitive and user-friendly, with questions tailored to the specific needs of each service.
- Integration: The QMS integrates with existing improvement plans and processes to avoid duplication of effort.
- Continuous Improvement: The system is iterative, allowing for continuous refinement and improvement based on user feedback and evolving needs.

The importance of making the QMS a practical and valuable tool for all levels of the organisation was highlighted, ensuring it supports the delivery of high-quality care consistently across all services.

Angela and Sam thanked the Chair and members for their invitation to attend the HPF. The Chair thanked both for joining the meeting and sharing an informative and insightful presentation.

[Angela Wood and Sam Watson left the meeting]

H24/42 Chair and member written updates

The Forum received the reports as part of the meeting papers, and representatives highlighted the following:

H24/42.1 HPF Member Summary Report_Chair and HCS_Sept 2024

Jane Wild, Chair HPF and Scientific Advisory

Good News to Share

The BCUHB HCS network met on 22nd October and discussed key areas for collaboration and focus. The HCS network subgroups (research & innovation and quality & transformation) are arranging their first meetings and developing their group objectives.

BCUHB HCS and AHP Teams are looking forward to their first joint Research, Innovation and Quality Improvement Conference 29th November at the Optic Centre. The programme (attached) includes a range of presentations and poster exhibitions.



The national Health Science Cymru Conference 2025 will be held in North Wales at Venue Cymru on 14th and 15th May 2025

Key Issues for attention of HPF

HEIW HCS programme are continuing to explore HCS professional identity. 283 people have contributed to a survey and a series of focus groups are being planned for December 2024.

HEIW are leading the development of a HCS Career framework for Wales. A Task and Finish Group is being established with draft documents expected in Feb/March 2025 and a launch in May 2025.

The impact of major IT projects on clinical services, including Healthcare Science services, has been noted as a concern. The importance of fully considering the impact associated with training, testing, learning, implementing and embedding new systems, and resourcing this activity, is essential to the success of any project and in ensuring services can maintain core service delivery.

As Chair of HPF I have attended the following since last HPF meeting in September 2024:

- 26/09/2024 – Health Board Meeting
- 31/10/2024 – Board Development Session
- 04/11/2024 – Meeting with HB Chair
- Various HPF planning meetings.
- Further meetings planned prior to next HPF meeting:
- 28/11/24 – Health Board meeting

H24/42.3 HPF Member Summary Report_Community Nursing and Midwifery_Sept 2024

Emma Adamson, Vice Chair HPF and Community Nursing and Midwifery Representative

Good News to Share

Use of standardised MEOWS tool has been approved for use across Wales, including in settings outside of maternity, such as Emergency Departments; this will support the timely identification and escalation of the deteriorating woman during pregnancy and the postnatal period. An implementation plan is in development.

Funding has been approved to implement the All-Wales Midwifery Unit Self-Assessment and Development Programme, which will ensure a safe, effective, and standardised offer of care across all midwifery led units

Key Issues for attention of HPF

1. The All-Wales Women’s Health Plan is due for publication in December 2024 and has implications for all services across BCUHB. This 10-year plan aligns with the BCUHB Preconception strategy, published September 2023 and the ambitions for the newly established Well North Wales Group.

Consideration now needs to be given to an implementation plan for the above; potential for the Women’s Health Plan to be used as a ‘pilot’ for the health board’s ambition for 10-year strategies. This will require significant support from Planning and Public Health, as does not lie solely with Women’s Service

2. In addition to the above document, Maternity services are currently awaiting a number of publications which will have significant service impact. This includes the Maternity and Neonatal Quality Statement, The HEIW Perinatal Workforce Plan and

<p>the All-Wales Perinatal Engagement Framework</p> <ol style="list-style-type: none"> 3. Local progression on the MatNeo SSP recommendations continues, based on local priorities. Continue to await further detail from NHS Executive regarding All Wales priorities during phase 2 4. Continue to await progress of the Digital Maternity Cymru programme to implement a digital solution in maternity services. BCUHB continues to develop a business plan in anticipation of needing to progress a local solution 	
<p>H24/42.4 HPF Member Summary Report_Community Pharmacy_Sept 2024 Sally Harris, Community Pharmacy Representative</p> <p>Good News to Share</p> <ul style="list-style-type: none"> • IP service – currently have 51 in BCU sites providing the independent prescribing service. Should there be a premium paid for consultations on a weekend/bank holiday? • Sore throat Test and Treat – have 132 commissioned sites. In October we had 859 STTT consultations which resulted in just 216 patients requiring antibiotics. <p>Recent study shows that the service improves access and reduces antibiotic usage.</p> <p>https://academic.oup.com/jac/advance-article/doi/10.1093/jac/dkae400/7889089</p> <ul style="list-style-type: none"> • Current timescales for EPS role out, all PMRs signed off by April 2025, then roll out to GP practices at 9 sites per month (in BCU) to complete by mid 2027. Slower than we'd previously thought and disappointing as it's not coming as quickly as expected, but good that it is coming. OOH and other prescribers need to move to EPS as part of the next phase, as soon as possible to realise the wider benefits. <p>Key Issues for attention of HPF</p> <p>NHS emails – currently only pharmacists and techs have access to NHS emails. NHS Wales needs to allow all pharmacy staff to have email addresses. 111 Rxs are sent via this and issues around weekend and bank holiday email access.</p>	
<p>H24/42.5 HPF Member Summary Report_Hospital Nursing and Midwifery_Sept 2024 Naomi Holder, Hospital Nursing and Midwifery Representative</p> <p>Good News to Share</p> <p>On the 12th September 2024, members of the Filipino nursing community at BCUHB were invited to visit Lea Hurst, the childhood home of Florence Nightingale. The event was organised by the Philippine Embassy, in collaboration with the current owner of the estate with the Philippine Ambassador to the UK and General Consulate in attendance.</p>	

Following the successful launch of the PNA UK Cymru, several of our staff were invited to take part.

Key Issues for attention of HPF

National work regarding HCSW banding (band 2 and 3)

There is currently a large scoping exercise underway following concern that Band 2 Health Care Support Workers may be routinely being asked to undertake tasks that fall outside of the formally banded job role. This is a national issue. National job descriptions have been agreed and there is now a piece of alignment being undertaken. The risks that this may bring are currently being assessed.

BCUHB Nursing and Midwifery Vision

This piece of strategic work is currently under consultation and aims to link the priorities, goals and ambitions for the profession with the organisational objectives and values and behaviours work.

H24/30.6 HPF Member Summary Report_Hospital Pharmacy_Sept 2024

Sarah Kingman, Hospital Pharmacy and Medicines Management Representative

Good News to Share

1. HMP Berwyn NHS Wales Team Culture Award Winners

Liz Hurry (Gastroenterology Pharmacist East) and her team won the NHS Wales Team Culture Award for achieving micro-elimination of hepatitis C at HMP Berwyn. This initiative involved offering HCV testing to all prisoners, achieving over 90% acceptance and treatment rates for those testing positive. This success enabled the UK's largest prison to declare micro-elimination of hepatitis C in September 2023, a status maintained since.

2. Pharmacy Representation at BCU Awards

Susan Murphy won the leadership award
Stuart Firth won the environmental sustainability award
Sophie Shanks was shortlisted for the rising star award

3. Medication Safety Dashboard Launch

The Medication Safety Dashboard, linked to the Quality Dashboard, was launched during Medication Safety Week (4th November). This tool promotes audit and self-assessment against standards for medications management across BCUHB. Clinical areas participated actively, sharing lessons from medication incidents, with a competition highlighting creative displays of shared learning.

4. Clinical Pharmacy Congress North

The organization's stand at the congress attracted significant interest, showcasing opportunities within the organization and promoting Bangor Pharmacy School.

5. Polish Heart Failure Event

A team of Polish-speaking pharmacists hosted a dedicated event for Polish-speaking heart failure patients in Wrexham, offering guidance on medication management in their native language to improve understanding and outcomes.

6. Pill School

A paediatric pharmacist at Wrexham Maelor Hospital supported a nationally recognized initiative, helping children transition from liquid medications to swallowing pills. The pilot program has successfully helped 25 patients, enhancing their quality of life.

Key Issues for attention of HPF

1. RPS announces proposals to move towards Royal College status

The Royal Pharmaceutical Society (RPS) has announced proposals for the organisation to register as a charity and become a royal college, to be called the Royal College of Pharmacy.

Announcing the proposals on 12 September 2024, the RPS explained that they require a vote of support from RPS members, before being submitted to the Privy Council to approve amends to the organisation's current Royal Charter, and the charity regulators.

"The proposals are the outcome of a comprehensive independent review of the constitution and governance of RPS, which has taken place over the past 18 months," the statement said.

"The proposed transition to a royal college aims to establish a stronger and more collaborative leadership body that can better deliver its strategic ambitions.

"Central to this is enhancing and developing RPS core activities in education, assessment and credentialling, and standards and guidance to assure professional standards, to the benefit of patients and the public," it added.

The plans require endorsement by a two-thirds majority of voting members to enable the changes to progress. The Society expects the vote to take place early in 2025.

Ahead of the vote, members will have the opportunity to attend a series of engagement events to find out more details and allow the RPS to gather members' feedback

2. Terminally Ill Adults (End of Life) Bill

House of Commons debate private members' bill on assisted dying — tabled to be debated on 29 November 2024.

A requirement to consider the implications for the pharmacy profession ranging from Pharmacists, Pharmacy Technicians and Pharmacy support staff, whom may be involved in the medicine's selection and supply process as part of the wider operational arrangements.

The outcome of the bill must not undermine provision of good end-of-life care for all and the work done by palliative care clinicians, and those pharmacists should be able to exercise freedom of conscience.

Kim Leadbeater, Labour MP for Spen Valley, formally presented the Assisted Dying for Terminally Ill Adults Bill to Parliament on 16 October 2024.

In the same month, the Royal Pharmaceutical Society (RPS) published its policy statement on assisted dying, urging that any proposed legislation include clauses on

criminal liability and conscientious objection.
“There must be no obligation for any pharmacist to participate in any aspect of assisted dying if they feel this is against their personal beliefs,” it said.
“There must be explicit protection in place in any legislation for pharmacists, pharmacy technicians and other healthcare professionals to be protected from prosecution when participating in the approved process for an assisted dying procedure.”
 The HPF need to be aware of implications on the profession and monitor and respond to developments as appropriate. The Welsh Pharmaceutical Committee are developing a position statement which can be shared in due course.

3. HIV Action Plan for Wales 2023-2026

HIV and AIDS continue to be a major global public health issue. The Action plan recommended that Primary care and specialist sexual health services should develop and implement a shared care model to improve access and delivery of Pre-Exposure Prophylaxis (PrEP).

As part of its response, further action for the HPF to note is a planned pilot involving pharmacists working in Community Pharmacies to supplying and/or prescribing PrEP as an extension of health board Sexual Health Services (expanding another access route in the community via pharmacy professionals).

4. BCUHB Pharmaceutical Services 2025-28 three year plan

Planning is in train for continuation of ongoing transformation plans with a significant shift from 2025-26 to implementing the actions prioritised from the [Independent Review of Clinical Pharmacy Services at NHS Wales hospitals](#)

5. Review of PDaHW 2028 Goals

The Welsh Pharmaceutical Committee is working with stakeholders to revise the “Pharmacy Delivering a Healthier Wales” goals in response to the strategic objectives outlined in *A Healthier Wales*. Updates on this process will need to be incorporated into future planning.

H24/42.7 HPF Member Summary Report_MHLD_Sept 2024

Dr Faye Graver, Mental Health Medical Representative

Good News to Share

Special Measures and Performance

- Submitted evidence for 98.5% of NCCU/NHS Executive Action Plan. Progress report submitted to NCCU/NHS Executive to summarise improvements made and the impact on patients, workforce and services.
- Executive approval of the Royal College of Psychiatrists Response Plan, which was developed collaboratively with Health Board colleagues, 80 actions aligned to ten themes.
- Robust Governance Framework developed with ongoing establishment. Includes an Evidence of Outcome Group to check, challenge and validate action and also an Expert Advisory Group, inclusive of experts by experience and past and present service users.

Services/Improvement

- The Minister for Mental Health and Well-being visited Community and Inpatient Services on in June and September 2024, providing positive feedback – “visits were very engaging, it was refreshing to hear first-hand from members of staff of the types of support and services they provide, and we were made to feel very welcome.”
- 111 press 2 service featured on BBC’s The One Show.
- A model has been devised and agreed for the provision of Sanctuary Services to support people approaching or experiencing Mental Health crisis out of office hours to prevent escalation and to provide access to immediate help and support.
- At the Staff Achievement Awards held in September 2024 the Division won a Team Award for an Learning Disability Inpatient Ward and a Rising Star award for a Substance Misuse staff member, with a number of staff being shortlisted for other categories.

Enablers

- Health Board have secured £12 million Welsh Government funding for an Electronic Patient Record (EPR) System, with joint working from DDAT and MH&LD; this will be transformative for patients and staff.
- Completed significant Capital and Estates works improving patient and staff environments e.g. Heddfan ventilation system. In addition, a Capital Programme Plan for anti-ligature works is being considered for additional capital funding.
- Wellness Work and Us Service continuous provision of support and intervention to MH&LD staff at times of need seeing 206 staff over a 12-month period, reducing stress related work absence, vacancy rate and staff turnover.
- Appointed Consultant Nurse for Dementia, expected start date January 2025

Key Issues for attention of HPF

Due to financial pressures within the organisation, budgets have been reduced for a number of projects and this includes some MH&LD services. We continue to review the implications for the year ahead.

Out of Area (OOA) placements have been a significant challenge and this remains a priority area, however, we are seeing sustained reductions in OOA utilisation as a result of our targeted efforts.

H24/42.7 Primary and Community Care Medical

Dr Tim Davies, Primary and Community Care Representative.

Good News to Share

No new surgery hand backs imminent.

There has been a good take-up of salaried GP posts in managed surgeries across BCUHB, helping to stabilise their services.

Key Issues for attention of HPF

After last year’s sub inflationary pay offer for GMS GP partners this year’s has got even worse, another pitiful offer not really covering staff increases or expenses, let alone any provision for the NI rises from next April. See link for more details:

<https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/welsh-gms-contract-referendum-2425>

GPCW have rejected the offer but before considering action, as is happening with GPs in England, BMA have to ask GP members to vote in a Welsh GMS Contract Referendum from 25th Nov -16th Dec. Results should be out just before Christmas. This has left many GPs upset and demoralised and the ongoing access demands, pressures and workforce shortages are exacerbated. This is stifling any innovation or improvement of services.

H24.42.8 HPF Member Summary Report_Optometry_Sept 2024

Manon Haf, Optometry Representative

Good News to Share

- IP Train and Treat launched August 2024 after some delay. These clinics offer practical placements for those practitioners undertaking IP. Hopefully will be able to offer Glaucoma placement in the future
- Engagement in Seren Events: promoting Optometry in North Wales
- SM visits ongoing, supported by NWROC and Optometry Wales. These have been very positive visits and concerns are raised at plenary meetings. Discussions have included waiting times, the need for a cataract centre in North Wales, considerations for Optometry School in NW, lack of engagement from BCUIHB, implementation of WGOS 4
- East is engaging well with ROC lead and working collaboratively, but in the absence of Optical Advisor there is stalling in the implementation of pathways.

Key Issues for attention of HPF

- No Optical Advisor in post. Notice was given in August, however post has still not gone out to advert. NWROC supporting HB in the absence of OA and EOI shared for interim OA position.

RISKS

- Without OA BCU are unable to implement WGOS 4 pathways for Glaucoma filtering/ Glaucoma monitoring/ Medical Retina Filter/Monitoring or Hydroxychloroquine screening. NWROC and Optometry Wales have offered support to HB in sharing job advert.
- Delays to discharge to IPOS pathways
- Delay to Glaucoma Higher Cert placements for practitioners (so further delays of WGOS 4 Glaucoma pathways)
- Some collaboratives and sites (consultant led) want to set up their own pathways but HB have stated that there won't be any WGOS4 pathways in place without OA sign off.
- Written to Imran Devji and Simon Jones raising concerns – but no response received.

H24/42.9 HPF Member Summary Report_Allied Health Professionals_December 2024

Good News to Share

Leanne Parry, Physiotherapist, won the Welsh learner award and was on BBC Wales/S4C week commencing 25th November 2024. She met with the Welsh language commissioner in YGC on the 21st November and did an interview to promote the use of the Welsh language in healthcare and the Welsh language team in BCUHB.

<https://www.bbc.co.uk/cymrufyw/erthyglau/cz6jvvdjin9o>

Key Issues for attention of HPF

The AHP Primary Care collaborative is being held on 5th December 2024. There will be a review of the AHP collaborative structure, function and personnel.

A review of funding arrangements for AHPs working in primary care settings in BCU has taken place by the ADAHPHS, and is being presented to the Executive team in BCUHB in early December, recognising workforce risks and potential impact on AHP sustainability to deliver on the SPPC.

North Wales Speech and Language Exchange Event

Members from the Speech and Language Therapy community across North Wales came together at the second annual North Wales Speech and Language Exchange Event hosted at Wrexham University.

The North Wales Speech and Language Exchange has been established to foster engagement between clinicians and researchers with an interest in speech, language, and communication needs, with the goal of improving clinical assessment, intervention, and rehabilitation across North Wales.

There were around 80 participants on the day to learn how to “Get Started in Research”, including Speech and Language Therapists, undergraduate students, researchers from across Wales, library services colleagues, the BCUHB Research and Development team, and the Royal College of Speech and Language Therapists research team.

The feedback received has been overwhelmingly positive, and the committee is already considering further research collaborations for child language development as a result of the networking event.

Tiny Tums

Boliau Bach/ Tiny Tums is an award unique to North Wales and focuses on recognising and rewarding registered early childcare settings for achieving best practice in food and drink provision.

The BCUHB Public Health Dietetics team manage the award, and work collaboratively with the sector and wider stakeholders to ensure effective engagement and implementation.

The team offer quality assured nutrition training opportunities for childcare staff to develop knowledge and skills and encourage participation in the award. Settings caring for infants/ children aged between 0-1 and 1-4 years can apply for the full award (where both meals and snacks are provided), or for the snack and drink award, where only snacks are provided.

Lego limbs in Prosthetics

An innovative way to engage children with Upper Limb deficiency – using a lego arm to build with brought together a group of children enabling parents to meet and mutually support. Prosthetic and psychology joint initiative

AHP commissioning numbers

Teams are collectively working together to submit their commissioning numbers for future University places in December to support the workforce development process.

Conference

The first BCUHB AHP and Healthcare Science Research Conference was held on the 29th November where there was a coming together of the professional groups and sharing of research projects including a number of poster presentations.

H24/43 Cycle of Business 24/25 review/Membership Update

Membership Summary as at 28.11.24

A comprehensive review of the current membership was conducted. This review aimed to identify any gaps in representation and ensure that all relevant professional groups are included.

- The Executive Lead noted the current Chair's tenure will be coming to an end at the beginning of March 2025, and so a call for Expressions of Interest from within the HPF membership for the position will be progressed. Members were encouraged to consider taking on this leadership role, which is pivotal in guiding the direction of the group and facilitating effective meetings.
- The importance of having a Chair who is committed, knowledgeable, and able to represent the interests of all members was highlighted.
- The Executive Lead noted that one Expression of Interest has been received for the Allied Health Professionals Representative post, this will be progressed in due course.
- The need to fill the vacant position to represent Specialist and Tertiary Care is ongoing, the Executive Lead noted that the new Interim Executive Medical Director commenced in role and this will be progressed in due course.
- The Executive Lead noted the end of first term of office for the current Optometry Representative also in early March 2025, the option for a second term of office will be discussed and representation progressed outside of the meeting.
- A query by the Primary Care Representative as to the possibility of representation of 'Employed Doctors' (LNC)

LR

LR/RN

LR/TO

LR

<p>Action: Executive Lead to consult with HPF Terms of Reference and check with the Director of Corporate Governance.</p> <p>The Chair wished to note sincere thanks to Steven Grayston, Interim Allied Health Professionals Representative for his invaluable contributions and support of HPF over the last two years. His efforts and insights have been greatly appreciated by all members and guests.</p> <p>Draft Cycle of Business 25/26 – for discussion/approval</p> <p>The Chair facilitated a review and approval of the cycle of business for the next 12 months, with a flexible approach to maximise opportunities to accommodate emerging priorities.</p> <p>The Chair invited ideas of any particular focus or value to be added at any time during the year.</p>	TO
<p>H24/44 To be received for information :</p>	
<p>H24/44.1 Minutes of the Quality, Safety and Experience Committee</p> <p>The minutes of the QSE Committee held on 15 August 2024 were noted.</p>	
<p>HP24/44.2 Minutes of Planning, Population Health and Partnerships Committee</p> <p>The minutes of the PPHPC Committee held on 20 August 2024 were noted.</p>	
<p>H24/45 Summary of information to be included in the Chair’s Assurance Report to the Board.</p> <p>Primary Care Strategy</p> <p>The HPF were pleased to welcome Rachael Page, Assistant Director of Primary Care, who updated the group on progress of the Accelerated Cluster Development and opened a discussion about the role of Clusters in supporting the ‘shift left’.</p> <p>The Forum supported the concept of collaboration through Clusters and Professional Collaboratives and advised of the potential additional value of training and a network for Collaborative Leads.</p> <p>However, members were unclear about the value, outcomes and impact of the current Clusters and system. Forum members highlighted the current challenges associated with moving successful services from pilot and proof of concept at Cluster level, to be core funded and Health Board wide. Members advised that there needs to be a clearer system for the evaluation and consideration of temporary funded pilot schemes, aligned with the planning process, that considers the outcomes, the value of the scheme and a decision related to either core funding and wider Health Board roll-out or exit strategy. It was recognised that the new Primary Care Board would have a key role in supporting the governance and impact of Clusters and the Forum look forward to seeing this develop.</p> <p>Overall, the Forum supports the concept to ‘shift left’ and urge the HB to increase their focus on primary care and PC major change programmes in support of this.</p>	

Quality Management System

Angela Wood, Executive Director of Nursing and Midwifery and Sam Watson, Improvement and Business Manager, were welcomed to the Forum to update the group on the Health Board's Quality Management System (QMS).

Members were encouraged by the approach being taken to develop a system and practical tools that add value and support staff to build on existing systems and approaches and share good practice, whilst avoiding replication and tick box exercises. Members appreciated the plan to test the approach with some services before bringing others online and were keen to be able to start to use. Members who had been involved in early roll out were encouraged by the system.

The Forum were pleased to hear that the QMS would extend to primary care and provide the opportunity to link across primary and secondary care services for specific health conditions.

Members' reports

Members' reports led to a discussion about the impact of major IT, data, and digital projects on clinical staff and core services. The HB are advised to ensure that sufficient consideration is given to the impact on, and resources require by, clinical teams, to ensure the effective training, testing, learning, implementing and embedding of new systems, whilst continuing to maintain core services.

The community nursing and midwifery representative informed the Forum about the Women's Health Plan for Wales, published in December 2024, outlining a 10-year vision to improve health care for women that has been developed following the publication of the Women's Health in Wales Discovery Report: Foundations for a Women's Health Plan and The Quality Statement for women and girls' health, both in 2022. The plan includes 8 priority areas which will involve short-, medium- and long-term actions both nationally and locally, across all specialities. Members were keen to highlight the need for a health board wide approach to the delivery of the recommendations within the Women's Health Plan for Wales, which impacts all services and requires the support of transformation, planning and public health.

Membership update

The Chair thanked Steve Grayston for his significant contribution to the Forum during his tenure as Therapies and Allied Health Professions representative covering Gareth Evans. Following Gareth's end of tenure, the role has been advertised and expressions of interest are being processed. The Specialist and Tertiary Medical role remains unfilled and a representative is being sought.

The Forum were informed that the Chair's tenure was due to expire on 9th March 2025 and the process to secure a new Chair before the next Forum meeting would be instigated. Whilst the current Chair will remain as a member of the HPF as the Scientific representative, their three-year maximum term as Chair will end.

Planning - Annual Workshop

HPF members were pleased to be able to provide feedback to planning team colleagues on the planning process at a dedicated workshop following the HPF meeting.

The Forum were pleased to hear how their previous feedback had been incorporated into development of new processes and were encouraged by the aims.

However, experiences of Members varied, indicating that engagement remained

<p>patchy and that there are still gaps or a lack of clarity in some of the processes, for example, the process for business case escalation and decision, including prioritisation criteria. The HPF reiterated their commitment to support the design of the planning process and in providing advice on how future plans can be implemented.</p>	
<p>H24/46 Date of next meeting: 7th March 2025 to be held 9.30-12.30 via MS Teams</p> <p>HPF Planning Workshop to be included on Friday 6 December 2024</p> <p>Next HPF meeting - 7th March 2025</p> <p>DRAFT - 2025/26 HPF meeting schedule was approved by the members present. Action: Placeholder invitations will be sent in due course.</p>	<p>RN</p>