



Healthcare Professionals Forum (HPF)

Minutes of the meeting held on Friday 4th December 2020 via Microsoft Teams

Present:	
Mr G Evans	Therapies Representative (Chair)
Prof M Rees	Specialist & Tertiary Medicine (Vice-Chair)
Mr A Thomas	Executive Director of Therapies and Healthcare Sciences (Lead)
Ms S Murphy	Hospital and Primary Care Pharmacy
Dr J Nankani	Primary Care and Community Medical
Mr A Murphy	Optometry Advisory
Ms Jane Wild	Scientific Advisory
Mr I Douglas	Dental Advisory – Part Meeting
Mr J Studer	Mental Health Advisory
Ms Mandy Jones	Nursing Advisory – Part meeting
In Attendance:	
Ms Andrea Williams	Head of Informatics Programmes Assurance and Improvement
Ms Jessica Thomas	Informatics Senior Assurance And Improvement Officer
Mr Andrew Kent	Head of Planned Care Improvement (Interim)
Ms Rona Newton	PA to Executive Director Therapies and HCS – for minutes
H20/32 Welcome, Introductions and Apologies	
<p>H20/32.01 The Chair opened the meeting and welcomed those present. The HPF members made their introductions for the benefit of new member Jay Studer who has joined the HPF as the medical representative for Mental Health and Learning Disability.</p> <p>H20/32.02 The Chair noted that this would be Mr Alton Murphy's final meeting of his current tenure; and wanted to take the opportunity on behalf of the Forum and the Health Board to recognise and thank him for his contribution and attendance during the full 2 membership tenures. Mr Alton Murphy equally expressed his gratitude to the Chair, Lead Executive and members of the committee for the opportunity, and noted his appreciation for the diversity, insights and perspectives from the different professions extended from the members to the meetings.</p> <p>H20/32.03 Apologies received: John Speed, Community Pharmacy Fiona Giraud, Midwifery and Women's Services</p>	
H20/33 Declarations of Interest	
H20/33.01 No declarations of interest were made.	
H20/34 Draft minutes of the meeting held on Friday 16th October 2020 – for approval.	

<p>H20/34.01. The Forum members accepted the minutes of the meeting held on 16th October as an accurate record of the meeting.</p>	
<p>H20/35 Matters arising and summary action log</p> <p>H20/35.01 Mental Health representation has been fulfilled and action is now closed</p> <p>H20/35.02 The Terms of Reference for CAG has been circulated to the Forum members and action is now closed.</p> <p>H20/35.03 The action raised by Alton Murphy (ref: H20/26.01 Optometry) at the October meeting is currently ongoing. Alyson Constantine, Acute Site Director BCUHB, has contacted him.</p> <p>H20/35.04 Updates were provided for incorporation into the summary action log</p>	
<p>H20/36 Items for information:</p> <p>H20/36.01 Quality, Safety and Experience Committee held on 29th July 2020</p> <p>H20/36.02 The minutes were received and noted.</p>	
<p>H20/37 Digital Strategy – Andrea Williams and Jessica Thomas; Informatics</p> <p>The Chair welcomed Andrea Williams (AW), Head of Informatics Programmes Assurance and Improvement and Jessica Thomas (JT), Informatics Senior Assurance And Improvement Officer to discuss the Digital Strategy implemented at BCUHB. A set of presentation slides were shared with the group named: “Our Digital Future – Improving care through digital ways of working” covering the following points:</p> <ul style="list-style-type: none"> • Our Vision • Experiences • Our 6 Principles of Digital Working • Our 4 Key Challenges <p>An interactive and informative discussion ensued around engagement of the digital strategy and integration of the programme throughout the local health care professions.</p> <p>AW confirmed that the presentation slides could be shared with the HPF Group, and that she would share the link for the Staff Survey, which is currently ongoing and has a revised deadline of 18th December 2020 that all members of the Forum are encouraged to participate. Feedback will be collated after Christmas and the draft report will be shared early January. A question and answer session followed.</p> <p>The Chair thanked both AW and JT for their time and attendance, and their informative presentation at the meeting. The Chair also acknowledged the strong level of support to improve the digital approach across the network and that people are keen to engage.</p>	

[Andrea Williams and Jessica Thomas left the meeting]

H20/38 Andrew Kent; Head of Planned Care (Interim)

The Chair welcomed Andrew Kent (AK), Interim Head of Planned Care to discuss the development of diagnostic treatment centres in strategic support of planned care. AK gave a background summary using statistics and used a number of presentation slides to highlight the challenges, and the Planned Care 6-point plan, which includes a 3 to 5 year strategy. A question and answer session ensued.

On behalf of the Forum members, the Chair thanked AK very much for his valuable time in joining the meeting and for sharing the plans and information with the members.

[Andrew Kent left the meeting]

H20/39 Chair's and members' written updates

H20/39.01 HPF Written Summary Update – Midwifery

Members received the Midwifery Written Summary for information from Fiona Giraud and noted the following:

Good News to Share:

The midwifery education commissioning numbers for the 2021 entry for a 2024 output have been submitted. Twenty-eight students (head count) in total for North Wales have been requested based on the Workforce Planning calculation.

Key Issues for attention of HPF:

1) Midwifery Key Issues

- 1.1) CNO priorities 2019-2021 have been posted on the Welsh Gov website: <https://gov.wales/nursing-and-midwifery-priorities-2019-2021>
- 1.2) The WHO Global Strategic Directions for Nursing and Midwifery 2016-2020 was discussed at the recent WHO Government Chief Nursing and Midwifery Officer meeting. The new strategy will be published from 2021. (https://www.who.int/hrh/nursing_midwifery/global-strategy-midwifery-2016-2020/en/)
- 1.3) The CNO annual conference for this year has been rescheduled to 11th March 2021 – Planning is in place for a virtual conference.

2) **Professional Regulation Issues**

2.1) **NMC “Caring with confidence”**: a series of bite-sized animations about key aspects of registrants role as a nursing or midwifery professional, and how the Code can support. The first animation is about accountability. Seven more topics will be covered through to December <https://www.nmc.org.uk/standards/code/code-in-action/>

Most recent **stakeholder pack** which summarises key information about the NMC response to the pandemic. Can be accessed here: <https://www.nmc.org.uk/stakeholder-information-coronavirus>

2.2) NMC Report publication (20 Oct 2020) '**Ambitious for change: research into NMC processes and people’s protected characteristics.**

This is a key part of the professional regulator’s research into how a person’s protected characteristics, like gender, ethnicity or age, affects their experience of NMC processes.

The research examined NMC processes - including education, overseas registration, revalidation and fitness to practise - and has identified disparities in people’s experience and outcomes, depending on who they are.

The report forms part of the NMC’s Together in Practice initiative, aimed at understanding and addressing inequality and discrimination and celebrating the contribution of the diverse professionals and colleagues. The NMC report echoes insights from previous research where it is known that people with certain protected characteristics experience significant inequalities across many areas of their lives. The research follows an [earlier report](#) from 2017 (University of Greenwich), which looked at differences in the progress and outcomes for Black and minority ethnic professionals in the fitness to practise process. The differences identified in this report/ research also mirror those experienced by other health and care professionals, including doctors, dentists and social workers.

Key findings include:

Fitness to practise

- Nurses and midwives from a Black and minority ethnic background are more likely to be referred to fitness to practise by employers, while White professionals are more likely to be referred by the public.
- Black practitioners are more likely to see their case go to the adjudication stage, although they are not more likely to be removed from the register than White nurses and midwives.
- Male nurses and midwives, and disabled nurses and midwives, are more likely to go to the adjudication stage of fitness to practise and be removed from our

register compared to female and non-disabled professionals.

- Those living in the Channel Islands, Isle of Man, or whose region of the UK we don't know are more likely to be referred than professionals living in other areas of the UK, the EU and outside of it.
- Registration and revalidation
- Black applicants are less likely to complete our overseas registration process than those from other ethnicities (of the 25.5 per cent Black applicants, only 9.7 were able to successfully register).
- Applicants whose gender and/or gender identity we did not know were also less likely to register.
- Nursing and midwifery professionals living outside the UK and EEA are less likely to successfully complete revalidation.
- Education
- Black and Asian students are less likely to be accepted onto NMC-approved nursing and midwifery courses.

2.3) **A Healthier Wales: Our Workforce Strategy for Health and Social Care'** has been jointly launched by Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) October 2020.

The Minister statement via link <https://gov.wales/launch-healthier-wales-our-workforce-strategy-health-and-social-care>

A direct link to the strategy <https://aagic.gig.cymru/files/strategaeth-gweithlu-are-gyfer-iechyd-a-gofal-cymdeithasol/>

<https://heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care1/>

As a key enabler to the delivery of A Healthier Wales, HEIW and Social Care Wales (SCW) jointly lead the development of a workforce strategy for health and social care, working with key partners from across the health and care system.

The strategy is underpinned by seven key themes:

- an engaged, motivated and healthy workforce
- attraction and recruitment
- seamless workforce models
- building a digitally ready workforce
- excellent education and learning
- leadership and succession
- workforce supply and shape

The strategy will be supported by a series of delivery plans which will set out the enablers and targeted actions

2.4) **Progress on implementation of NMC Standards for education**

All university future nurse programmes in Wales have now been successfully

approved following Nursing and Midwifery Council validation events held in Wales during 2019/20. The Once for Wales 2020 all Wales common programme elements have also been formally ratified by the UK Nursing and Midwifery Council.

NMC Future nurse programmes commenced in Wales from September 2020 as planned.

2.5) **Future Midwifery Programme**

Midwifery programmes will follow an NMC approval timeline for implementation of Future Midwife programmes from Sept 2022. There is a commitment to explore options through internal University and programme approval processes, that students who commence on midwifery programmes in 2021, and from 2022 onwards, will be able to graduate from revised programmes validated against the NMC Future Midwife standards (subject to NMC approval).

H20/39.02 HPF Written Summary Update – Therapy Services / HPF as Associate Board Member

Members received the Therapy Services / HPF as Associate Board Member Written Summary for information from Mr Gareth Evans and noted the following:

Good News to Share:

1. We are still awaiting the full definition of long Covid from NICE but work continues across Wales to agree a way forward. HEIW have offered to host a national resource page, which would include generic and local advice.
2. The launch event for 'Get Wales Traches Ready' was held on Friday 27 November 10.30am. This introduces a new online platform that aims to act as the main information hub for staff and will include training modules and videos. As well as an all-Wales database, that aims to track patients throughout their treatment.

Key Issues for attention of HPF:

1. As the therapies representative:

I have noted ongoing discussion at an All Wales level with Health Education Improvement Wales in regard to the proposal to introduce streamlining for new AHP and HCS graduates from Welsh universities. Last year there were 71 appeals against bursary repayment clause (33 in physiotherapy) but concerns remain for how parts of Wales are affected by this proposal.

2. As Chair of HPF I have attended the following:

1. Board workshop on the 08/10/2020
2. Board to Board (BCUHB and NWCHC) meeting on the 15/10/2020
3. QSE Committee on the 03/11/2020
4. Board meeting on the 12/11/2020
5. Board workshop on the 03/12/2020

The key focus of Board's attention throughout this period has continued to be its ongoing response to the Covid 19 pandemic and its plans to restart routine work.

Updates or topics worthy of particular note at Board meetings have been:

Winter resilience plans

BCUHB's Digital strategy

The development of Diagnostic and Treatment Centres (DTC)

Business case for the Royal Alexandra Hospital

Business case for Robotic Assisted surgery

Business case for Welsh Emergency Department IT systems

Update on Vaccination programmes

H20/39.03 HPF Written Summary Update – Healthcare Science

Members received the Healthcare Science Member Written Summary for information from Ms Jane Wild and noted the following:

Good News to Share:

1. Healthcare Science Cymru has launched its new logo



The logo aims to communicate the broad range of disciplines that exist within the healthcare science profession whilst providing an opportunity to represent HCS professions as 'one'. Twelve icons were decided upon that aim to reflect the wider scope of healthcare science.

Key Issues for attention of HPF:

1. Patient Groups Directions - Clinical Scientists

UK consultation underway on a proposal to enable Clinical Scientists to use patient group directions (PGDs) to supply and administer medicines to their patients. Consultation closes 10th December 2020. The benefits of use of PGDs by Clinical Scientists are identified as:

- Provision of best care, first time, in the right place
- Improved outcomes
- Clearer lines of clinical responsibility and accountability
- Reduced resource usage and cost effectiveness
- Medicines optimisation

H20/39.04 HPF Written Summary Update – Primary Care and Community Medical

Members received the Primary Care and Community Medical Member Written Summary for information from Dr Jay Nankani and noted the following:

Good News to Share:

Primary care has coped well in this difficult time due to Covid19. Face to face access has remained low and selective. Consultations and advice have been mainly either through telephone or video call. Vaccination uptake has been good and Primary care largely willing to help in administering Corona vaccine at the right fee structure.

Key Issues for attention to HPF:

Huge waiting list for elective surgery for Orthopaedic cases. No definite plans to address this issue.

H20/26.05 HPF Written Summary Update – Nursing

Members received the Nursing Member Written Summary for information from Ms Mandy Jones and noted the following:

Good News to Share:

Deeside Enfys commissioned and received first patient. Recovering positive patients from Centre and East.

Urgent Primary Care Centre East Project Board set up.

Key Issues for attention to HPF:

Nurse Staffing (Wales) Act extended to paediatric areas.

PPE: fit testing guidance in draft will be tabled at PPE steering group meeting on Monday 30th November, and cascaded if approved.

H20/39.06 HPF Written Summary – Vice Chair/Secondary and Tertiary Care

Members received the Vice Chair/Secondary and Tertiary Care Member Written Summary for information from Professor Michael Rees and noted the following:

Good News to Share:

There is good progress on plans to set up a permanent wellbeing support service for staff which will offer both drop in facilities and scheduled discussions.

Key Issues for attention to HPF:

Staff welfare is an important aspect of our ability to develop and deliver services. The Covid pandemic has put considerable strain on staff in many ways. Staff working through the pandemic are continuing to be at risk of burn out and to suffer psychological problems and staff who have been working differently have also experienced a range of issues in continuing to work productively in any setting. Returning staff to work safely is a priority but requires careful discussion and planning.

I am providing medical advice for all staff currently and there is no evidence of lessening of issues being raised or requiring solutions.

The Health and Safety team are providing excellent advice and support in making staff and patients safe.

There are some issues to be discussed however, I have now recent experience of measures in an institution in England where both patients and staff are routinely tested for Covid 19 resulting in no Covid hospital infection during this current phase. We have key areas of continuing essential service where such a regime might be beneficial and

prevent staff and patient Covid outbreaks.

We should investigate some measures taken by other healthcare institutions to see if there is something that can be learned. Simple measures might include safe outside toilets for visitors who cannot access the hospital more rigorous checks on entry to the hospital, strict adherence to one way systems and separation of staff and patient entrance with more thorough checks on entry.

The reason given for not implementing these measures is the 'low rate of infection' however we have seen infection rates rising rapidly in areas of the country which have previously been low and there is no reason to believe that this cannot happen in BCUHB, we are still experiencing staff outbreaks.

H20/39.07 HPF Written Summary Update – Community Pharmacy

Members received the Community Pharmacy Member Written Summary for information from Mr John Speed and noted the following:

Good News to Share:

Creation of Primary Care Cluster Community Pharmacy Lead roles – it is hoped that this will strengthen cluster development by bringing the voice of community pharmacy to planning and delivery discussions, but also to feedback cluster priorities and initiatives to other pharmacists in the cluster.

Flu vaccination data – Data until the end of October shows the number of flu vaccinations administered by community pharmacies in Wales was 61,478, a massive 52% increase on the same point last year and almost equal to the total vaccinations supplied in 19/20.

Key Issues for attention to HPF:

Clarification is needed for how community pharmacy can obtain the government procured flu vaccines and information on when different age groups e.g. over 50s are eligible for an NHS flu vaccine in Wales.

Brexit - although we are still awaiting details of a Brexit 'deal', any outcome will put pressure on the supply chain and likely result in worsening supply issues.

H20/39.08 Members received a verbal update by Susan Murphy from the **Pharmacy and Medicines Management** advisory and the following information was noted:

Good news to share:

All Wales Conference

Pharmacy delivering a Healthier Wales Conference was held on the 2nd December 2020 hosting a number of workshops. BCU had a number of speakers supporting the event.

COVID Vaccination: The Pharmacy team have been hard at work to support the COVID vaccination plan. They have developed plans, standard operating procedures and worked with leads to provide the governance for the safe receipt, storage and distribution of vaccine.

Pharmacy robot: The capital project for the installation of a new pharmacy robot in Wrexham has been completed successfully in record time due to the careful planning with the estates planning team and Wrexham staff.

Development Framework for BCU Pharmacists: The pharmacy team in Betsi Cadwaladr University Health Board (BCUHB) are creating a development framework for our pharmacists. The purpose of the framework is to provide a structured approach for individual pharmacists within the Health Board to continuously develop their skills and knowledge throughout their career in line with changes to the professional role. The framework will provide practical suggestions of learning experiences that can be undertaken to achieve the competencies stated at each stage of the individual's development. These experiences will include work-based learning, self-directed learning, inter-professional learning and other forms of formal learning. Once this framework is completed, a similar document will be developed for Pharmacy Technicians.

Multi-Sector Pre-registration Pharmacist training pilot: The BCUHB pharmacy team are delivering an innovative 12 month pilot training programme with Health Education and Improvement Wales (HEIW) for pre-registration pharmacist. We currently have 13 trainees working across North Wales in 2 month rotations in hospital, community pharmacy and GP practice settings. The training programme aims to develop a pharmacist that provides patient centred care as part of a multi-disciplinary team from day 1 of their registration. The pilot will be formally evaluated by CUREMeDE researchers from Cardiff University.

Challenges: These include:

- COVID trials – these are complex and capacity is stretched to complete on time.
- Social distancing is an ongoing challenge given the Pharmacy estate.

Key Issues for attention to HPF:

None

H20/39.09 Members received a verbal update by Alton Murphy from the **Optometry** advisory and the following information was noted:

Key Issues for attention to HPF:

There are problems with eye clinics, when patients waiting for procedures call to find out when they will receive their appointment, are told to see their optometrist. Unfortunately, the optometrist has no further information to offer the patient. This is creating frustrations due to lack of communications. This issue will also be brought up with Alyson Constantine with whom Alton Murphy is now in communications.

H20/39.10 Members received a verbal update by Jay Studer (JS) from the **Mental Health and Learning Disability** advisory and the following information was noted:

As there has not been an update from MHLA for quite some time, JS will aim to provide a lengthy report for the next planned meeting.

Good news to share:

All services up and running, no significant backlog as to patients and assessments, backlogs in regards to therapies are reducing mostly still hampered by the lack of group work which is unavailable at this time.

Concerning development, the department is working on strategy and doing lot of transformational work to shift and persist more on primary care and community support away from in-patient care. Updates on processes will provided at the next HPF meeting.

Key Issues for attention to HPF:

Long standing problem with recruitment issue, particularly in the west, where we have difficulty in attracting psychiatrists and we still rely on 70% locums.

There are a number of Community MH teams based in hospitals at present due to previous cost saving activities, also scoping exercises on sites to look at estates work to get them back to working in the community where these teams belong.

H20/40 Summary of information to be included in Chairs report to the Board:

- The Forum was supportive of the strategy noting that it is in a formative stage but had a noble ambition. The strategy must ensure efficient engagement with all stakeholders noting primary care contractors as an example of where the conversation needs to reach out to. Members reflected on current challenges to the digital agenda such as gaps in hardware and consistency and connectivity across the organisation which the strategy must address. The need to overcome digital exclusion within the population was considered fundamental in order that health inequality did not grow wider.
- Diagnostic and Treatment Centres – The Forum supports the emerging conceptual model with an emphasis on transformation and a cohesive approach to services across North Wales. Members considered this to be an innovative approach and advise that clinical staff be given the time to design the model and to be active participants in making the case for change.

Members did note however that the concept was developing without an overarching organisational clinical strategy which may weaken the strategic positioning of the case. The three enabling strategies of workforce, estate and digital are key success factors and should be updated if the business case progresses.

- The Forum noted and supported the report from the Vice Chair of the Forum

regarding the need to enhance and reinforce Covid security advice and activity to ensure safety at our sites.	
H20/41 Date of next meeting noted as: 5th March 2021 from 9.30am – 12.30pm via Microsoft Teams	