



Healthcare Professionals Forum (HPF)

Minutes of the meeting held on Friday 19th June 2020 via Skype

Present:	
Mr G Evans	Therapies Representative (Chair)
Prof M Rees	Specialist & Tertiary Medicine (Vice-Chair)
Mr A Murphy	Optometry Advisory
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 Fiona Giraud	Midwifery & Women's Services
Ms Jane Wild	Scientific Advisory
Ms Mandy Jones	Nursing Advisory
Mr I Douglas	Dental Advisory
In Attendance:	
Professor Arpan Guha	Deputy Medical Director
Dr Kate Clark	Secondary Care Medical Director
Ms Rona Newton	PA to Executive Director Therapies and HCS – for minutes
H20/13 Welcome, Introductions and Apologies	
<p>H20/13.01 The Chair opened the meeting and welcomed those present. Thanks was noted by the Chair for the members' attendance following the cancellation of the meeting in March due to Covid19. The Chair stated that the Forum has an essential role in Board Governance even during these extraordinary times and had been keen that this meeting has been able to go ahead as scheduled</p> <p>H20/13.02 Apologies: None received</p> <p>H20/13.03 Mental Health representation. It had been noted that the representative for Mental Health continued to be sought and this will be addressed with the Executive Medical Director immediately following the meeting.</p> <p>H20/13.04 The Executive Director of Therapies and Health Sciences wished to record thanks on behalf of the Board to one and all and to the Chair for getting the forum up and running as a key engagement opportunity to advise the Health Board. Everyone has risen to the challenges in different ways in these unusual times, and there has been a phenomenal response to the pandemic.</p>	
H20/14 Declarations of Interest	
H20/14.01 No declarations of interest were made.	
H20/15 Draft minutes of the meeting held on Friday 13th December 2019 – for approval.	

AT

<p>H20/15.01 It was noted that Ms S Murphy is representing Hospital and Primary Care Pharmacy and not as stated, Primary Care and Community Pharmacy The minutes will be updated accordingly.</p> <p>H20/15.02 The minutes of the meeting held on 13th December were approved as a correct record once the above amendments have been corrected.</p>	
<p>H20/16 Matters arising and summary action log</p> <p>H20/16.01 Updates were provided for incorporation into the summary action log</p>	
<p>H20/17 Clinical Services during COVID-19 & Future of the Clinical Pathways Group</p> <p>H20/17.01 Presentation was circulated to the members in advance by Dr Kate Clark. Professor Arpan thanked the Chair for the invitation. For context, Dr Clark gave the members background information for the need for this piece of work, with regards to the recognition of the need to work differently under the current circumstances, before discussing the presentation.</p> <p>Professor Arpan discussed next steps including opportunities to use the learnings and achievements of the Clinical Advisory Group (CAG) around Clinical Leadership being now identified across these pathways, and discussions around digital enablement and project management of Consultant Connect App, a new method allowing Primary Care clinicians and Secondary care to formally talk to each other. Professor Arpan emphasised the importance of building a clinical strategy for all clinical professionals to use to further the clinical pathways for all clinical staff.</p> <p>H20/17.02 A discussion ensued framed around the three questions posed by Professor Arpan and Dr Kate Clark in the presentation.</p> <p>H20/17.03 The Chair requested Terms of Reference for CAG which may be still in development stage, but would be useful for the Forum members.</p> <p>H20/17.04 It was noted that the members of the HPF are supportive of the efforts of the CAG, and thanked Professor Arpan and Dr Clark for joining the group for their time and presentation.</p> <p><i>[Professor Arpan Guha and Dr Kate Clark left the meeting]</i></p>	AG
<p>H20/18 Chair's and members' written updates</p> <p>H20/18.01 a) HPF Written Summary – Optometry</p> <p>Members received the Optometry Written Summary for information from Mr Alton Murphy and noted the following:</p> <p>At the start of COVID we and other Optometrists considered providing an emergency service, unfortunately a husband of one of our staff who had visited most of the practices contracted COVID, so we had to close all of our practices immediately due to the high risk of contamination to staff and patients. We maintain an emergency</p>	

telephone presence, and BCUHB and NWROC developed a strategy of setting up regional Hub practices that could remain open and emergency patients could be sent there for Triage prior to referral to Ophthalmology from practices that were closed.

Some practices like ours retained a telephone/ email presence to guide patients with difficulties.

This arrangement is I believe working well as we move into the next amber stage when we expect to reopen, wearing suitable PPE, and using social distancing with a reduced number of patients.

H20/18.02 b) HPF Written Summary – Midwifery

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

Good News to Share:

Return of the 3rd Year Bachelor of Midwifery Students – into practice placements areas commenced on 22nd May 2020. The cohort of 23 students returned into both Acute and Community settings and are scheduled to qualify in October 2020. Plans to return 2nd Year Midwifery Students are set for June 2020.

International Day of the Midwifery (5th May 2020) – saw local and national celebrations observing the COVID-19 social distancing requirements. Each year since 1992, the International Confederation of Midwives (ICM) leads global recognition and celebration of the work of midwives. This year's theme was 'Midwives with Women: celebrate, demonstrate, mobilise and unite'. In the midst of a global pandemic, this sentiment could not be made more relevant in these unprecedented times.

Key Issues for attention to HPF:

Workforce Strategy

Birth Rate Plus Review (2019/2020)

Birth Rate Plus is a framework for workforce planning and decision making for midwifery services. This methodology assesses the number of midwives required within a given service, based upon the needs of women and their babies and the way in which the midwifery service is organised which factors in the different settings and systems available.

This is a well-established and recognised workforce-planning tool, endorsed by the Department of Health and Governments of the devolved Countries. Each Health Board is required to undertake a full Birth Rate Plus Review every 3 years and are required by Welsh Government to review their compliance against the findings every year and develop and implement a plan to meet any staffing shortfalls.

The overall findings of the 2019/20 full review will be presented to the Women's Service Board in June 2020. A preview of the results confirms that the service remains Birth Rate Plus compliant.

Consultant Midwife Post – our current post holder will be retiring in August 2020. The service will be recruiting nationally for a replacement

COVID-19 Impact on Midwifery Services – as Midwifery and Maternity Services have been classified as essential services during the pandemic, both have continued as near business as normal as possible observing the RCOG/RCM COVID-19 guidance for services. The biggest impact has been on the Workforce where we have seen up to 10% COVID related absences in the midwifery establishment. This impact has been mitigated by appropriate re-deployment and use of bank staff.

WG/RCM Wales National Midwifery Leadership Programme (2020/21) – will be adopting a 'virtual' approach to the programme for the coming year to observe the COVID-19 requirements.

Reinstating PROMPT Wales Training – the training was suspended in March 2020 in response to the COVID-19 Immediate actions to make services safe. National discussions between WRP and WG are to be held in early June to look at national and local solution to re-instating the PROMPT and Fetal Surveillance Training during the pandemic.

H20/18.03 c) HPF Written Summary – Dental

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

Dentistry was essentially shut down across N Wales during the last week in March. Since then routine dentistry has not been available and the only procedures that have been carried out in primary care practices are extractions for emergency patients. Aerosol generating procedures have stopped completely apart from in the 2 centres that have been set up in Wrexham and Llanfairfechan. This situation is unlikely to change until July and even then, the numbers of patients that can be seen is likely to be greatly limited in terms of numbers compared to previous throughput.

The CDO has seen this as an opportunity to accelerate and fast-forward her contract reform programme and dentistry is likely to change significantly as a result in the way it is delivered in primary care.

Private dentists are particularly vulnerable financially as are large Corporates and it would not be surprising to see some practice closures in the coming months. Developments are likely to be led on a National basis.

The structure of dentistry is still somewhat confused following the change from one to 3 areas and as an initiative, some clarity on the structure would be welcomed.

H20/18.04 d) 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:

The response from the range of Therapies professions to the Covid pandemic has been stoic and impressive. Many staff have changed their roles and moved directly from an environment from which their routine work has been stood down, to the frontline of care for patients with Covid within the acute hospitals or in the community within patient's homes. Other staff have redeployed to roles which ordinarily they would have no experience or skills within, such as testing centres. Clinical Psychology colleagues have been key to the introduction of staff wellbeing hubs.

The use of video technology as an enabler for patient care and team work has been broadly welcomed and adopted.

Working across the whole organisation has improved with a greater degree of uniformity in approach across leadership teams noted.

The All Wales Rehabilitation: A Framework for Continuity and Recovery 2020-21 was launched on the 29th May 2020. This framework was developed by the multi-professional, multi-sector Covid Rehabilitation Task and Finish Group recently established in response to the growing evidence of increased population need. The framework sets out the restoration and development of rehabilitation services as a core part of all services over coming weeks and months. It also explores opportunities to deliver an improved system of rehabilitation for the future informed by transformation, in line with A Healthier Wales and the innovation and advances from the response to Covid-19.

Key Issues for attention of HPF:

As the therapies representative:

I have noted concern from all the professions about PPE guidance, ability to socially distance in a work environment, the impact on patient care for non Covid work and 'battle fatigue'.

As Chair of HPF I have attended the following:

1. Board briefing on the 26/03/2020
2. Board meeting on the 15/04/2020
<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-board-15-4-20-public-v1-0/>
3. Board briefing on the 23/04/2020
4. Board briefing on the 07/05/2020
5. Board meeting on the 14/05/2020

<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/>

6. Board meeting on the 21/05/2020 (Extraordinary)

<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-21-5-20-v1-0-public/>

7. Board briefing on the 04/06/2020

The key focus of Board's attention throughout this period has been its response to the Covid 19 pandemic.

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

- Maintaining good governance during the Covid10 period
- Financial plan 2020-21
- Reviewing Month 12 2019/20 financial and performance measures
- Vascular services

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

- PPE
- Testing
- Decision logs
- Clinical pathways
- Finance
- Non covid activity
- 2020-21 planning
- Care homes

H20/18.05 e) 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

Many Healthcare Science services have continued to deliver essential services during the COVID-19 Pandemic. They have also been able to adapt their services rapidly to deliver care differently where possible. Additionally, many HCS staff have been able to contribute outside of their usual roles, being successfully redeployed to a variety of different roles to support other services across the organisation.

Key Issues for attention to HPF

A Welsh Health Circular is expected in the coming months providing guidance on the role, recruitment and training of Consultant Clinical Scientists in Wales.

H20/18.06 f) HPF Written Summary – Vice Chair / Secondary & Tertiary Care

Members received the Vice Chair / Secondary & Tertiary Care Member Written

Summary for information from Prof Micheal Rees and noted the following:

- Currently undertaking work with the Health and Safety Group to support risk assessments for all staff (including community staff)
- New risk assessment process for staff has been established following Welsh Government Guidance
- Second area of work has been to help support the welfare programme for staff. Members were informed a system of welfare hubs have been sent up in the three main secondary care sites and supported by Clinical Psychologists.
- Members were advised of contact details for risk assessment and links to Health and Safety workplace modification and welfare support (please see Written Summary for details).

Members also received an article (appendices 1) on “**What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic**” for information.

H20/18.07 g) 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:

- Primary care has been mainly working as an advisory service or a triage service with minimum face-to-face consultations.
- Most patients have been understanding and supportive to their GPs and the staff but some have felt frustrated and neglected and have found the service to be poor and inadequate to the degree of being detrimental to their health and safety.
- Most GPs have felt let down by HB due to the lack PPE and the Corona tests and a significant delay in getting these in spite being in the front line and obvious risks especially for the BAME doctors and Nurses and other care workers.
- One thing appears to be certain that Covid 19 will revolutionise the way Primary care works and will provide a new meaning for the access.

H20/18.08 h) HPF Written Summary – Hospital and Primary Care Pharmacy

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

Good News to Share

The pharmacy and medicines management team have provided extensive support over the pandemic:

Medicine Procurement, Technical Services and Logistics

- Extensive and responsive mobilisation of medicines procurement with relevant tracking of usage and potential usage.
- Collaboration with Health Courier Service Wales (HCSW) and national pharmacy teams to transform access to medicines across Wales. Provision of an alternative logistic solution for distributing critical medicines to the greatest areas of need.
- Supply of clinically alternative medicines for shielding patients to enable them to

receive their treatment at home rather than in a hospital environment (e.g. oral systemic cancer treatments; intramuscular substituted for intravenous formulation).

- Preparation at pace of “ready-labelled” medicines for new clinical areas such as respiratory assessment centres & newly established field hospitals to allow easier access to medicines
- Wales’ first automated syringe filler at was commissioned at YGC; IV preparation hub was established at YG and aseptic production of infusions at WMH for preparation of “ready-to-administer” injectable medicines for Critical Care Units, releasing nursing time for patient care.
- Collaborative working with the estates team to provide an extensive programme of QC testing for new and upgraded medical gas pipeline systems across BCU.
- Pre-prepared medicines stocks suitable for COVID-19 ready for immediate distribution to wards repurposed to accept coronavirus patients.
- Home delivery of medicines via volunteers for shielding patients and others.

Primary Care

- Access to palliative care medicines e.g. Just in Time boxes, Care Homes & WAST reviewed and improved. A sustainable pathway has been agreed across North Wales.
- Improved repeat prescription process with more batch prescriptions being utilised by GPs and community pharmacy
- Virtual support to GP practices with remote log in from home.
- Workforce resilience increased to establish more resilience for pharmacy staff working within critical care, respiratory, primary care and community hospitals.
- Revision of joint policies to support medicine administration (level 1 and 2) by domiciliary carers and HCSW within all care settings.

Community Care

- New ways of working in community hospitals to support clinical pharmacy services e.g. developing direct prescription scanning to the acute hospital pharmacies.
- Reviewed stock lists to optimise access to controlled drugs and end of life medication.
- Primary care pharmacy team roles re-purposed to support the increased bed capacity and additional wards in community hospitals and field hospitals.
- Deployment of pharmacist and pharmacy technicians to support struggling community pharmacies in the early days of the crisis.
- Telephone consultations with patients
- Development of a patient INR self-testing service for clinically appropriate patients
- Pharmacy Planning and on-site support for Field hospital development.

Workforce

- Extended hours shift system across the region
- Increased use of technology for remote working e.g. reviewing and authorising GP prescriptions on EMIS, cancer electronic prescribing on Chemo care, scanning treatment charts from critical care and cohort wards

Governance

- Resilience and capacity of medical gas pipeline systems across BCU and Temporary Hospitals including testing & QC
- Development of COVID-specific PGDs to ensure antibiotics, antipyretics and salbutamol are supplied in a timely manner across BCU
- Temporary amendments to existing medicine management policy and guidance, balancing patient safety with staffing capacity e.g. medicines administration in health & social care

Medicines Information

- The MI helpline has maintained a full time enquiry answering service for members of the public, patients and healthcare professionals from all sectors.
- The impact of advice from the specialist pharmacy team has prevented unnecessary patient admissions and visits to health care settings.
- The nature of calls indicates that we are able to continue to support patient care and ensure patient safety in the absence of normal services.

Prescribing Matters

- Website has been adapted to act as a platform for all staff to access up to date COVID-related information on medicines.

Pharmacy robot

The pharmacy robot in YG has been successfully installed and the estates work completed. This has resulted in more efficient dispensing process and a much improved working environment for the staff.

H20/18.08 Members received a verbal update from Nursing and the following information was noted:

Annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act is being presented to Board

As a Health Board there has been work to secure and assure plans for safe staffing and compliance with the act to date, of which is ongoing. There is continual development as greater comprehension and information is gained locally and nationally. However, it is also acknowledged that there are further actions that can be undertaken to develop and further assure the process and importantly focus and measure the actual impact of staffing on patient harm.

The Board will be asked to note and support the following next steps:

- Targeted focus of Nurse recruitment including resource to support campaigns both locally and regionally
- Exploration of a clinical fellowship programme for nurses
- Ongoing analytics regards leavers and 'what could we do better?'
- Review of implementation of new roles to support the nursing recruitment pipeline
- Expansion of harm avoidance collaborative to assist in reducing variation
- Development of a nurse performance dashboard as a further monitoring and assurance tool in real time

Staff wellbeing and support service

The service was set up for the COVID period on all 3 acute sites and 1 day per week in com sites. Staff have found this very useful and would like it to continue.

Unfortunately the psychologist will soon be pulled back into normal business. Group is asked to formally support the continuation of the service.

Ward accreditation

Ward Accreditation Programme will restart and continue as per the pre Covid process

(e.g. unannounced, team of 3 etc) from 1st July 2020 (please see rota attached for your reference).

Clinical Advisory Group (CAG)

CAG will consider the clinical pathways in relation to Covid-19, non-Covid-19 and a phased recovery 'return to normal'. Six sub groups will support the CAG workstreams as follows:

- Covid19- Key pathways.
- Non-Covid-19
- Essential Services (Levels 1, 2, 3 and 4).
- Emergency and urgent Care (Primary and MIU referrals)
- **Critical Care (Covid and non Covid).**
- Restoring routine activity work (transformational developments).

It has been suggested that the BCUHB Critical Care and Critical Illness delivery group becomes the Critical Care (Covid and non Covid) sub group supporting the CAG workstream.

Critical Care (Covid and non-Covid) Sub Group

Written request from Dr Kate Clarke, Medical Director, Secondary Care for the Critical Care and Critical Illness Delivery Group of the Health Board to:

- 1) To identify options to manage the Critical Care demand for Covid related admissions.
- 2) The impact of Covid for other non-elective admissions.
- 3) The ability to support the elective programme.
- 4) Identify what support will be needed to progress the work as timely as possible.

Service improvement Group for Critical Care held Monday 15th June. Feedback from the group members will be presented back to Dr Kate Clarke for consideration by CAG.

H20/18.09 Members received a verbal update from Community Pharmacy and the following information was noted:

Community Pharmacy teams have worked extremely hard during COVID with a very high demand on our service, some services have been suspended in order maintain focus on the core central dispensing services. One particular issue is the Track and Trace, which is a threat to pharmacies due to the confined space that they are working in which essentially could enforce self-isolation and put pharmacies at risk.

H20/19 Summary of information to be included in Chairs report to the Board

- **H20/17.01 Clinical services during COVID-19 and clinical pathways.** HPF members support the clinical pathways approach as a vehicle to improve services, noting the considerable work undertaken during the Covid 19 period.
- The HPF advice is that pathways are best developed end to end, with multi professional engagement using the best science and information available. The use of tools such a workstations can increase support and engagement of staff.

<ul style="list-style-type: none"> • H20/18 Members reports. The HPF noted the use of technology to support new ways of working during the Covid 19 pandemic and advise that this should continue to be an enabler to change within the organisation. • H20/18.03 Member report Dental. The HPF advise the Board to support new and innovative ways of workforce planning as result of the Covid 19 pandemic, to ensure a continued recruitment pipeline for a well-trained workforce in North Wales. • H20/18.03 Member report Hospital and Primary care Pharmacy. The Board should note reports that returning staff wishing to work for BCUHB during the Covid 19 period have not found the process easier to navigate. • H20/18.06 Member report Secondary and Tertiary care Hospital. The HPF members reported on a range of experiences about staff wellbeing, noting how resilient and adaptable the workforce have been during the pandemic. The Board is advised to continue to support the wellbeing of staff well into any recovery period and a return to business as usual. 	
<p>H20/20 Items for information</p>	
<p>H20/20 a) Quality, Safety and Experience Committee held on 28th January 2020 and 17th March 2020</p> <p>H20/20 a The minutes were received and noted.</p>	
<p>H20/20 b) Cycle of Business 2020 – 21</p> <p>H20/20 b Chair proposed and members agreed to the Cycle of Business for 2020/21 to be discussed by the Chair, the Vice Chair and Executive Lead in order to suggest what would be an appropriate Cycle of Business for future meetings going forward.</p>	
<p>H20/20 c) Team Briefing update</p> <p>H20/20 c Members noted the team briefing update from January 2020</p>	
<p>H20/21 Date of next meeting noted as:</p> <p>H20/21.01 2nd October 2020 from 9:30am - 12:30pm in the Board Room, Carlton Court, St Asaph, LL17 0JG</p>	