



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

**Minutes of the meeting held on 22.3.21  
virtual via Zoom**

<b>Present:</b>	<b>Representative of:</b>
Mr Ffrancon Williams	Housing Providers (Chair)
Mrs Jackie Allen	Wrexham Third Sector (AVOW)/ North Wales Community Health Council (NWCHC)
Ms Clare Budden	Housing Providers (shadow)
Mr Gwilym Ellis Evans	Mantell Gwynedd (Vice Chair)
Mrs Fiona Evans	Conwy Voluntary Services Council (part meeting)
Cllr Christine Marston	Denbighshire County Council
Cllr Hilary McGuill	Flintshire County Council (part meeting)
Cllr Joan Lowe	Wrexham Council (part meeting)
Cllr Dafydd Meurig	Gwynedd County Council (part meeting)
Prof Robert Moore	North Wales Regional Equality Network (NWREN)
Ms Kate Newman	Flintshire Local Voluntary Council
Cllr Mike Parry	One Voice Wales (part meeting)
Mr Trystan Pritchard	North Wales Hospices
Mr Stephen Williams	Welsh Ambulance Services Trust
<b>In Attendance:</b>	
Mr Mark Wilkinson	Executive Director Planning and Performance
Mrs Katie Sargent	Assistant Director - Communications
Mr John Darlington	Assistant Director Corporate Planning (part meeting)
Mr Simon Evans-Evans	Interim Director of Governance (part meeting)
Mr Andrew Kent	BCU Interim Head of Planned Improvement (part meeting)
Ms Andrea Williams	Head of Informatics Programmes Assurance and Improvement (part meeting)
Ms Diane Davies	Corporate Governance Manager

<b>Agenda item</b>	<b>Action</b>
<p><b>S21/1 Welcome and apologies</b></p> <p><b>S21/1.1</b> The SRG Chair advised that Mary Wimbury had completed her second (and last) tenure as representative of Care Forum Wales and a letter of thanks was being forwarded on behalf of the membership. In addition, as first tenures of Carer's Outreach and NEWCIS representatives had also come to an end, each of the organisations were being contacted to ascertain representation moving forward.</p> <p><b>S21/1.2</b> The SRG Chair also advised that his tenure as SRG Chair would cease at the end of April 2021 and he would not continue as a member. Clare Budden would be the Housing provider representative from 1.5.21.</p>	DD/MW

<p>The SRG Vice Chair's tenure would cease on 30.4.21 and he would continue as Mantell Gwynedd's representative until March 2023.</p> <p><b>S21/1.2</b> Apologies were received from Llinos Medi Huws, Cllr Louise Emery, Sian Purcell, Ann Woods for whom Kate Newman deputised, Andy Burgen NWCHC for whom Jackie Allen deputised and Liz Wedley WAST for whom Steve Williams deputised.</p>	
<p><b>S21/3 Draft notes of the meeting held on 14.2.21 matters arising and summary action plan</b></p> <p>The notes were agreed subject to the following amendment : The SRG Chair's tenure would conclude in <i>April 2021</i> not <i>June</i> as stated.</p>	
<p><b>S21/4 BCUHB planning for 2021/24</b></p> <p><b>S21/4.1</b> The Executive Director of Planning and Performance reported on the current challenges of planning due to the domination of the pandemic and covid response. He acknowledged that engagement had been a struggle due to the circumstances. The Executive Director of Planning and Performance stated that Welsh Government (WG) had recognised these issues and had requested all Health Boards to prepare a draft one year plan by the end of March 2021 with quarterly progress monitoring. The ability to plan for recovery in the present climate was also unclear and there had been significant impact on planning and finance.</p> <p><b>S21/4.2</b> The Executive Director of Planning and Performance drew particular attention to planned care recovery whose challenges were the most significant for the Health Board. There were now 46,000 patients waiting for outpatient or treatment appointments and recovery was likely to take 5 to 6 years to be in the same position as before the pandemic arose. All Health Boards were in the same position in terms of seeking additional resources from the same potential source which had been under much strain.</p> <p><b>S21/4.3</b> The SRG Chair reflected on the sobering recovery timescales and patient numbers affected. In response to the Hospices representative who acknowledged the positive digital improvements being made, the Executive Director of Planning and Performance advised that the Regional Partnership Board and also Public Health Wales would be measuring both Population Health and health inequalities through the pandemic. He acknowledged the challenges of reporting 'in layman's terms' the complexities but felt the Health Board was improving in this area. He also recognised that more work with partners would be needed to avoid patients being added to waiting lists through utilising or developing other interventions.</p> <p><b>S21/4.4</b> In response to the Shadow Housing providers representative, the Executive Director of Planning and Performance stated that positive developments introduced during the pandemic were being looked at</p>	

<p>across North Wales and retained or applied across the region – he provided some good examples of this in the use of digital solutions. He was unable to comment on whether risk taking had increased in response to her suggestion that organisational responses had potentially required more fluid decision making, less rigidity in processes and more use of delegation.</p> <p><b>S21/4.5</b> In response to the Denbighshire County Council representative regarding consequential losses for the decommissioned Enfys hospitals, it was explained that discussion was taking place with the relevant landlords on decommissioning and there was also a recognition that due to lockdown rules some of the venues would not have been able to operate during the period. In regard to planned care staffing, the Executive Director of Planning and Performance acknowledged significant staffing availability and fatigue issues, advising that BCU would need to work in different ways to address the big challenges ahead.</p> <p><b>S21/4.6</b> In response to the One Voice Wales representative, it was advised that there was no supplementary planning for a new virus (Covid20) taking place however, mass vaccinations were being planned for going forward.</p> <p><b>S21/4.7</b> In response to the NWCHC/AVOW representative it was confirmed that BCU was submitting a response in respect of the Consultation on the Welsh Government White Paper ‘Rebalancing Care and Support’</p> <p><b>S21/4.8</b> The Executive Director of Planning and Performance agreed to share greater detail of WG’s 3 year recurrent Mental Health investment with the Flintshire Local Voluntary Council representative following the meeting.</p> <p><b>In summary the SRG</b></p> <ul style="list-style-type: none"> <li>• clearly recognised the challenges of planned care recovery and the emphasis on the transformation of services required to address this along with learning from initiatives introduced to address different ways of working through the pandemic.</li> <li>• acknowledged real challenges in resourcing the plan especially in areas of the workforce whom were weary and would need recovery time, along with recruitment challenges which would be shared by other Health Boards bordering BCU and seeking similar availability of resources.</li> </ul>	<p>MW</p>
<p><b>S21/5 Covid19 Vaccination Programme rollout</b></p> <p><b>S21/5.1</b> BCU Interim Head of Planned Care Improvement’s presentation outlined the current dashboard of statistics and provided a summary update on the position at 19.3.21 :</p> <ul style="list-style-type: none"> <li>• The vaccination programme achieved the first national milestone of cohorts 1-4 on the 15/02/2021 which had now increased to 93%.</li> </ul>	

- As of the 15 March, 2nd doses vaccinations totalling 61,437 had been given at the mass vaccination and hospital vaccination centres.
- Vaccination distribution chain was now more stable and had moved to a 3-4 week distribution cycle, allowing the booking system to be more stable.
- Equity Task & Finish Group established with 5 key priorities agreed relating to under-served groups (e.g. homeless).
- Process of booking had improved following call centre workshop.
- Area Plans – Check and Challenge meetings to consider the WG Plan for P5-P9, 1<sup>st</sup> dose by mid April 2021.

**S21/5.2** In addition the SRG were advised that 350,978 vaccinations had been given and it was the expectation that priority groups 1-9 would receive vaccination by the end of April when the under 50s programme would commence. He described the challenges involved with balancing the triangle of Vaccine Distribution/Vaccine Workforce/Booking of the vaccine offer. Whilst over 50% of citizens had been vaccinated to date, he shared the challenges of accessing hard to reach groups and the task and finish group assembled to improve uptake within these underserved groups. The Interim Head of Planned Care Improvement was pleased to state that vaccination uptake had been evenly spread across North Wales, especially given rurality demographics, and that BCU's ambition was that all North Wales citizens would be treated by the end of July 2021.

**S21/5.3** In response to the Flintshire County Council representative it was noted that BCU recognised the issues raised in regard to the overly complicated vaccination invitation letters that had been generated from the National Welsh Immunisation System – and improvements were being moved forward locally along with the introduction of a text messaging pilot commencing the following week.

**S21/5.2.4** The AVOW/NWCHC representative raised, on behalf of elderly and vulnerable members of the North Wales population, concern regarding the potential cost of long waiting calls to the 0300 vaccination line. Having explained potential future improvements with patient portals and learning to be gained with partners in the running of call centres, the Interim Head of Planned Care Improvement undertook to look into this further.

**S21/5.5** The Interim Head of Planned Care Improvement took on board the NWREN representative's suggestion regarding developing potential media clips by Polish and Chinese healthcare workers, similar to recent BCU muslim employees, in order to reach more citizens whose first language was not Welsh or English. The Flintshire County Council representative also suggested introducing pop up vaccination centres at large factory sites known to employ large numbers of Eastern Europeans.

**S21/5.6** The Interim Head of Planned Care Improvement assured that work was ongoing to learn from good practices both within the Health

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<p>Board and externally. He agreed to follow up with the Shadow Housing provider representative exploring the potential for vaccination offers through a number of homeless and care homes which the provider and other housing providers managed.</p> <p><b>In summary the SRG</b></p> <ul style="list-style-type: none"> <li>• recommended given the size of BCU, the Board and its partners seek to influence WG communications in relation to implementing change at greater pace and agility (e.g. simplifying appointment letters), given the nature of the fast changing environment</li> <li>• reflected that improvement in communication is key to serving the North Wales population</li> <li>• acknowledged the vulnerability of current BCU call centre resources</li> <li>• encouraged the Health Board to seek assistance from partners whom operated existing call centres locally e.g. Local Authorities and Housing providers</li> <li>• recommended that the Board investigates the call costs to patients and quality of the 0300 service being provided in order that vulnerable citizens were not fearful of unreasonable telephone charges in regard to the appointment service</li> <li>• encouraged the Health Board to use service providers in other sectors in order to connect with hard to reach groups e.g. housing providers/ homeless</li> <li>• encouraged the Health Board to consider communication with the North Wales populations for whom English and Welsh was not the first language and consider asking Polish and Chinese staff to become involved in BCU’s media campaigns</li> </ul>	<p>AK</p>
<p><b>S21/6 Update on Digital Strategy Engagement</b></p> <p><b>S21/6.1</b> The Head of Informatics Programmes Assurance and Improvement joined the meeting to present this item which followed up from a previous meeting. She was pleased to report that previous advice regarding digital exclusion was being taken forward through Digital Comms Wales and the Digital Communications Unit.</p> <p><b>S21/6.2</b> The Head of Informatics Programmes Assurance and Improvement was pleased to report that a good level of responses had been received. However, she acknowledged that reaching the digitally excluded had been challenging during the pandemic which would require further engagement. The final report was yet to be published however, the members’ presentation provided some key thematic findings in respect of staff, public, patients and carers. Ambitions, enablers, risks and the next steps were also set out, noting that the Strategy was scheduled to be considered for approval by the Board at its meeting on 21.5.21.</p> <p><b>S21/6.3</b> In respect of the Equalities Impact Assessment process she undertook to review consideration of BCU’s socio economic duty and clarified that the document provided was an initial screening, whilst a full EQIA was yet to be undertaken. Further discussion ensued regarding</p>	<p>AW</p>

<p>digital exclusion in which members raised concerns regarding some age groups and lack of confidence with technical devices.</p> <p><b>S21/6.4</b> The Head of Informatics Programmes Assurance and Improvement acknowledged that digital infrastructure was different across North Wales in response to the AVOW/NWCHC representative and in regard to the robustness of sample size, she stated this to be sufficient for current purposes, however further work would be undertaken.</p> <p><b>S21/6.5</b> The Wrexham Council representative questioned the strength of strategic partnership involvement and linkage with Local Authority health programmes to ensure a better experience for patients. The Head of Informatics Programmes Assurance and Improvement highlighted some examples however, she emphasised that it would be crucial for joint planning to take place in order to move forward.</p> <p><b>In summary the SRG</b></p> <ul style="list-style-type: none"> <li>• highlighted the need to keep working on issues around digital exclusion eg Elderly and where Welsh or English was not the patient’s first language</li> <li>• considered that further work was required to develop a meaningful equality impact assessment and move forward with disadvantaged groups identified</li> <li>• ensure that BCU’s socio economic duty had been effectively considered</li> <li>• need to link in with key partners in order to be ‘stronger together on a regional basis’</li> </ul>	
<p><b>S21/7 Targeted Intervention Improvement Framework (TIIF) / Maturity Matrices</b></p> <p><b>S21/7.1</b> The Interim Director of Governance provided a presentation on TIIF. He explained that whilst WG had de-escalated BCU from special measures, the organisation had now entered into targeted intervention. A framework had been provided by the Minister in early March, the areas of concern highlighted by WG were</p> <ul style="list-style-type: none"> <li>• Mental Health (adults and children)</li> <li>• Strategy, planning and performance</li> <li>• Leadership (governance, transformation and partners)</li> <li>• Engagement (patient, public, staff and partners)</li> </ul> <p><b>S21/7.2</b> In summary, the Interim Director of Governance’s presentation encompassed</p> <ul style="list-style-type: none"> <li>• Maturity Matrices were used to measure progress in organisational improvement</li> <li>• The four domains were areas of concern from WG – the key elements and attributes were for BCU to define and agree with WG</li> </ul>	

- Bi-monthly indicative self-assessment would be undertaken from the Senior Responsible Officer SRO and link in with an Independent Member of the Board
- Double assurance process on outputs and outcomes i.e. evidence of action and evidence of impact
- Initial self-assessment would be completed in May 2021 for presentation at the Board meeting
- Assumed solid level 3 / borderline level 4 in all domains will encourage WG to de-escalate TI framework
- Assumed minimum 18 months to achieve and demonstrate embedded practice at high level 3 low 4 (indicative target date of November 2023)

**S21/7.3** In response to the Shadow Housing providers representative's question on how the SRG might support in terms of the engagement domain becoming a strength particularly as the group was particularly suited to be involved given the membership of partnership organisations concerned and could be crucial as an area of strength. A discussion ensued in regard to engagement, in which the Interim Director of Governance stated that it would be his expectation that advisory groups would be utilised within the developing matrix and reflected on the benefit of sense checking and meaningful engagement. The SRG Chair reflected that it was a key area of work in which it had been evidenced that achieving 10% increased engagement could result in a 10 fold improvement and that he was aware that BCU's CEO viewed effective engagement as a particularly important area. The Executive Director of Planning and Performance emphasised the importance of engaging effectively with staff, public, partners and patients. He informed that BCU would be refreshing the 2018 Living Healthier Staying Well Strategy and that Organisational Development work was being moved forward.

**S21/7.4** The Wrexham Council representative was keen to see more detail moving forward in respect of partnership work and engagement. The NWREN representative advised that NWREN could assist in accessing some hard to reach citizens, although there would be a cost implication due to resource availability.

**S21/7.5** The Flintshire County Council representative was concerned that the document did not contain sufficient references to patients, she and the AVOW/NWCHC representative reflected on the importance of listening to patients for effective engagement.

**S21/7.6** The Interim Director of Governance took onboard the comments provided and welcomed the opportunity to present to a future SRG meeting as the matrix developed further.

#### **In summary the SRG**

- welcomed the SRG's role in strengthening engagement moving forward
- reflected on the importance of linking with partners on a regular basis
- stressed the importance of re-enforcing the continued emphasis on the patient during the TI framework process

<p><b>S21/8 Draft SRG annual report 2021/21</b></p> <p>No amendments were advised. It was noted that organisations whose representative tenures had expired were being contacted in order to seek alternative nominations.</p> <p><b>The SRG endorsed</b> the Committee annual report.</p>	
<p><b>S21/9 Election process for Chair and Vice Chair</b></p> <p><b>S21/9.1</b> The Executive Director of Planning and Performance drew attention to the timetable outlined in respect of the process and encouraged members to diarise the submission deadlines. He also drew attention to the time commitment required. It was noted that as the SRG Chair was an associate member of the Board, the substantive appointment was subject to Ministerial approval before the successful nominee attended Board meetings.</p> <p><b>S21/9.2</b> The SRG Chair encouraged members to consider self nomination. He reported that he had enjoyed and been very enriched by the experience, in particular at Board meetings. He thanked the support of the Vice-Chair, Lead Executive and secretariat that he had received throughout his tenure. The SRG Chair was particularly keen to note that the Board was in a challenging but very exciting period and he was pleased that the SRG's feedback was listened to.</p> <p><b>S21/9.3</b> Members thanked the SRG Chair for his commitment, timeliness, efficiency and leadership throughout his tenure and also the Vice Chair for his support.</p> <p><b>S21/9.4</b> The Executive Director of Planning and Performance thanked the SRG Vice Chair for his support and the SRG Chair for his wise counsel and excellent chairmanship of the Advisory Group.</p>	
<p><b>S21/10 Advisory note to the Board 28.9.20 meeting</b></p> <p><b>S21/10.1</b> The report was positively received by the Board at its meeting on 21.1.21 and the minutes extract below reflected the Board's consideration of the SRG Chair's report:</p> <p><i>"21/11.7 The report of the Stakeholder Reference Group (SRG) held on 14.12.20 was received and noted with the Advisory Group Chair highlighting the SRG's concerns around the need to reassure the public about accessing health care services in hospital settings and in primary care. The SRG Chair felt that an improved communications plan was needed and the Chief Executive indicated this would be addressed via the earlier action agreed under item 21/9. In terms of primary care services it was confirmed that it had never been the case that face to face consultations had stopped."</i></p>	



<p><b>S21/10.2</b> The One Wales representative emphasised the need to be mindful of the need for face to face consultations, especially for citizens across North Wales who were not able to use digital technology, whilst progressing digital triaging into the future.</p>	
<p><b>S21/11 Items to be considered at next meeting and forward plan</b></p> <p><b>S21/11.1</b> Following discussion, the SRG suggested the following areas</p> <ul style="list-style-type: none"> <li>• BCU 3 Year Plan / Corporate Planning update</li> <li>• Business cases in development</li> <li>• Focus on the following areas were to be scheduled into the 2021/2 Cycle of Business             <ul style="list-style-type: none"> <li>○ Planned Care (Date to be decided)</li> <li>○ Mental Health investment (Date to be decided)</li> <li>○ Improvement (Date to be decided)</li> <li>○ Digital Engagement in March 2022</li> </ul> </li> </ul> <p><b>S21/11.2</b> The Denbighshire County Council representative raised a question in regard to potential additional car parking at the Royal Alexandra hospital development which the Executive Director Planning and Performance agreed to explore and feedback to the member.</p>	<p>MW</p> <p>MW</p>
<p><b>S21/12 Date of next meeting</b></p> <p>28.6.21 via Zoom</p> <p>SRG members were very supportive of the use of Zoom for future meetings as opposed to other virtual platforms.</p>	

**Attendance Register**

Name	Title / Organisation	3.3.20	22.6.20	28.9.20	14.12.20	22.3.21
Mr Ffrancon Williams	Housing providers (Chair)	✓	✓	✓	✓	✓
Mr Gwilym Ellis Evans	Mantell Gwynedd (Vice Chair)	✓	✓	x	✓	✓
Cllr Llinos Medi Huws	Anglesey County Council	x	x	x	x	x
Cllr Louise Emery	Conwy County Council	x	x	x	✓	x
Cllr Christine Marston	Denbighshire County Council	✓	✓	✓	✓	✓
Cllr Hilary McGuill	Flintshire County Council	x	✓	✓	✓	✓
Cllr Dafydd Meurig	Gwynedd County Council	x	x	x	x	✓
Cllr Joan Lowe	Wrexham County Council	✓	✓	✓	x	✓
Cllr Mike Parry	One Voice Wales	✓	✓	✓	✓	✓
Mrs Sian Purcell	Medrwn Mon Voluntary Services Council	x	✓	✓	✓	x
Mrs Fiona Evans	Conwy Voluntary Services Council	✓	✓	✓	✓	✓
Mrs Debbie Thompson	Denbighshire Voluntary Services Council	✓	✓ SH	x	x	x
Mrs Ann Woods / Mrs Millie Boswell / Kate Newman	Flintshire Voluntary Services Council	✓	✓	✓ MB	✓	✓KN
Mrs Jackie Allen	AVOW Wrexham Third Sector	x	✓	✓	✓	✓
Ms Claire Sullivan	NEWCIS	x	x	x	x	x
Mrs G Winter	Carers Trust	x	x	x	x	x
Ms Llinos M Roberts	Carer's Outreach Service, BCUHB West Area	x	✓	✓	x	x
Mrs Mary Wimbury	Care Forum Wales	✓	✓	✓	x	
Professor Robert Moore	North Wales Regional Equality Network	x	✓	✓	✓	✓
Mr Trystan Pritchard	North Wales Hospices	✓	✓	x	✓	✓
Ms Clare Budden	Shadow Housing providers				✓	✓
Mr Wayne Davies	Welsh Ambulance Services Trust	x	x	✓	✓ SW	✓SW
Mrs Jackie Allen / Mr Andy Burgen	NWCHC Chair / NWCHC Vice Chair	✓GH	✓PR	✓ AB	✓AB	✓JA
Mr Mark Wilkinson	Director of Planning and Performance, BCUHB – BCU Lead Executive	✓	✓	✓	✓	✓
Mrs Sally Baxter	Assistant Director Health Strategy, BCUHB	x	✓	x	x	x
Mrs Katie Sargent	Assistant Director – Communications, BCUHB	x	✓	✓	✓	✓