



## Healthcare Professionals Forum (HPF)

Minutes of the meeting held on Friday 16<sup>th</sup> October 2020 via Skype

<b>Present:</b>	
Mr G Evans	Therapies Representative (Chair)
Prof M Rees	Specialist & Tertiary Medicine (Vice-Chair) – Part Meeting
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 J Speed	Community Pharmacy
Ms Jane Wild	Scientific Advisory
Mr I Douglas	Dental Advisory
<b>In Attendance:</b>	
Gill Harris	Acting CEO
Mark Wilkinson	Executive Director Planning and Performance
Ms Rona Newton	PA to Executive Director Therapies and HCS – for minutes
<b>H20/22 Welcome, Introductions and Apologies</b>	
<p><b>H20/22.01</b> The Chair opened the meeting and welcomed those present. The Chair noted it was unfortunate that Fiona Giraud was not present, as he wished to congratulate her on her prolific achievement of MBE honours awarded for recognition of her services to Midwifery and Women's' services.</p> <p><b>H20/22.02</b> Apologies received:          Fiona Giraud, Midwifery and Women's' Representative;          Mandy Jones, Nursing Representative;          Professor Michael Rees, Vice Chair/Secondary and Tertiary Care – Part Meeting.          Apologies were also received from Jay Studer, who has been invited to join the group as Mental Health Representative, however had clinical commitments and was unable to attend.</p>	
<b>H20/23 Declarations of Interest</b>	
<b>H20/22.01</b> No declarations of interest were made.	
<b>H20/24 Draft minutes of the meeting held on Friday 19<sup>th</sup> June 2020 – for approval.</b>	
<b>H20/24.01.</b> The minutes of the meeting held on 19 <sup>th</sup> June were accepted as an accurate record of the meeting.	
<b>H20/25 Matters arising and summary action log</b>	
<b>H20/25.01</b> Mental Health representation. Adrian Thomas, Exec Lead noted that the representative for Mental Health will be Dr Jay Studer, Consultant Psychiatrist, Adult	

<p>Mental Health &amp; Social Care, BCUHB. He has been invited to meet with the HPF Chair in advance of the next HPF meeting in December and has received the invitation for the December meeting. Thanks was noted to David Fearnley, Executive Medical Director (now resigned) and Alberto Salmoiraghi, Consultant Psychiatrist/Medical Director; and recognised that this was a positive move for Mental Health representation at the forum.</p> <p><b>H20/25.02</b> The Chair noted that the request for Terms of Reference for CAG continues to be an open action due to the ToR being revised. The Chair noted that sight of the existing ToR for members to understand how the CAG is constituted and how clinical representation is linked in for information and will be requested following the meeting.</p> <p><b>H20/25.03</b> Updates were provided for incorporation into the summary action log</p>	<b>AT</b>
<p><b>H20/26 Chair's and members' written updates</b></p> <p><b>H20/26.01 HPF Written Summary – Optometry</b></p> <p>Members received the Optometry Written Summary for information from Mr Alton Murphy and noted the following:</p> <p><b>Good News to Share:</b></p> <p>Optometry is coping with the Covid 19 situation but with reduced capacity.</p> <p><b>Key Issues for attention of HPF:</b></p> <p>The OCDT situation is unsatisfactory, the principle of setting up OCDT's was to take provision nearer to the patient. The decision therefore to site two practices in Caernarvon, nothing further South and nothing in the West defies logic! This was pointed out to Jill Newman by myself and a request to explain the logic of the locations has not been forthcoming! Patients in the West and South having to travel many miles to access the service is totally unsatisfactory, especially as there are practices closer with the necessary equipment and are more than capable of supplying the OCT Service?</p> <p><b>H20/26.02 HPF Written Summary – Midwifery</b></p> <p>Members received the Midwifery Written Summary for information from Ms Fiona Giraud and noted the following:</p> <p><b>Good News to Share:</b></p> <p><b>Ysbyty Glan Clwyd Midwifery Matron</b> – Lorraine Gardner was nominated and won the Service User Experience, Midwife Achievement Award at the Wales and South West Maternity and Midwifery Festival on the 16<sup>th</sup> September 2020.</p> <p><b>2020 Midwifery Graduates</b> – All 25 students have been offered some midwifery contracted hours within the Health Board. Two students have chosen to accept offers outside of Wales. Appointment of the graduates will ensure that the Service remains</p>	

Birth Rate Plus compliant.

**Consultant Midwife Post** – advert closed on the 24<sup>th</sup> September 2020. Shortlisting will be complete week commencing 28<sup>th</sup> September 2020 and interview scheduled on the 28<sup>th</sup> October 2020.

**Key Issues for attention of HPF:**

Welsh Government National Visiting Guidance During Covid-19 is being revised. May have an impact on the Workforce if NHS England's Maternity Guidance is adopted in Wales.

**H20/26.03 HPF Written Summary – Dental**

Members received the Dental Written Summary for information from Mr Ian Douglas and noted the following:

**Good News to Share:**

There has been some limited success in getting NHS dental practices up and running again. PPE supplies are now coming down to practices and as we have moved to "amber status" dental work is now returning to some semblance of "normality" however throughput is still severely limited due to the fallow time issues [allowing aerosol borne virus in the surgery can take up to an hour without mechanical ventilation].

The rise in testing has implications as it is now far easier for dentists and their support staff to be tracked and traced and be caught by the 14 day quarantine rule. This could severely impact on staffing arrangements and therefore provision of services though this is obviously not unique to dentistry.

There are more UDC site operating now, some within GDS practices and the LHB has also written out asking for expressions of interest in EDS sessions in hours.

**Key Issues for attention of HPF:**

Mechanical ventilation is the key to increasing NHS access for dental practices. This can reduce AGP (Aerosol Generated Procedure) fallow time from 60 minutes to 20 minutes by increasing the number of airchanges in the surgery. The LHB should consider helping dental practices to install this equipment as it is very expensive and currently there is no financial imperative to do so.

**H20/26.04 HPF Written Summary – 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. All services have now had approval to return to routine activity within an agreed

framework. The use of video technology as an enabler for patient care and team work continues to be adopted and rolled out.

2. The All Wales AHP Festival of Innovation will take place online over 3 days from 14<sup>th</sup> – 16<sup>th</sup> October. This has been timed to align with National AHP day and the UK Advancing healthcare awards ceremony. Please see attached link for more information:

<https://nhs.walesleadershipportal.heiw.wales/ahp-festival-of-innovation>

The Festival will comprise a series of live and pre-recorded webinars, learning sessions, panels and live discussions.

3. We continue to engage with the development of a Covid recovery app providing professional expertise to the development of the advice and care guidance that it will contain. In addition and in support of this work HEIW, in collaboration with a wide range of health and care partners, developed a rehabilitation resource which is a publicly available tool suitable for all health and care professionals.

It has been designed to provide a broad range of information for all levels of learner.

Please find link the playlist below: <https://ytydysgu.heiw.wales/go/vhlsqg>

### **Key Issues for attention to HPF:**

- 1, As the therapies representative:

I have noted concern from all the professions about the impact on patient care for non Covid work and the pressure on waiting lists for both new and follow up patients. Suitable physical space to provide activity is a key constraint to recovering this position.

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

1. Board workshop on the 01/07/2020
2. Board workshop on the 16/07/2020
3. Board development on the 20/08/2020
4. Board development on the 22/09/2020
5. Board AGM meeting on the 24/09/2020
6. Board meeting on the 24/09/2020

The key focus of Board's attention throughout this period has been its ongoing

response to the Covid-19 pandemic and its plans to restart more routine work.

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

Delivery of Quarter 2 plans  
 Updates on the MH&LD division  
 Vaccination programmes  
 Nuclear Medicine Strategic Outline business case

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

Priorities for the final 6 months of the year (Q3 and Q4 plans)  
 Testing  
 Risk management and key strategic priorities

## **H20/26.05 HPF Written Summary – 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 services are leading the HBs evaluation of clear **face masks**. These are important for the effective communication with service users who have communication difficulties (hearing loss or other conditions that effect communication). This pilot was reported in the national press during Sept

<https://www.bbc.co.uk/news/uk-wales-54270124>

A separate pilot and evaluation of Clear **face coverings** is also underway, these will support effective communication with staff who have communication difficulties.

### **Key Issues for attention to HPF:**

1. HCS services have raised concerns related to the demands on and provision of diagnostic services both during restart periods but also in the following months whilst back logs remain and longer term as new models of working are incorporated into routine practice.  
 Whilst new ways of remote working are often appropriate for clinical consultation they will still generate the need for diagnostic face to face assessment appointments.  
 Safe delivery of face to face consultations is significantly limiting patient throughput and presents a potential choke point for new clinical pathways both during and following the COVID period.  
 This is exasperated for some services by the classification of some procedures as AGP and the current lack of appropriate facilities and physical resources to deal with the associated requirements.

We are suggested that this issue requires re-prioritisation of resources

(including physical assets) within the Health Board towards diagnostic face to face activity to avoid such choke points. The recommendation is that this risk (across specialities and the organisation) be considered a matter for urgent consideration for short and medium term Health Board planning.

2. The Consultant Clinical Scientist paper developed by the National Healthcare Science Board is being reviewed and finalised and is expected as a Welsh Health Circular shortly.

### **H20/26.06 HPF Written Summary – 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:

#### **Key Issues for attention to HPF:**

3 BCU managed practices in East which were given to GMS contractors are struggling to cope and the contractors have resigned

### **H20/26.07 HPF Written Summary – Nursing**

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

#### **Good News to Share:**

Skills Passport under development to support registrant core competencies.  
All Wales Dementia Pathway to support patients, families, health professionals and providers.

#### **Key Issues for attention to HPF:**

**Flu vaccine programme:** Planning and activity for the staff flu programme is well underway now and the work around COVID-19 for vaccination delivery is running in parallel. As part of our planning for managing a joint FLU / COVID vaccination programme this year we need to look at how our flu vaccination model could potentially support the vaccination of our staff for COVID-19 once a vaccine is approved across Wales.

To support this planning process we need to understand the current numbers of flu vaccinators that we have across the organisation / sites / teams prior to the flu programme commencing. Detail is required urgently to inform senior level discussions around a joint approach to flu and COVID. If not already done so could you forward detail to your nominated flu lead.

Tactical and strategic meetings are also established to support the challenge.

**Winter Resilience Plan:** The Health Board's winter resilience plan will describe arrangements for operational, practical and strategic co-ordination across the Health Board to support the management of surge 24-7 to be developed in collaboration with

key partner organisations: WAST, Local Authorities, Third Sector)

Nurse Recruitment: Bangor graduates qualifying March 2021: Adult 82 MH 23.  
Recruitment via Student Streamlining.

## COVID

WG Nosocomial transmission Group: overview of work being undertaken across NHS Wales, in line with the 'Putting Things Right Regulations' regarding the investigation of patient acquisition of covid-19 including nosocomial transmissions.

Since the emergence of COVID-19 the Heads of Patient Experience from all Health Boards and Trusts (HOPE Network) have been meeting regularly to work together to ensure the quality, safety and governance requirements across NHS Wales emerging through the pandemic are being addressed using, as far as is practicable and possible a cohesive approach. It is recognised that there will, in some instances be need for local variation if core business differs considerably e.g. WAST but wherever possible a consistent approach should be adopted.

The group have worked on the principles that national policy and legislative requirements must be met e.g. Serious Incident reporting and Putting Things Right Procedures. However, additional procedures were required during this unprecedented time to ensure robust systems and processes are in place to screen all incidences and trigger the appropriate level of investigation.

The first document developed by the HOPE Network is a process and toolkit for staff who are diagnosed with COVID-19. This is now operational across all Trusts and Health Boards (exception of WAST who is using a UK wide ambulance service document that better meets their needs) as a working draft and is being tweaked and reviewed as organisations are using it.

In recent weeks, the HOPE Network have developed a 'patient COVID-19 Rapid Review Toolkit'.

Engagement survey post COVID from 7<sup>th</sup> to 28<sup>th</sup> September.

**BCUHB Patient Quality and Experience Strategy** to be developed aiming to focus on process to support wider learning, culture, human factors etc. workshops will be established.

Quality dashboard will provide at a glance view of Q measures.

Integration of governance teams will commence.

New Quality Act: Patient Voice Body will have different duties. Detail will follow re Duty of Candour and CHC function. Will lend itself to involve patients in complaints and incident review as co-partners.

## CNO regulation of Level 4 trained HCSW.

Awaiting to see impact of role in England. Work across Wales focusing on development of Band 4 workforce and increasing registrant numbers via OU, part time route etc.

**H20/26.08 HPF Written Summary – Pharmacy and Medicines Management**

Members received the Hospital and Primary Care Pharmacy Member Written Summary for information from Ms Susan Murphy following:

**Good News to Share:**

Vaccination: The Pharmacy team have been hard at work ordering, receiving and distributing vaccines across Wales. Over 15,000 vaccines have been delivered and 70% distributed across North Wales within 3 days.

**Digitalisation**

- Chemocare software is being upgraded from version 5 to version 6 is being rolled out across the 3 acute sites to support e-prescribing and patient management for clinicians.
- A new pharmacy system is being implemented in early 2021, called Wellsky. This supports ordering, stock management and dispensing. This is a major upgrade that integrates all acute hospital sites across Wales.
- A new departmental system called Symphony is being launched in Ysbyty Gwynedd Emergency Department, with the update being rolled out in emergency departments (EDs) and Minor Injury Units (MIUs) across BCU. Symphony is a paper-light patient information management system and clinical record; ED documentation will now be kept electronically within the system. The prescribing and medication administration recording process within Symphony has been reviewed by the YG ED pharmacist to ensure compliance with medicines legislation, the BCUHB medicines policy and formulary.

Pharmacy robot: A capital project for the installation of a new pharmacy robot in Wrexham is being undertaken.

**Workforce:**

We have established an integrated training posts for both Pharmacy Pre-registration Pharmacists and Pre-registration Pharmacy Technicians. These are integrated posts with the students moving across hospital to community pharmacy and then to primary care setting. This gives them a seamless view of the patient journey and experience.

**Challenges: These include:**

- Drugs in short supply. Current remdesivir infusion for COVID and lorazepam injection

Social distancing is an ongoing challenge given the Pharmacy estate

**Key Issues for attention to HPF:**

- Nil

**H20/26.09 HPF Written Summary - Vice Chair / Secondary & Tertiary Care**

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



**Good News to Share:**

With the incidence of coronavirus rising, the Health Board is trying to both prepare for an increase in workload from the virus and go ahead safely with reinstating normal services. This is a difficult balance and it is clear that staff safety and their psychological well-being is paramount.

Since August, there has been understandable focus on previously shielding staff returning to work. There were in excess of 500 staff in this category including medical staff of all grades.

Shielding staff score a 7 on the All Wales Risk Assessment and have to be integrated into the workplace under very strict guidance (2 metre social distancing and in a Covid secure environment). Discussions with individuals and their managers is on-going and Health and Safety advice is being given with myself providing lead medical advice to the Health and Safety team.

**Key Issues for attention to HPF:**

Workforce is preparing a facility for redeploying and supporting affected staff. A particular problem is dealing with staff in training who need to maintain training and other staff who need to maintain competency.

A parallel issue is the ongoing work and preparation to continue the work on wellbeing, which is currently in discussion as there is a need to continue the work of the SWSS centres which saw attendance of approximately 10% of our staff over the period of the first wave.

A related issue to this for medical staff, which could be considered for all staff, is the adoption of the fatigue and facilities charter (attached) which is now in active discussion by the LNC. A wider discussion of fatigue and facilities would be welcome.

**H20/26.10** Members received a verbal update by Mr John Speed from **Community Pharmacy** and the following information was noted:

**Good news to share:**

To this point in time this year in comparison to last year, 10 times the number of patients have received flu vaccines at Community Pharmacies.

**Key Issues for attention to HPF:**

The capacity is limited in procurement of vaccines due to supply, and therefore hinders the service.

If the Covid vaccine was to become available, the Community Pharmacies would be happy to provide the vaccination.

**H20/27 Chief Executive Officer – Annual Discussion**

**H20/27.01** The Chair welcomed Gill Harris; Acting CEO BCUHB to the meeting in order to conduct the CEO's Annual Discussion and update the Forum members. A discussion, including a question and answer session ensued regarding the events of

<p>2020 and the core priorities that have been agreed by the Board for next 6 months, including an update on Jo Whitehead joining as CEO in January.</p> <p>The following objectives were highlighted and will be enabled by oversight protection and readiness of COVID19 over the winter period – i.e. promotion of vaccination programmes, awaiting Covid19 vaccine, Test Trace and Protect Programme (TTP) and the integrated governance structure, plus ensuring application of learning from the first wave of Covid19.</p> <p>A question and answer session ensued. The Chair thanked the Acting CEO very much for joining the meeting for a very informative discussion.</p> <p>[Gill Harris left the meeting]</p>	
<p><b>H20/28 Corporate Planning Update</b></p> <p><b>H20/28.01</b> The Chair welcomed Mr Mark Wilkinson (MW), Executive Director Planning and Performance to brief the Forum Members on the Q3/4 plan and the Winter Resilience Plan 2020/21</p> <p>MW presented a set of slides named “Delivery Over Winter 2020/21” covering the main headings:</p> <ul style="list-style-type: none"> <li>• Where are we now?</li> <li>• Latest intelligence view</li> <li>• COVID-19 harms</li> <li>• Priorities</li> </ul> <p>MW highlighted that short-term focus is justified and essential, and discussion ensued regarding the effect of the Covid19 pandemic on the Q3/4 and Winter resilience plans throughout the Health Board as a whole.</p> <p>MW confirmed that the presentation slides could be shared with the HPF group. The Chair thanked MW for attending and for his time spent at the meeting.</p> <p>[Mark Wilkinson left the meeting]</p>	RN
<p><b>H20/29 Items for information:</b></p> <p><b>H20/29.01 Quality, Safety and Experience Committee held on 29th July 2020</b></p> <p><b>H20/29.02</b> The minutes were received and noted.</p>	
<p><b>H20/30 Summary of information to be included in Chairs report to the Board:</b></p> <ul style="list-style-type: none"> <li>• The HPF welcomed the plan for Q3 and Q4 noting a more accessible format for the reader. The Forum supports the core priorities in the plan and advises that work is undertaken to ensure all staff are informed of these priorities.</li> <li>• The Forum strongly support the current focus on immunisation and advises the</li> </ul>	

<p>Board to maximise the use of the available workforce including primary care contractors in Dentistry and Pharmacy to provide capacity.</p> <ul style="list-style-type: none"><li>• The HPF noted concerns to the provision of diagnostic services. Whilst remote working is often appropriate for clinical consultation, they still generate the need for diagnostic face-to-face assessment appointments. The Forum welcomed the thinking surrounding the Diagnostic and Treatment centres.</li><li>• The HPF considered the focus on the health, safety and wellbeing of staff in the Q3 and Q4 plan and would advocate for the adoption of the principles within the BMA Fatigue and Facilities Charter.</li><li>• The HPF heard about inconsistencies in governance across the organisation and advise the need for a single organisational standard.</li></ul>	
<p><b>H20/31 Date of next meeting noted as:</b> 4<sup>th</sup> December 2020 from 9.30am – 12.30pm via Microsoft Teams</p>	