



MINUTES
Betsi Cadwaladr University Health Board (BCUHB)
Stakeholder Reference Group (SRG)

Notes of the meeting held on 03.03.2025

Present:	Representative of:
Mike Parry	One Voice Wales (Chair)
Peter Lewis	Cartrefi Conwy (Vice-Chair)
Linda Kinani	Carer's Outreach Service
Thea Brain	Care Forum Wales
Allen Bewley	Flintshire Local Voluntary Council
Cllr. Arnold Woolley	Flintshire County Council
Haydn Jones	North Wales Cancer Patients' Forum
Jenny Murphy	Mind Cymru
Michelle Collard	CEO, North East Wales Mind
Bethan Russell-Williams	Mantell Gwynedd Voluntary Services Council
Roger Seddon	Llais Cymru
Dilwyn Morgan	Gwynedd Council
In Attendance:	
Dyfed Edwards	Health Board Chair, BCUHB
Helen Stevens Jones	Director of Partnerships, Engagement and Communications, BCUHB
Rob Callow	Head of Engagement, BCUHB
Brian Laing	Strategic Partnership Manager, Public Health, BCUHB
Geraint Parry	Quality Improvement Fellow, BCUHB
Julie Parry	Programme Lead, Organisational Design
Llinos Roberts	Executive Business Manager (Chair's Office), BCUHB
Sophie Stevens-Jones	Communications and Engagement Manager
Committee Support	
Fiona Lewis	Corporate Governance Officer, BCUHB. Minute taker.
Ann Lloyd	Translator

Agenda item
PRELIMINARY MATTERS
S25/01 Welcome and apologies
<p>The Chair of the Committee welcomed all to the meeting.</p> <p>Apologies were received from Haydn Jones, Geoff Ryall-Harvey (Llais Cymru) - Roger Seddon to deputise, Dylan roberts (Julie Parry to deputise), Lyndsey Campbell-Williams, Liz Wedley and Steve Williams (Welsh Ambulance Service Trust).</p>

S25/02 Declarations of Interest

No declarations of interest were raised.

S25/03 Draft minutes from previous meeting held on 20.12.24 and Summary Action Log

It was agreed that the minutes of the meeting held on 20.12.24 were a true and accurate record.

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

STRATEGIC PRIORITIES

S25/04 Partner Update

The Chair thanked Michelle Collard and Jenny Murphy for their presentation, in which they drew particular attention to:

- There are fewer Mind offices in the West than the East within North Wales
- Mind works with adults and children from twelve upwards
- Mind's main objectives were:
 - Campaigning for the rights to improve the nation's mental health, by influencing Welsh Government and stakeholders.
 - To provide national services such as emotional support, legal, welfare rights and information helplines, which during the last fiscal year assisted more than 2,000 people in Wales.
 - Through its 24/7, Side-by-Side peer-support online platform, which has more than 31,000 members, moderated by Mind staff to ensure member safety.
 - Through its website and various health settings, it provides access to evidence-based information
- Nationally, Mind receives funding via individual or corporate fundraising, grants and trust funds.
- Mind does not have a direct link with the Health Board however it was keen to work with the organisation.
- Mind works with adults and children from the age of 12 years and upwards
- As funding dictates the services Mind provides, despite confirmation being received from Welsh Government that they intend to provide 50% of funding required for the 'I Can' service, the Health Board had yet to provide a contract to cover the matched funding.

Michelle Collard and Jenny Murphy were thanked for attending the meeting and providing an insight into the work of Mind across North Wales.

Actions:

- **S25/04.1** Mike Parry and Michelle Collard to talk outside of the meeting, regarding matched funding for the I Can service and investigate what can be done to improve communication surrounding the uncertainty of funding.

WORKSHOPS**S25/05 Well North Wales**

Brian Laing provided his presentation, highlighting:

- The widening health inequalities across North Wales, with Health being the biggest barrier to economic growth in the UK
- How to shift the system more to prevention than cure, by working with stakeholders
- How to continue to build on the achievements and enthusiasm for the Inverse Care Law, Social prescribing, Arts in Health and reducing variation of quality of services.
- Work taking place to build upon examples of good practice, co-production and co-design taking place in some areas is scaled up and spread across North Wales.
- Work continuing with Improvement Cymru to find ways of mobilising partnerships
- A Task & Finish Group had been set up to identify what good will look like and how to identify it.
- Long-term outcomes

Following the presentation, Members discussed:

- The need to find better ways of measuring quality and recording demographic data regarding GP contracts and social prescribing.
- The Task and Finish group will report back in May 2025 with its recommendations.

Actions:

- **S25/05.1** Brian Laing to report back to the SRG once the Task & Finish Group has made its recommendations.

It was resolved that the Committee were:

- **ASSURED** by the high-level overview of Well North Wales background & context.
- **NOTED** the progress to date
- **ASSURED** that forward plans for scoping and shaping this longer-term complex whole systems programme of work is being developed collaboratively in participation with regional partners and the active involvement of key local stakeholders.

S25/06 Progress on Special Measures

Dyfed Edwards, Health Board Chair, reflected that although The Health Board was the only health board in Special Measures, others were challenged and all in some form of escalation. He noted that the Health Board had come a long way to where the Board had an almost full complement of Members and that the new style of leadership operates in a far more open and transparent manner, placing greater store in being encouraging and considerate to allow staff to flourish.

Geraint Parry provided his update to the meeting, drawing attention to the progress made since the Health Board was put into Special Measures:

- More than two years since the Health Board went into Special Measures
- Positive feedback received from both Healthcare Inspectorate Wales and Audit Wales regarding the progress made, in particular with regards to Governance, which had resulted in the Intervention order around Governance being revoked.
- Progress regarding leadership, capability and culture was also noted, due to the stability created by a fully established Board and Committee governance and the continuing Board Development Programme.
- Important work continued to take place regarding the Health Board's values and behaviours, being led by both the Chair and the Chief Executive.
- The review of all investigations for HM Coroners' office, resulted in focus on responding to and learning from complaints. The Health Board had moved from the worst performing in Wales to the best, with recent figures showing overdue complaints had reduced from 438 to 42.
- The newly established Quality Management System (QMS) developed with the Institute of Healthcare Improvement now being implemented, to help ensure consistency of care
- Every Health Board in Wales is in some form of escalation with regards to finance, strategy and planning
- There were no longer any services deemed to be 'of considerable concern' with improvements in both Vascular services and the Emergency Department at Ysbyty Glan Clwyd being sufficient for both services to be de-escalated by Healthcare Inspectorate Wales
- Clinical and managerial appointments to Dermatology have secured significant improvement capacity
- Mental Health – in response to the Invited Services Review carried out by the Royal College of Psychiatry, Patient and Carer experience work had been strengthened with the Independently-chaired Expert Advisory Group in place, which includes patient and family representatives.
- Improvements in both financial governance and control, with significant staff training for procurement and contract management resulting in savings targets being exceeded
- Focus going forward
 - to achieve an approvable IMTP; 10-year strategy mobilisation; organisation-wide capability in planning; delivery against the full set of ministerial priorities and unlocking financial sustainability by addressing clinical variation.
 - Improvement in performance and outcomes, including fewer patients on extreme waiting lists with shorter waiting lists generally; improved dental services following completion of new multi-million pound contracting exercise; resilience in the Urgent and Emergency care system.
 - Planned Care, Community Care and improvement to Dental access (working with Wales Dental School).
- Looking ahead to 2025/26:
 - Improve frontline services
 - Work with partners to co-develop the Ten-Year Strategy for North Wales
 - Use learning from QMS to inform and improve Clinical Service Plans

- Advancement of the Electronic Healthcare Record Business Case to support longer term transformation
- Make better use of Community and Primary Care to see a focus on prevention and health promotion.
- Conclude design work for Foundations for the Future, and commence implementation

As part of the discussion, Members noted;

- that the model of care is changing, with several managed practices showing a move away from owned practices.
- Value-based healthcare, to refer to 'value' in the broader term, not purely the financial value.
- The discrepancy sometimes between what the Health Board believes and what the public perceive. Members were very appreciative of the candour of the Health Board and pleased to hear the progress.

It was resolved that the Committee:

- **RECEIVED** the presentation.

[Geraint Parry and Sophie Stevens-Jones left the meeting]

FOR ASSURANCE

S25/07 Director's Report

Helen Stevens-Jones, The Director of Partnerships, Engagement and Communications, presented her report to the meeting.

- The fourth Citizen's Experience Report had been presented to the Board in January and had summarised key themes from recent citizen engagement. The themes included delays and waiting times, access to services, communication and positive experiences as well as actions taken by the Health Board and the report noted that the newly commissioned Waiting List Support Service, which now directs people to online advice, support in the Community or helplines, was having a very positive impact.
- Members were assured that work was progressing at the Llandudno Orthopaedic Hub and it is expected that patients will start to be seen there before the end of 2025.
- Members were pleased to be provided with the information contained within the report, which clearly explained what work had been done in response to issues raised at the various engagements.

It was resolved that the Committee:

NOTED the report

S25/8 Review of Board Engagement

Rob Callow, Head of Engagement, provided his review of Board engagement with the public, which had taken place over the previous 12 months. At these meetings Board Members and senior leaders had been able to listen and engage with the public, over

a wide range of days, times and locations. At the seven engagement events, Board Members had been able to hear first-hand what worked well and what did not.

Since January, a review of engagements had taken place to investigate:

- The participation and attendance at the events.
 - It was noted that despite a concerted effort to promote attendance, results were varied. Future events to be held on a wider range of days, times and locations
 - Ways of encouraging people from the margins to attend - time allowances for different communities, piggy-backing on third sector/community events
- Whether engagements reached the aims originally set out?
 - There needed to be a two-way conversation
 - Feedback from the events fed into the Citizens Report
- What were the impacts and outcomes?
 - Combine engagements with more health improvement, support and advice opportunities.
 - The need to take account of what is important to people, which might not necessarily be what the Health Board thinks are the priorities.
 - The need to focus on local or regional issues or concerns, such as local service changes.

S25/09 Update on the Organisational Design Principles (ODP)

Julie Parry, Project Lead, provided a presentation which noted:

- That following 10 months of consultation across the Organisation, as well as with Stakeholders including the SRG, the Health Board was in the position where the ODPs had been agreed and were ready to be applied to formal decision making.
- The design principles included putting people first; inclusivity; wise spending; simplifying, standardising and adopting best practices; digital innovation; equity and accessibility and consistency with the Health Board values.
- What the ODP aimed to accomplish: to be embedded across the organisation ensuring decisions are made understanding their relevance and this to be applied consistently; a clear governance framework which would include accountability. resources, training and communication channels were in place to ensure staff know how to apply them and where to seek guidance, if necessary.
- Over time, it was hoped that the principles shape the Organisation's culture, processes and that investments align with its strategic vision.
- To ensure that decision-makers can accurately articulate key design principles and that new starters in leadership roles receive the appropriate training.
- Specific targets will be established by the Implementation/Project group once established. This Group will be responsible for identifying potential solutions to ensure Design Principles are embedded and will decide on the most appropriate change methodology to use.

- To reduce the number of instances where decisions had been challenged or revised due to non-alignment with design principles and to ensure staff feel empowered to challenge decision based on these principles.
- The Design Principles Implementation/Project Group will be an element of the Foundations for the Future Programme, and will formally report into the Executive Team.

Following the presentation, Members were assured that costings for the Foundations for the Future were being assessed during the design phase, which had just been entered.

It was resolved that the Committee:

NOTED the report and were **ASSURED** by the next steps for embedding them across the Organisation.

FOR INFORMATION

S25/10 SRG Membership Briefing Paper

Llinos Roberts, Executive Business Manager, confirmed that comments received by Pam Wenger, Director of Corporate Governance, at the previous meeting regarding appointments to the SRG had been taken into consideration and incorporated into the draft SRG Terms of Reference, which would be put to Board for approval.

Members were advised that:

- a nomination had been received from Denbighshire Council and a formal response was in hand.
- Mike Parry's term of office as Chair was due to end in June 2025 and therefore all Members would be approached with regards to seeking expressions of interest.

A discussion took place regarding the lack of membership representation from margined communities, with particular reference to the homeless sector and children, to ensure that the SRG mirrors the community the Health Board it serves.

S25/10.1 LR to discuss how best to seek representation for children and the homeless sector with Pam Wenger and Mike Parry.

It was resolved that the Committee:

NOTED the report.

CLOSING BUSINESS

S25/11 Agree items for referral to Board or other Committees

S25/11.1 Following the Partner update from Mind, Mike Parry to discuss at Board the causes surrounding the uncertainty of funding.

S25/12 Review of Meeting's Effectiveness

Mike Parry noted his thanks to Jenny Murphy and Michelle Collard for their Partner Update, along with others for their papers and presentations.

Dyfed Edwards offered his thanks to Mike Parry for his full commitment to the SRG as Chair, during which time he had helped to increase the attendance; Mike Parry thanked Dyfed for his praise.

S25/13 Date of next meeting.

Monday, 2nd June 2025

Attendance Register

Name	Organisation Represented	03.06.24	02.09.24	02.12.24	03.03.25
Mike Parry (Cllr)	One Voice Wales (Chair)	✓	✓	✓	✓
Alan Morris	Assistant Director of Partnerships & Public Affairs	x	x	x	x
Allen Bewley	Flintshire Local Voluntary Council	✓	x	✓	✓
Alun Roberts (Cllr)	Anglesey County Council	x	x	x	x
Bethan Russell Williams	Mantell Gwynedd		✓	✓	✓
Christine Marston (Cllr)	Denbighshire County Council	x	x	x	x
Clive Nadin	Care Forum Wales	x	x	x	x
Thea Brain	Care Forum Wales				✓
Dilwyn Morgan (Cllr)	Gwynedd County Council	✓	✓	x	✓
Fiona Evans	Conwy Voluntary Services Council	x	x	x	x
Frank Bradfield (Cllr)	Conwy County Council	✓ Cllr Penny Andow	✓ Cllr Penny Andow	x	x
Helen Stevens-Jones	Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓	✓	✓	✓
Arnold Woolley (Cllr) – from Jan 2024	Flintshire County Council		✓	x	✓
Jackie Allen	AVOW Wrexham Third Sector	x	x	x	x
Jackie Allen / Adrian Drake-Lee	NWCHC Chair / NWCHC Vice Chair	x	x	x	x
Jenny Murphy	Mind Cymru		✓	✓	✓
Michelle Collard	CEO, Mind – North East Wales				✓
John Pritchard (Cllr)	Wrexham County Council	x	x	x	x
Linda Kinani	Carers Outreach Service	✓	✓	x	✓

Confirmed SRG minutes 03.03.2025 v1.0

Margaret Hollings	North Wales Hospices			✓ Anne-Marie Street & Elinor Thomas	X
Peter Lewis	Housing Associations	X	X	✓	✓
Roger Seddon	Llais Cymru			✓	✓
Sherry Weedall	Denbighshire Voluntary Services Council	✓	✓ Tom Barham	✓	X
Sian Purcell / Lyndsey Campbell-Williams	Medrwn Mon Voluntary Services Council	X	Sheree Ellingwort h	X	X
Steve Sheldon / Steve Williams	Welsh Ambulance Services Trust	✓	✓ SW	X	X
Trystan Pritchard	North Wales Hospices	X			
Mfikela Jean Samuel	Equality		X	✓	X
Haydn Jones	North Wales Cancer Patients Forum		✓	✓	X