



Healthcare Professionals Forum (HPF)

Minutes of the meeting held on Friday 1st September 2023 via Microsoft Teams

	<u>02.06.23</u>	<u>01.09.23</u>	<u>01.12.23</u>	<u>Workshop 01.12.23</u>	<u>01.03.24</u>
Executive Health Board Lead Officer – Gareth Evans	P	P			
<u>Welsh Medical Committee:</u>					
Primary and Community Care Medical Representative – Dr Tim Davies	P	P			
Mental Health Medical Representative – Faye Graver	(MAT LV)	A			
Specialist and Tertiary Care Medical Representative – Dr Chris Thorpe	X	X			
<u>Welsh Nursing and Midwifery Committee:</u>					
Community Nursing and Midwifery Representative – Emma Adamson	P	P			
Hospital Nursing and Midwifery Representative – Naomi Holder	A	A			
<u>Welsh Therapies Advisory Committee:</u>					
Therapies Representative – Steven Grayston	A	P			
<u>Welsh Scientific Advisory Committee:</u>					
Scientific Representative – Jane Wild (Chair HPF)	P	P			
<u>Welsh Optometric Committee:</u>					
Optometry Representative – Manon Haf	A	P			
<u>Welsh Dental Committee:</u>					
Dental Representative - Ian Douglas	A	P			
<u>Welsh Pharmaceutical Committee:</u>					
Hospital and Primary Care representative – Sarah Kingman	◆	A			

Community Pharmacists Representative – Sally Harris	P*	P			
<u>Guests in attendance:</u>					
Dyfed Edwards, Chair BCUHB		P			
Dylan Roberts, Chief Digital and Information Officer		P*			
Andrea Williams, Head of Informatics Programmes Assurance and Improvement		P*			
Dr Sakkarai Ambalavanan		P*			
Phil Meakin, Interim Board Secretary		P*			
Karen Higgins, Director of Primary Care		P*			
<u>Deputising for Members:</u>					
Susan Murphy – On behalf of Hospital and Primary Care Pharmacy Representative		P			
Sam Watson – On behalf of Hospital Nursing and Midwifery Representative		P			
Secretariat HPF - Rona Newton	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 being recorded in Teams for administrative purposes only.

H23/27 Welcome, Introductions and Apologies

H23/23.1 The Chair opened the meeting and welcomed those present.

H23/27.2 Apologies received and noted:

Sarah Kingman, Hospital Pharmacy Representative (Sue Murphy attended)

Naomi Holder, Hospital Nursing Representative (Sam Watson attended)

Faye Graver, Mental Health Medical Representative

H23/27.3 The Chair extended a special welcome to Dyfed Edwards, Chair BCUHB at HPF and introductions were made from the members of the HPF

H23/28 Introduction to Dyfed Edwards (DE), Chair BCUHB

The Chair, Dyfed Edwards, thanked the Chair of HPF for the invitation and noted that this was a good opportunity to share where we are as an organisation and what we at BCUHB are trying to achieve.

<p>DE highlighted that the Board are committed to create a culture where success is gained by supporting, helping and encouraging each other. Everyone has a role to play in compassionate leadership of the organisation, to be clear in the expectations of standards, and embrace ambition to be the best on this improvement journey as a whole. The key thing being, that the changes made are sustainable and that improvements continue into the future.</p> <p>The Chair showed his thanks to everybody for their commitment and for going the extra mile.</p> <p>The Chair of HPF thanked DE for joining the meeting, and noted appreciation for his time to remain present for the rest of the meeting.</p>	
<p>H23/29 Digital Strategy update - Presentation by Dylan Roberts (DR), Chief Digital and Information Officer, and Andrea Williams, Head of Informatics Programmes Assurance and Improvement; also joined by Dr Sakkarai Ambalavanan, Clinical Lead.</p> <p>The Chair welcomed Dylan Roberts who thanked the Chair for the invitation to share some details of the work going on around the project to improve the current electronic patient records systems across BCUHB. DR highlighted the importance of understanding what the issues are, and how these can be addressed by working with people on the front line to validate and understand the most effective way to resolve them and address the situation. DR stressed the importance of engagement following on from sessions like this at the HPF, that clinicians and clinical groups communicate with their colleagues what is happening so that there is an understanding of what needs to be achieved.</p> <p>DR shared a number of presentation slides to support details of his findings to date, and a number of suggestions moving forward with the project.</p> <p>A discussion ensued with members sharing thoughts and feedback from their own area of representation highlighting current positives and challenges.</p> <p>The Chair thanked DR and his team very much for his interesting and informative presentation and discussion, and on behalf of the Forum would be happy to contribute further to the developments in the future.</p> <p>[Dylan Roberts, Andrea Williams and Sakkarai Ambalavanan left the meeting]</p>	
<p>H23/30 Declarations of Interest</p> <p>H23/30.1 No declarations of interest were made.</p>	
<p>H23/31 Draft minutes of previous meeting held on 2 June 2023 - for approval.</p> <p>H23/31.1 The Forum members accepted the minutes of the meeting held on 2nd June 2023 as an accurate record of the meeting.</p>	

<p>H23/32 Matters arising and summary action log</p> <p>H23/32.1 Updates were provided for incorporation into the summary action log.</p>	
<p>H23/35 Review of Draft HPF Terms of Reference V5.1 – (taken out of agenda order due to the Board Secretary’s availability) - For comment/approval: Draft Terms of Reference HPF V5.1 - deferred agenda item due to June meeting not being quorate.</p> <p>The Chair welcomed Phil Meakin, Interim Board Secretary and Associate Director of Governance to the meeting to discuss new standing orders brought forward by Welsh Government in line with all Health Board and Committee meetings.</p> <p>It was agreed that the Chair and Executive Lead of the Forum would support any necessary changes, as well as agreeing to the requested change on the TOR in relation to the use of deputies, in order for the TOR to be taken to the Health Board at the end of september.</p> <p>Action: a meeting will be arranged to review the revised TOR prior to the Health Board meeting.</p> <p>[Phil Meakin left the meeting]</p>	<p>RN/GE /JW</p>
<p>H23/33 Primary Care update - Verbal update and presentation by Karen Higgins (KH), Director of Primary Care</p> <p>The Chair welcomed Karen Higgins to the Forum who gave a verbal update and shared a number of presentation slides.</p> <p>The update focussed on the opportunity and possibility of developing a new primary care model where local primary care hubs, through clusters, would consider and implement new and innovative ways of working. This would include consideration of issues such as centralisation of management of primary care Out of Hours, management of managed practices, urgent primary care as a regional service; different ways of delivering the Urgent Primary Care Centre model..</p> <p>A discussion ensued in relation to the Primary Care model, and what is possible with Cluster led Primary Care Hubs as an asset based approach. Members provided their thoughts to the discussion based on their experiences within their own areas of representation.</p> <p>The Chair thanked KH for the very useful discussion. KH thanked the members for their helpful contributions to the discussion, and invited further engagement outside of the meeting.</p> <p>[Karen Higgins left the meeting]</p>	
<p>H23/34 Chair and member written updates</p>	
<p>H23/34.1 HPF Member Summary Report_Chair and HCS</p>	

Members received the Chair and Healthcare Science representative written summary for information from Jane Wild and noted the following:

Good news to share:

The first HCS in Wales to complete the Level 4 HCS apprenticeship did so this June. They are employed at BCUHB and have been nominated for a national Apprentice of the Year award.

The Advancing Healthcare Awards Cymru, celebrating the work of AHPs and HCSs in Wales, has just closed for nominations. BCU Healthcare Scientists and teams have been nominated and we await the publication of the finalists over the coming weeks. The awards ceremony will take place in October.

Key Issues for Attention of HPF:

The national HCS working groups continue to progress the implementation of the *HCS in NHS Wales – Looking Forward Framework*. Parallel work streams are under development at BCU under the leadership of the DOTHS and new Assistant DOTHS.

A HCS network at BCUHB is planned, bringing together HCS professionals from across BCU, enabling them to work together to most effectively support the organisation in the implementation of the HCS framework locally.

As Chair of HPF I have attended the following since last HPF meeting in June 2023:

22/06/2023 – Extraordinary Board meeting & Health Board workshop focused on risk

30/06/2023 – National Joint Professional Advisory Committee (NJPAC)

07/08/2023 – NJPAC

Meetings scheduled prior to Sept HPF meeting

22/08/2023 – Quality, Safety and Effectiveness Committee

24/08/2023 – Audit committee, Health Board meeting & Board Workshop

31/08/2023 – Health Board development session

The NJPAC, chaired by Dr Rob Orford, the Chief Scientific Advisor for Health, is undergoing a review of purpose and terms of reference. It is expected that HPF Chairs/Vice Chairs will remain members of the group along with Chairs of national professional advisory committees. A draft TOR will be shared once available.

H23/34.2 HPF Member Summary Report_Community Nursing

Members received the Community Nursing representative written summary for information from Emma Adamson and noted the following:

Good News to Share:

BFI Accreditation – achieved across all sites

<p>Key Issues for attention of HPF:</p> <p>Homebirths continue to be suspended, however following full review of local and national data, some reassurance gained regarding WAST response times. Remains on the corporate risk register, and Community midwifery homebirth re-implementation support plan developed and actions commenced. Suspension to be reviewed again in September (see report attached)</p> <p>MatNeo SSP Discovery Phase Report published. Includes a total of 134 priorities for action for maternity and neonatal services and by national leads. Initial mapping has been completed:</p> <p>64 actions for maternity services: 33 green, 18 amber, 14 red</p>	
<p>H23/34.3 HPF Member Summary Report_Dental</p> <p>Members received the Dentistry representative written summary for information from Ian Douglas and noted the following:</p> <p>Good News to Share:</p> <p>The LHB asked for tenders to be submitted for funding to deliver dental services 7 bids were received</p> <p>Key Issues for attention of HPF:</p> <p>Increasing privatisation of dental services and decreasing NHS access across the patch. There are some hiccups with the Dental Academy building works. Contract reform is ongoing. PLVE process to be made easier to allow faster processing of overseas dentists to boost the workforce. This will present issues of its own.</p>	
<p>H23/34.4 HPF Member Summary Report_Hospital Nursing</p> <p>Members received the Hospital Nursing representative written summary for information from Naomi Holder and noted the following:</p> <p>Good News to Share:</p> <p>Macmillan award shortlisting</p> <p>Dementia garden</p> <p>Key Issues for Attention of HPF:</p> <p>International Nurse Recruitment</p>	

A nominated delegation party from across Wales, comprising of representatives from three Health Boards (HB's), NHS Wales Shared Services Partnership (NWSSP), Welsh Government (WG) and Swansea University travelled to Kerala, Southern India to scope ethical recruitment of Registered Nurses and Clinicians and to partake in a pilot recruitment fayre of Registered Nurses (with a minimum of 12 months recent experience and have passed their OET/IELTS) into HDHUB, ABUHB and BCUHB.

Colleagues from a number of organisations in NHS England were also in attendance to further develop previous exercises they had undertaken in the scoping of ethical recruitment, however their scope was broader in terms of Healthcare professionals considered (psychiatry, specialised registered nurses; mental health and Hospice as an example) and also were recruiting Registered Nurses who were yet to have passed their OET/IELTS.

Rachel Bowen, Head of Nursing for Emergency Care in the East supported the visit and represented BCUHB Nursing.

Recruitment Fayre:

- Nurses were sourced and shortlisted for interview via Norka Roots for a three day recruitment fayre.
- Norka roots is a state-run agency under the Government of Kerala, authorised by the Ministry of External Affairs, Government of **India** to facilitate overseas **recruitment**.
- Candidates do not pay any fees to this agency (unlike commercial agencies);
- The fee HBs pay Norka Roots is under £400 per Nurse; Total costs (inclusive of the relocation to be provided by NWSSP).
- Over 80 Nurses were interviewed by 2 interview panels over the 3 days. The questions were agreed upon (with colleagues also in attendance from England at the recruitment fayre) prior to arrival and were rotated between the two panels and over the three days to reduce disclosure of questions between candidates. The interview panels were also rotated over the three days to ensure a consistent approach was being taken.
- 58 Nurses were deemed appointable., all of whom had passed their ILETs/OET, however not all of these had 12 months experience at the time of interview, which in terms of landing times in the UK will need to be factored in.
- There was a requirement to review the calibre of candidates during the three day event, in consideration of the volume of 'Freshers' (Newly qualified; NQ registrants) that were identified suitable for interview by Norka Roots in consideration of the original shortlisting criteria requested by the delegation party and respective HB's being represented. Whilst BCUHB had expressed that newly qualified nurses would be considered, both ABUHB and HDUHB held a position that as a minimum 9 months post registration recent experience would be required, with 12 months completed upon being deployed to work in Wales.

- Norka Roots supported the review of the calibre of candidates and adjustments were made to ensure only those meeting the criteria in terms of minimum recent experience were interviewed to ensure there was a balance in the appointees in terms of levels of experience
- All candidates were asked prior to interview and for those successful, post interview by workforce colleagues in attendance if they had a preference in terms of location and speciality. To ensure maximum pastoral support could be considered in preparation for the migration of these staff
- Evidence of completion of candidates passed IELTS/OET were also checked during the recruitment fayre by both Norka Roots and parties from Wales, in addition to confirming of candidates had completed and passed their CBT (also though this was not a mandatory requirement)
- All Candidates were advised on the day of interview if they had been successful or unsuccessful by the workforce representatives of the delegation party and provided an overview of the next steps
- Chief Nursing Officer Rep and HEIW/Swansea University Rep undertook semi structured focus group discussions with Nurses throughout the recruitment fayre to understand more about the challenges faced in the migration of IEN.
- Participants were informed that discussion outputs will be themed and used to inform a National consistent approach to welcoming and supporting the deployment of IEN to Wales whilst building a strong foundation to help the retention and further attraction of IEN to Wales.
- Chief Nursing Officer Rep and HEIW/Swansea University Rep undertook follow up discussions with unsuccessful candidates to provide feedback, support and guidance around core registrant requirements for working in Wales.

Following completion of the interview's the three HBs met with NWSSP (WG colleagues observing) to allocate the candidates appropriately. The decision making for allocations of successful candidates were based on:

- Expressed preference in terms of location (many had family/friends who they wanted to live near/with);
- Specialty;
- Length of experience (Four categories were applied: NQ, 1-6 months experience, 12 months minimum experience, significantly over 12 months experience).

Of the 58 Nurses deemed appointable:

- HDUHB offered position's to 17 candidates;
- BCUHB offered position's to 18 candidates;
- ABUHB offered position's to 22 candidates;
- C&V are being offered 1 candidate (who only wanted C&V).

Of the 18 for BCUHB:

- 6: significant experience (although 1 had a recent 2 year gap so will need to evidence recent experience before landing in the UK);
- 1: 12 months (recent) experience;
- 8: 1-6 months experience - so will need to consolidate their training for a minimum period of six months in India prior to landing in the UK
- 3: NQ Nurses / no experience (since qualifying) - so will need to consolidate their training for a minimum period of six months in India prior to landing in the UK

It was agreed that NWSSP will write to all candidates, successful and unsuccessful to confirm the outcome as communicated to them at the recruitment fayre and to advise of next steps/requirements to proceed

Educational and Institution Visits:

Visits were undertaken to scope future pathways (with private sector – Aster, missionary – Ranjiri and a government-funded hospital - Cochin and its affiliated government funded nursing college). During the visits focus groups were undertaken with:

- Nursing students;
- Nursing lecturers;
- Management teams.

In addition, the delegation party were fortunate to meet with members of the senior teams and provided with presentations/ walk-about of the service provision available to the patients of Kerala in their establishments and time appropriate time spent in a number of clinical environments. These sessions were invaluable to gain the wider picture of opportunities, challenges/concerns and risks.

There are 250 nursing colleges across Kerala, with only three of these government run. Approximately ten thousand Nursing students graduate annually, however approximately 90% choose to migrate to numerous countries, including the UK. With the change in stipulations by the NMC, in that 'Freshers' (NQ Nurses) can now apply to practice within the UK upon qualifying, this had posed additional challenges to the workforce in Kerala. Nursing degrees in Kerala are 4 years and the Government colleges then have a one year internship (minimal salary £160 per month paid during this period).

There is a stark variance in condition's nurses work within, dependant on the funding of the institution they train and work within. The private sector (and the missionary hospital visited by the delegation party) has the available funds to maintain safe staffing levels, with in some instances ward based ratios of 1:5/6. Which is vastly different from the conditions of the government funded hospitals, therefore this requires consideration in the placement and induction of staff on arrival into the UK.

Focus group sessions proved invaluable, offering a number of 4th year nursing students the opportunities' to shared concerns and the delegation party equally the opportunity to provide guidance on some matters that should be considered pre relocation (which concurred with the focus sessions led at the recruitment fayre).

These included:

- Concerns regarding communicating with patients, listening skills with accents being the registrant's main concern (not speaking or writing)
- Housing – particularly when relocating with families
- Opportunities for career progression
- Clear desire by many to undertake their Masters
- Wanting to feel valued and respected as a Nurse (hierarchy differs in India)
- Role of the nurse in the UK – ensuring candidates understood need to provide personal care alongside HCSWs
- Equality in workforce – consideration for potential need to use childcare – cultural differences in the UK
- How long opportunities' will remain for relocation to Wales – nervousness that opportunities will run out!
- Challenges with paying for (and having time to study for) OET/IELTs as a Fresher in India

Next Steps**Immediate relevant to recruitment event May 1-10 2023:**

- In a bid to be efficient and compliant as much relevant PEC documentation was gathered scanned/copied at the time of the recruitment fayre;
- All candidates will be written to by NWSSP following the event to advise of next steps (e.g.: to source outstanding documents, to further understand some experience, to book CBT, to gain further experience etc.).
- Although the on-boarding process has not been confirmed, it is hoped NWSSP Digital Services Project Team will on-board (PECs, book flights, transport) as they have recruited extra resource (Band 7 and Band 4) into their project team to support international recruitment.

Potential Kerala pipelines:

- Due to the natural and expected migration of Nurses in Kerala coupled with global competition and active recruitment activities within the Kerala state is it likely we will experience attrition. Therefore, a regular pipeline/pathway and agreed MoUs may mitigate the risk.
- Experienced Nurses and NQ Nurses (completed 12 month internship) continue to be interviewed via a mix of in person and virtual careers festivals arranged by Norka Roots, potentially bi-annually. With the next likely planned in person recruitment visit in October/November 2023

Kerala Network:

- There is currently a UK-Kerala Nurse Network of c10,000 members. This is

supported by a C&VUHB advanced nurse practitioner Siji Salimkutty (part of the Kerala delegation team May 2023). Siji has been tasked by WG/CNO to establish a Wales / Kerala Nurse Network. Judy Abraham (BGH) and Jissa Santhosh (ABUHB) support will be critical to this moving forward and a nominated suitable member of staff from BCUHB (Rachel Bowen to identify and confirm).

Pastoral support for successful relocation and retention:

- An All Wales IEN pastoral workforce review will be undertaken at pace to consider and improve upon current practice in relation to HB pastoral support models (pre and post registration), incremental credit, relocation packages and pathways to promote retention as:
 - Increased volumes of international nurses will increase on current on wards/department pressures due to the educational/pastoral support required in the infancy of relocation in comparison to UK registrant appointments
 - The current model in Wales is reliant on existing Practice Development nurses and Ward/unit managers to support international recruits, with no additional funding allocated to support, despite the known additional support required.
 - There is also a lack of consistency across Wales in terms of the funding allocated to the Practice development workforce
 - Many of international nurses with significant experience are recruited to the bottom of the Band 5 pay scale; which requires consideration/review (and differs to that in England) to avoid unnecessary completion and relocation of staff to England from Wales.

CNO Priorities

Community Nursing Specification

Dementia Care

Autocascade

Duty of Quality/Candour

H23/34.5 HPF Member Summary Report_Hospital Pharmacy

Members received the Pharmacy and Medicines Management representative written summary for information from Sarah Kingman and noted the following:

Member area update:

Welsh Government response to Review of Clinical Pharmacy Services at NHS

Hospitals in Wales (September 2023)

In 2022, the Welsh Government commissioned the pharmacy professional leadership body the Royal Pharmaceutical Society (RPS), to undertake an independent review of the provision of hospital clinical pharmacy services in Wales. The purpose of the review was to consider the current provision of clinical pharmacy services in hospitals in Wales and how it aligned to the priorities and changing needs of NHS Wales. As part of a detailed specification, the review was to consider the services provided in Wales, as well as those in other parts of the UK, and internationally, and to make recommendations which if acted upon, would ensure those services continue to meet the changing needs of people and the NHS.

The review would therefore collate and build on the many examples of good practice already happening in hospitals across every part of Wales. It would also draw on international best practices to help shape how future services can support the NHS' immediate and long-term priorities. The review considered the opportunities presented by the wider use of technology, the planned deployment of electronic prescribing in every hospital in Wales through the Digital Medicines Transformation Portfolio, and the reforms to the training of pharmacists and pharmacy technicians, which mean all pharmacists registering from 2026 will be prescribers.

The fieldwork for the review was completed in the early part of 2023 and included a review of international evidence peer-reviewed and grey literature; surveys and interviews with health board chief pharmacists and pharmacy teams; workshops with over 700 pharmacists, pharmacy technicians and other pharmacy team members; a call for evidence of good practice already happening in hospitals in Wales; focus groups with pharmacist prescribers working in hospitals and with patient representatives from the citizens' voice body Llais; and workshops with representatives of medical and nursing royal colleges, and professional leadership bodies of non-medical healthcare professions.

The findings of the review have been collated in a report by the RPS and the Welsh Government are expected to publish their response along with the full report in late September. The Welsh Government will work with the NHS Executive, health boards and other NHS organisations to ensure the necessary actions are progressed to realise the benefits identified in the review and consider what arrangements are needed to oversee and drive change.

Good News to Share:

BCUHB Achievement Awards-3 Pharmacists from IHC West – finalists. Extra mile award finalist: Elena Jones, Environmental sustainability award Green group-includes Yasmina & Partnership award - Hep C team (includes Anest).

Pharmacy team have obtained a North Wales award for Engage to Change project - employers that have gone above and beyond to support an apprenticeship.

RCBC Wales First into Research Fellowship– Lois Gwyn successful application

- Aim of study
What are the views of doctors and pharmacists on the role of newly qualified pharmacists

who are able to prescribe from the point of registration within general practice?

Alison Hughes and Mared Owen have both successfully completed their independent prescribing and are now annotated on the register as prescribers.

Successful recruitment of pharmacists to academy training hubs to support education and training of clinical staff.

Central trainee pharmacists (Tinashe and Klaudia) kindly drafted a welcome pack for trainee pharmacists which we are hoping to update and approve via pharmacy people and cultures meeting and CMT. HEIW have been made aware and would like to take this forward and possibly adapt for wider use in Wales and have also offered to translate for us.

The first Electronic Prescription Service (EPS) trial will happen in Rhyl with one of our GP practices and community pharmacies.

Pilot of multi area training for preregistration pharmacy technicians in central IHC – to include secondary care, Primary care, community hospitals, mental health and the cancer centre.

New preregistration pharmacy technician training started last year. Course is 2 year and a Level 4, with Medicines Management and ACT qualifications. All students have successfully completed year 1

New undergraduate placements for student pharmacists to commence this year.

Human factors training successfully delivered within pharmacy.

Pharmacy ED project in the East funded a Band 3 Medicines Assistant role whose main aim was to reduce waste and reduce re-dispensing rates due to 'lost' medication in the busy ED environment. This was achieved by ensuring medications followed patients from ED to downstream wards and improving stock management.

Key Issues for attention of HPF:

None

H23/34.6 HPF Member Summary Report_Optometry

Members received the Optometry representative written summary for information from Manon Haf and noted the following:

Good News to Share:

- Optometry Contract Reform is progressing with second round of negotiations underway
- Optometry Contract Reform Consultation closed on 19/6/23. Awaiting

Consultation Response from Welsh Government. Optometry is in full support of Contract Reform however, there are some concerns re domiciliary proposals and patient voucher values.

- Accelerated Cluster programme is developing at pace with on-going engagement.
- North Wales Teach and Treat programme progressing

Key Issues for attention of HPF:

- No Pan BCU Clinical Lead
- No Clinical Lead in West
- ECCG not met since November 2022 due to lack of clinical lead.
- Local Eye Care Groups meetings occurring ad-hoc, but often cancelled at the last minute due to no medical representation
- Sali Davis Optometry Wales CEO has resigned from post. Recruitment on going.
- Spa Medica Outsourcing: BCUHB continue to pause outsourcing of cataract services to Spa Medica. Patients who have had first eye done will have their second eyes done as part of the current pathway. However, no new patients will be accepted by Spa Medica. Concerns re increase in Cataract Waiting times.
- Estates Challenges – lack of space in clinics across all sites
- Concerns re IT and digital solutions (on-going)

H23/34.7 HPF Member Report_Therapies

Members received the Therapies representative written summary for information from Steven Grayston and noted the following:

Good News to Share:

There have been a few therapy staff/teams short listed for the BCUHB awards:

- Nia Williams, Stroke Therapy Consultant east, in the leadership category
- Rakesh Kumar, Clinical Specialist Physiotherapist, Hergest Unit, Ysbyty Gwynedd in the diversity, inclusion and equality category
- The Long Covid Service, which is a multidisciplinary service including psychology, in the partnership category.

We had 2 posters accepted at the national welsh stroke conference:

What is the impact of a stroke ESD service in Central North Wales on stroke survivors' functional abilities? Jodie Van Heerden, Becky Sleath, Dr Sushmita Mohapatra; and

Does the Central North Wales Early Supported Discharge have an impact on stroke survivors confidence? Becky Sleath, Jodie Van Heerden, Dr Sushmita Mohapatra

East OT ran a full workshop with the Royal College of OT's annual conference with very positive feedback and that was both within the ICAN Mental Health Arena and within the realigned service into what used to be our old domiciliary service. They ran concurrent workshops with the primary care focus, both were accepted with

outstanding feedback for all UK

The 5 new Assistant DOTH roles that are supporting Gareth Evans in his DOTH role have been in post for a few months now and are making progress in their assigned areas; 3 of these have a specific therapy remit. These are:

- The implementation of the National Allied Health Professions (AHP) framework within BCUHB, designing our work programme.
- The AHP framework and our ambition within primary and community services and setting up the AHP Professional Collaborative.
- Professional regulation ensuring a robust governance approach across BCUHB for each profession.

Updates will be provided as these pieces of work come together.

Key Issues for attention of HPF:

Primary Care Planning Groups are now starting to take place, so the AHP collaborative will be established to feed agenda items up into those meetings.

Recruitment will be commencing shortly to recruit the Consultant Therapy Post for the Complex Chronic Conditions Service (formerly the Long Covid Service) with further developments following this appointment.

Recruitment is also taking place to the AHP community/Primary care posts across BCUHB with a focus on supporting frail patients in the community, helping keep them at home or supporting discharge from hospital.

Therapies have been piloting signing off “Fit Notes” in Primary Care in the west, as provision to expand that beyond GP’s was made in the last year. The pilot is to ensure clear governance is in place around the management of this.

Work is on going in a few areas relating to scope of practice, these include use of ultrasound for botulin injections in spasticity and ultrasound guided injections in specific MSK conditions. These both require clear governance processes including robust training behind them.

The Posture and Mobility Service (PAMS) have successfully completed and been awarded their ISO 134585483 - externally audited quality & safety

PAMS and OT have collaborated to develop a patient accessible garden suitable for rehab for Wheelchair and Prosthetic Limb service users

H23/34.8 HPF Member Report_Primary and Community Care

Members received the Primary and Community Care representative verbal summary for information from Dr Tim Davies and noted the following:

Good News to Share:

- To date, no further GP surgeries have handed back contracts this quarter

<p>Key Issues for attention of HPF:</p> <ul style="list-style-type: none"> - Shortages of various drugs/out of stock - Increase in patients requiring follow up after overseas surgeries (joint/bariatric) - Asylum – proposed initial assessment centre at Northop Hall – potential impact on primary care - same issues with demand/workforce 	
<p>H23/36 Items to be received for information:</p> <p>H23/36.1 Minutes of the National Joint Professionals Advisory Committee held on 31 March 2023</p> <p>The minutes were received and noted.</p> <p>H23/36.2 Minutes of the Quality, Safety and Experience Committee held on 22 June 2023</p> <p>QSE - BCUHB</p> <p>The minutes were received and noted.</p>	
<p>H23/37 Summary of information to be included in Chair's assurance report to the Board</p> <p>Digital Strategy Update – Electronic patient records systems</p> <p>The Forum welcomed the opportunity to comment on the plans to improve the current electronic patient records systems across BCUHB. There was strong support for the need for an integrated system and recognition of the benefits this would provide, including patient safety and the recruitment/retention of staff. Members supported the systematic approach being taken to implementation and integration of multiple systems (a system of systems approach) and highlighted the need for any system to enable limited access where required, specialist functionality, as well as an accessible summary view. The Forum also highlighted the need to consider how commissioned services are incorporated.</p> <p>Primary Care Strategy</p> <p>The Forum were supportive of an approach to do things differently in primary care with a focus on a local and multi-professional approach and ensuring a seamless experience for service users. Members were keen to ensure that any model enabled a flexible approach to meet local needs and highlighted the importance of strong leadership at a local level. The Forum also wished to highlight the existence of good practice and engagement in some areas that could be built upon.</p> <p>Membership</p> <p>Emma Adamson, Forum representative for community nursing and midwifery, has</p>	

taken on the role of Forum Vice Chair.	
<p>H23/38 Date of next meeting noted as: Friday, 1st December 2023 to be held 9.30-12.30 via Microsoft Teams – timings may be adjusted slightly to accommodate workshop.</p> <p>HPF/IMTP Workshop – suggested that the workshop is arranged as an ‘add on’ to the next HPF meeting on Friday 1 December 2023 - TBC</p> <p>Friday 1 March 2024</p>	