

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

Notes of the meeting held on 04 June 2019
In Meeting Room 3, Porth Eirias, Promenade, Colwyn Bay

Present:	Representative of:
Mr Ffrancon Williams	Housing Associations (Chair)
Mr Gwilym Ellis Evans	Mantell Gwynedd (Vice Chair)
Mr Mark Wilkinson	Director of Planning and Performance, BCUHB – Lead Exec
Mrs Sally Baxter	Assistant Director Health Strategy, BCUHB
Mrs Julie Pierce	Denbighshire Voluntary Services Council
Mrs Fran Hughes	Flintshire Voluntary Services Council
Ms Llinos M Roberts	Carer's Outreach Service, BCUHB West Area
Mrs Mary Wimbury	Care Forum Wales
Mr Mark Thornton	NWCHC Chair
Mrs Katie Sargent	Assistant Director – Communications, BCUHB
In Attendance:	
Mrs Sue Green	Director of Workforce and Organisational Development, BCUHB
Mrs Wendy Hooson	Senior Health Planning Manager, BCUHB
Mrs Kamala Williams	Head of Health Strategy, BCUHB
Ms Suzanne Didcote	Secretariat for SRG

Agenda Item		Action
S19/14	Welcome and Apologies	
S19/14.1	The Chair welcomed everybody to the meeting and a roundtable introduction took place.	
S19/14.2	<u>The following apologies were received:</u> Cllr Penny Andow, Conwy County Council Cllr Dafydd Meurig, Gwynedd County Council Dr Garth Higginbotham, NWCHC Fiona Evans, Conwy Voluntary Services Council Joan Lowe, Wrexham County Council Christine Marston, Denbighshire County Council	
S19/14.3	<u>The Chair provided an update on Membership:</u> Mr Gwilym Ellis-Evans has had the extension to his term of office confirmed Cllr Gareth Roberts has stepped down and is replaced by Cllr Dafydd Meurig. We are awaiting confirmation relating to the extension of Prof. Robert Moore. We are awaiting confirmation of who is taking over from Mike Harriman.	

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S19/14.4	<u>Chairman and Vice Chair Positions:</u> It was noted that the current Vice Chair's term has come to an end and the Chairman's term will come to an end in June. It was agreed that the governance arrangements for the election of Chair and Vice Chair would be reviewed and the resulting process notified to SRG members in good time for the next meeting	
S19/14.5	The Chair notified the Group that Sian Purcell's (Medrwn Mon Voluntary Services Council) membership is due to expire at the end of July and we will contact the organisation to confirm arrangements.	SD
S19/15	Declarations of Interest	
S19/15.1	There were no Declarations of Interest	
S19/16	Corporate Planning Update	
S19/16.1	The Director of Planning and Performance provided a verbal update. The Health Board now has an approved three year outlook. There are associated approved enabling strategies, some of which were required to be put in place by Special Measures. With a financial out-turn position just under £7m worse than was planned, Welsh Government could not approve a Plan. The Board have commissioned Price Waterhouse Coopers, to validate our financial plans. PWC have been working with the Health Board to validate and understand the plans for savings and to identify what additional opportunities might be available. The finalised report on this work is due at the end of June. There have been some recommendations on grip and expenditure controls, decision making and recognising the financial implications of decisions made. The report will be presented at the July Board meeting and work will take place to refresh all Plans following this.	
S19/16.2	The Director of Planning and Performance explained that the Estate Strategy will shape and respond to the developing Service Strategy. The Health Board has a number of estate buildings of varying age and they are not always of a quality that the Board would aspire to. There is an Estates Improvement Group to oversee Estate improvement.	
S19/16.3	Mark Thornton, NWCHC Chair asked whether PWC have identified anything new from their Review. The Director of Planning and Performance explained that there has been limited identification of anything significantly new, but that additional pointers have helpfully been given. He noted that the Health Board shows some areas of best practice. A lot of the findings focus on short term transactional process in line with the brief. The Director of Workforce & Organisational Development explained that the Board is developing a delivery framework. The PWC review has provided focus and pace, identified additional capacity to turn things into programme documents, and having the right capability in place going forward. There will also be work undertaken on improvement capacity.	

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S19/17	Update on Workforce & Organisational Development	
S19/17.1	The Director of Workforce & Organisational Development provided a verbal update. There is now an approved Workforce Strategy, which is the first since the Health Board's inception. Workforce is not sustainable if we carry on delivering services across the geography that we serve in the way we currently do it. There are opportunities to develop a service and workforce fit for purpose. With links to the Regional Workforce Strategy, the Board will work with partners regarding delivering services and working differently. Plans to develop system and workforce partnership strategies will feature in later years and BCU will be a key player in regional partnership going forward. There is a focus on quality and improvement. There is a clear improvement plan for Health & Safety and Well-being going forward. There are ten Year 1 objectives, which will make a difference in the first year. The Director of Workforce & OD offered to come back to the September SRG meeting to provide an update on notable progress.	
S19/17.2	Mary Wimbury, Care Forum Wales enquired whether the Strategy is available. It was confirmed that this is a public document available within our Health Board papers. The Director of Workforce & OD agreed to circulate a copy to the Group.	SG
S19/17.3	The Vice Chair reported that the SRG's Chair's Assurance Report had been reported at the March Health Board and SRG's comments were noted.	
S19/17.4	Mark Thornton, NWCHC Chair challenged as to whether there is anything new and are the Board going to make noticeable changes. The Director of Workforce & OD explained that it is clear that some staff are dissatisfied with the service they are providing. There is a clear development programme in place for the Workforce & OD Team, which will allow them to then provide the necessary advice. Additional resources have been recruited in order to make these changes. The Strategy sets a clear direction.	
S19/18	Reducing Reliance on Temporary Staff	
S19/18.1	The Director of Workforce and Organisational Development provided an update. There is a need to develop a BCU wide temporary workforce, which would negate the reliance on premium rate agency staff. In 2017/18 £35m was spent on non-core staffing. There is now a process in place for approvals and sign off for premium rate spend. There is a need to look at the longer term plans, what would attract people to work in temporary workforce, flexibly without prejudicing benefits etc. There is currently no bank for admin and clerical / medical / allied professionals. This will aid recruitment and retention and optimising rosters and systems. The spend for this year has reduced to £31m.	
S19/18.2	Mary Wimbury asked whether the development of bank staff is something that could be linked with partners. The Director of Workforce and Organisational Development stated that moving	

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<p>S19/18.3</p> <p>S19/18.4</p> <p>S19/18.5</p> <p>S19/18.6</p>	<p>forward, this is something that can be developed. This is currently the case with Health Care Support Workers.</p> <p>Llinos Roberts raised a query relating to the recruitment of a Nurse into a HCSW role, which was refused on the grounds a qualified nurse could not be allowed to do this. The Director of Workforce and Organisational Development explained that there can be issues around the pay element, but it should not have prevented the person having this post.</p> <p>Mark Thornton reiterated the need to use the local population. The Director of Workforce and Organisational Development confirmed that this is being looked at. This includes apprenticeship training and other opportunities to develop the first tier on the career path.</p> <p>Llinos Roberts also raised a query around the number of GP vacancies presented. The Director of Workforce and Organisational Development confirmed that the figures presented related to GP's in managed practices and not GPs across all practices.</p> <p>The Vice Chair asked if there was more that can be done with Bangor University. The Director of Workforce and Organisational Development confirmed that Bangor University are getting a medical school and the Health Board is linking in with them around new roles – surgical care practitioners etc.</p>	
<p>S19/19</p> <p>S19/19.1</p> <p>S19/19.2</p> <p>S19/19.3</p>	<p>Engagement Strategy</p> <p>The Assistant Director of Communications provided an update on the Engagement Strategy. There is a dedicated Engagement Team making connections with local communities. All work is linked to the Health Board Strategy, with links to Healthier Wales. There are three engagement practitioner forums, which attract people from public sector. There is greater use of social media and a new website is due to be launched. There has been a launch of a staff app to get key messages and information out and a new website is scheduled for launch on 1st July, which should be easier to navigate around. There is ongoing public engagement and the Team are working with the Consultation Institute to measure the impact of what we are actually doing and to see if it is making a difference. The Team have undertaken a piece of work with outpatients around the high number of DNAs. The Team are also going out to the private sector and local businesses to talk about the Health Board and what services are available.</p> <p>Julie Pierce queried how engagement is being done with local schools and colleges. The Assistant Director of Communications stated that there are some youth forums, but it differs depending on what is available with different Local Authorities.</p> <p>Mary Wimbury queried how the effectiveness of what is being done is being monitored. The Assistant Director of Communications agreed to share responses to the survey with the Group.</p>	<p>KS</p>

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S19/19.4	Mark Thornton stated that the Health Board's communication and engagement has improved greatly over recent years.	
S19/20	Third Sector Strategy	
S19/20.1	The Assistant Director – Health Strategy gave an update relating to the development of a Third Sector Strategy. There have been a series of Engagement events held. There is work ongoing with social landlords and an event is being held in early July to help build better relationships. The Strategy has connections to responding to the HASCAS / Ockenden reports and links to the North Wales report on Social Value. It was noted that a proposal to devolve third sector budgets is being put to the Executive Management Group. If this is supported, the budgets will devolve to the Mental Health and Area Teams who work closely with the sector. There is a need to change culture and support relationships. There are elements of good practice and there is a need to build on collaboration, reinforcing the work with the Public Service Board's and the Regional Partnership Board.	
S19/20.2	Fran Hughes gave an overview of a recent event which was held. There are areas of good practice. The Third Sector is being imbedded in all strategies within the Health Board. There are improving communications, especially with GP's.	
S19/20.3	The Vice Chair stated that it was gratifying to see this work being moved forward, especially with the devolved budget.	
S19/20.4	The Assistant Director – Health Strategy confirmed that further meetings are being held in June and July. A report will be presented to the Health Board in September.	
S19/20.5	Mary Wimbury raised that not all partners are from the third sector. There are some from the private sector.	
S19/21	Service Strategy Update	
S19/21.1	The Assistant Director – Health Strategy delivered a presentation on the work ongoing to develop a Service Strategy. Estates and Workforce Strategies will be built into this. There is a need to ensure that our Services are fit for purpose, are sustainable in the long term and help us improve health care in North Wales.	
S19/21.2	It was noted that the Living Healthier Staying Well strategy was approved in 2018 by the Board. Work is underway looking at whether there are gaps in that strategy that we need to respond to.	
S19/22	Stroke Services Update	
S19/22.1	Wendy Hooson, Senior Health Planning Manager gave an update on the Stroke Services work that has been undertaken over the last 12 months. There has been Stakeholder engagement and meetings with survivor groups to ensure that stroke care is shaping the service model being developed. There is a clear case for change and services	

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<p>S19/22.2</p> <p>S19/22.3</p>	<p>must be reconfigured to remain sustainable. Hyper Acute Stroke Units are proposed on one or two sites with specialist medical staff. A model is being developed for supporting early discharge. Stroke survivors are currently discharged to 13 community hospitals where they receive general care but limited rehabilitation. There are plans to develop three sites across North Wales to deliver this specialised rehabilitation care. Work is ongoing to refine bed capacity modelling and models have been discussed with other Health Boards and organisations. Work is being developed on the pathways from Emergency Department to Stroke Wards, with improvements to CT Scanning and streamlining medical clerking process. There are plans to develop stroke rehabilitation which will be a Therapy led service. This frees up medical consultants, who will still have input but there will be a greater focus on the nursing and therapeutic service. An options appraisal was carried out and the suggested areas for these Units are Ysbyty Eryri, Llandudno Hospital and the Rehab Ward at the Wrexham Maelor Hospital. A report will be presented to the Executive Team in June to share output and determine next steps.</p> <p>Mark Thornton raised concerns that the pace seems slow for what is a very important area. He said that the first stakeholder event had been held two years ago with potentially a further 4 years to wait until the first planned Hyper Acute Service is implemented. This is a long time from the decision to investigate to seeing significant changes in service delivery that would positively impact patient outcomes. Wendy Hooson stated that other work is going on in parallel, looking at proposals to strengthen services.</p> <p>The Chairman elaborated on this. He said that this was a new service development that will take time to fully implement and introduce. It was recognised that progress has been made and that there were difficulties around implementation, but the Group have concerns about the time it will take to implement the required changes to improve patient outcomes.</p>	
<p>S19/23</p> <p>S19/23.1</p>	<p>Orthopaedics Update</p> <p>Kamala Williams, Head of Health Strategy presented an overview of MSK services. There is a need to change the way services are delivered with an increased demand due to an ageing population. Services are provided across north wales. Elective surgery is currently delivered on 5 sites, the 3 acute hospitals plus Abergele and Llandudno Hospitals. There are also the specialised services offered at RJAH . The 5 site model is not sustainable, due to workforce cover and accessibility for example at Abergele Hospital. There is a need for a consistent approach across the Health Board. Work is being developed on the pathway approach, looking at prevention and expanding community services. There are links to the “Let’s Get Moving in Wales” work and lots of work with partner organisations and schemes. There are also links to “Healthy Weight, Healthy Wales” which is a Welsh Government policy document. Apps are being developed for patients for individual conditions. There are plans to move from 5 sites to 3. Capital and revenue funding will be required and there are ongoing discussions with Welsh Government around</p>	

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<p>S19/23.2</p> <p>S19/23.3</p>	<p>this. It was noted that some £1.8m funding has been received to start this off, which will include the recruitment of 6 additional consultants. There is a high level of confidence that these developments will happen. A report will be taken to the September Health Board which will outline the detailed plan.</p> <p>Mary Wimbury raised a personal experience that she had noted on the differences of how consultants admit patients prior to operation. Some Consultants admit on the day and others admit the night before. Work is ongoing to streamline processes and to encourage a change to ways of working.</p> <p>The Director of Planning and Performance noted that the Health Board is 1st or 2nd in the country for some of the innovations.</p>	
<p>S19/24</p> <p>S19/24.1</p> <p>S19/24.2</p> <p>S19/24.3</p>	<p>Eye Care Services Update</p> <p>Kamala Williams presented an update on the North Wales Eye Care Plan. Poor eye health is a common and increasing issue. There are hospital services in the Centre, East and West. Ophthalmic Diagnosis and Treatment Centre's for certain conditions are delivered in community hospitals. There are links to the Eye Care Measures and Electronic Patient Record. With new ways of working, there is a need to modernise the workforce and working practice. There is an App based approach to support self management of conditions. There is a need to link primary and secondary care services and bring together the different Patient Administration Systems. The Eye Care Measures have been implemented this month, where a condition is assessed and assigned a relevant priority on the waiting list. The EPR work is due to be implemented from December '19 – Mar '20. £500k of non-recurrent funding has been received for this.</p> <p>The Chairman queried whether certain strategies were aligned given continued investment in Eye Care at the Abergele Hospital site, but the Estate Strategy promoting a case of disinvesting in that site. Kamala explained that the service had relocated from the former HM Stanley site in 2012 and the current facility there is deemed fit for purpose. There are ongoing discussions to look at whether there is a move off the Abergele site. The Director of Planning and Performance reiterated that in the case of Orthopaedics, there are strong clinical governance concerns that drive the urgency to move from Abergele.</p> <p>An update report will be presented to the Health Board in September.</p>	
<p>S19/25</p>	<p>Draft Notes of Previous Meeting held 5th March 2019</p> <p>The minutes were approved as an accurate record.</p>	
<p>S19/26</p>	<p>Chair's Advisory Report to Board</p> <p>This was presented to the March Health Board meeting and is circulated to SRG members for information.</p>	

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S19/27	Summary Action Log The Group noted the updates that had been provided.	
S19/28	Items to be considered for next meeting & Forward Plan	
S19/28.1	Re-appointment and Election of Chair Third Sector Strategy W&OD Strategy Mental Health update to include costs Equality Objectives Medicines Management Social Prescribing Service Strategy Well Being Future Gens	
S19/28.2	Given the large number of items to be discussed and limited meeting time available, the Group agreed that the Chairman and the Director of Planning and Performance prioritise future agenda items to align with the Health Board's work programme.	
S19/29	For information – Items circulated between meetings <ul style="list-style-type: none"> - Update from North Wales Collaborative Care Group for Hearing Loss (15th April) - Public Health Annual Report – link to website (15th April) - Staff survey / engagement exercise summary results (1st May) - Living Healthier, Staying Well – BCUHB Plan (10th May) - Plan on a Page / Building Better Care Programme (13th May) 	
S19/30	Items circulated to members for information BCU Annual Quality Statement SRG Committee Annual Report SRG Cycle of Business	
S19/31	Date of Next Meeting: Tuesday 10 September 2019 @ 10:00, Conference Hall, Conwy Business Centre, Llandudno Junction LL31 9XX	
S19/32	Any Other Business <u>YGC Park and Ride Services</u> Fiona Evans had raised a query with regards to the YGC Park and Ride Service. The Chairman read out the following statement from the Health Board in response: “As you may be aware, this service was established originally to offset the temporary loss of car parking spaces that occurred during work on the redevelopment of Ysbyty Glan Clwyd. The service began operating in October 2014, with the parking area land being leased for an initial period of 18 months, with an option to review the contract	

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	<p>annually thereafter. A temporary site licence has been agreed with the current site owners, Reflex and Alan Ltd, and the present arrangement is in place until 30th June 2019.</p> <p>There is no doubt the service has been well used and has been a success in mitigating the pressures on parking spaces while the redevelopment work has been taking place. Since the Park and Ride service went live, Ysbyty Glan Clwyd has seen the creation of an additional 149 car park spaces at the rear of the hospital site, furthermore, additional parking areas are due to be returned back into service as contractor's compound areas are vacated on site. These additional car park spaces will include:</p> <ul style="list-style-type: none"> • 48 car park spaces previously occupied by Bam Construction as a compound (right hand side of site by entrance). • 60 car park spaces currently occupied by Laing O'Rourke Construction as a compound at the rear of the site. • 20 car park spaces following the reconfiguration of the current Laing O'Rourke contractor's offices area. <p>The final release of additional car park spaces will become available week beginning 27th of May 2019. Please be assured that we will continue to assess the daily use of the Park and Ride Service up to 30th of June 2019 as part of our assessment of likely future parking requirements for the hospital site. This assessment will inform the Health Board as to the requirements for capital expenditure to deliver a new sustainable on-site solution which will address both capacity and parking enforcement.</p> <p>With regard to shuttle services outside of peak times, this assessment has already been undertaken and we are currently in negotiations with Arriva regarding changes to the current shuttle timetable. Following a previous Welsh Government directive, all parking on NHS sites must be free of charge to staff and patient/public and therefore it is not possible to charge for any parking related services."</p>	
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Attendance Register:

Name	Title / Organisation	4/6/19	10/9/19	17/12/19	3/3/20
Mr Ffrancon Williams	Housing Associations (Chair)	√			
Mr Gwilym Ellis Evans	Mantell Gwynedd (Vice Chair)	√			
Mr Mark Wilkinson	Director of Planning and Performance, BCUHB – Lead Exec	√			
Cllr Penny Andow	Conwy County Council	x			
Mrs Fiona Evans	Conwy Voluntary Services Council	x			
Cllr Llinos Medi Huws	Anglesey County Council	x			

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Cllr Christine Jones	Flintshire County Council	x			
Mr Andy Long	WAST – Area Manager North	x			
Cllr Joan Lowe	Wrexham County Council	x			
Cllr Christine Marston	Denbighshire County Council	x			
Cllr Dafydd Meurig	Gwynedd County Council	x			
Professor Roberts Moore	North Wales Regional Equality Network	x			
Mr Mike Parry	One Voice Wales	x			
Mrs Sian Purcell	Medrwn Mon Voluntary Services Council	x			
Helen Wilkinson	Denbighshire Voluntary Services Council	x			
Mrs Ann Woods	Flintshire Voluntary Services Council	x			
Ms Claire Sullivan	NEWCIS	x			
Mrs G Winter	Carers Trust	x			
Mrs Sally Baxter	Assistant Director Health Strategy, BCUHB	√			
Mrs Julie Pierce	Denbighshire Voluntary Services Council	√			
Mrs Fran Hughes	Flintshire Voluntary Services Council	√			
Ms Llinos M Roberts	Carer's Outreach Service, BCUHB West Area	√			
Mrs Mary Wimbury	Care Forum Wales	√			
Mr Mark Thornton	NWCHC Chair	√			
Mrs Katie Sargent	Assistant Director – Communications, BCUHB	√			