



**Minutes of the Board to Board meeting with the  
North Wales Community Health Council (CHC) on the 21<sup>st</sup> October 2021  
Held in public and livestreamed**

<b>Present BCUHB</b>	
Mark Polin Clare Budden Nicky Callow Cheryl Carlisle John Cunliffe Gareth Evans Sue Green Gill Harris Sue Hill Jackie Hughes Nick Lyons Lyn Meadows Teresa Owen Lucy Reid Adrian Thomas Linda Tomos Jo Whitehead	Chair Chair of Stakeholder Reference Group Independent Member ~ University Independent Member Independent Member Chair of Healthcare Professionals Forum Executive Director of Workforce & Organisational Development Executive Director of Nursing & Midwifery / Deputy CEO Executive Director of Finance Independent Member Executive Medical Director Independent Member Executive Director of Public Health Vice Chair Executive Director of Therapies & Health Sciences Independent Member Chief Executive
<b>Present CHC</b>	
Jackie Allen Joy Baker Richard Bladon Shirley Bough Adrian Drake-Lee Linda Harper Frank Hemmings Derek Holmes Stella Howard Gordon Hughes Morfudd Jones Liz Liddall Michael Lloyd-Jones Aaron Osborne-Taylor Paul Rowlinson Geoff Ryall-Harvey Carol Williams Roger Williams Cheryl Williams	Chair Chair, Conwy Local Committee Vice Chair, Ynys Mon Local Committee Member, Conwy Local Committee Member, Gwynedd Local Committee Vice Chair, Flintshire Local Committee Chair, Wrexham Local Committee Member, Denbighshire Local Committee Chair, Flintshire Local Committee Chair, Denbighshire Local Committee Member, Denbighshire Local Committee Vice Chair, Conwy Local Committee Chair, Gwynedd Local Committee Member, Ynys Mon Local Committee Vice Chair, Gwynedd Local Committee Chief Officer Deputy Chief Officer Member, Conwy Local Committee Vice Chair Denbighshire Local Committee
<b>In Attendance</b>	
Kate Dunn Jody Evans John Roberts Llinos Roberts	Head of Corporate Affairs (for minutes) Corporate Governance Officer (for livestreaming support) Translator Executive Business Manager – Chair's Office (for livestreaming support)

Agenda Item Discussed	Action By
<p><b>B21/12 Joint Chairs' Welcome</b></p> <p><b>B21/12.1</b> The CHC Chair welcomed everyone to the meeting.</p>	
<p><b>B21/13 Apologies for Absence</b></p> <p><b>B21/13.1</b> Apologies had been received for the following BCUHB representatives – Medwyn Hughes, Morwena Edwards and Chris Stockport. Apologies had been received for the following CHC representatives - Andy Burgen, Val Monaghan, Mark Thornton</p>	
<p><b>B21/14 Declarations of Interest</b></p> <p><b>B21/14.1</b> None declared</p>	
<p><b>B21/15 Draft Minutes of the Joint Meeting held on 22.4.21 for accuracy and review of actions</b></p> <p><b>B21/15.1</b> The minutes were confirmed as an accurate record. It was noted that both actions had been followed up.</p>	
<p><b>B21/16 Unscheduled Care Pressures and Interventions</b></p> <p><b>B21/16.1</b> The Executive Director of Nursing &amp; Midwifery delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> <li>• The current situation with unscheduled care flow</li> <li>• Acuity of patients presenting to Emergency Department (ED)</li> <li>• Current situation with ED flow</li> <li>• The six goals within the unscheduled care improvement programme</li> <li>• Update against the improvement programme</li> <li>• Operational and transformational actions</li> <li>• Joint work with the Ambulance service and Local Authorities</li> <li>• Winter plans</li> </ul> <p><b>B21/16.2</b> A discussion ensued. The CHC Chair shared concerns that patients continued to report difficulties in accessing GP services. The Executive Director of Nursing &amp; Midwifery accepted there were challenges but that practices continued to make best use of virtual appointments and the 111 service. The CHC Chair also enquired about the effect of unscheduled care pressures on care homes and delayed discharges. The Executive Director of Nursing &amp; Midwifery reported that there was close liaison with Local Authorities in terms of ensuring risk assessment of patients awaiting discharge. She also shared the thinking around an assessment unit approach to ensure appropriate patients bypassed the Emergency Department. She would welcome CHC involvement into the development of this model.</p>	

<p><b>B21/17 Covid-19 Update</b></p> <p><b>B21/17.1</b> The Executive Director of Nursing &amp; Midwifery delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> <li>• Community levels of infection</li> <li>• Confirmed cases by age group</li> <li>• Hospital in patient levels</li> <li>• Update on the Test Trace Protect programme</li> <li>• Update on the vaccination programme and JCVI cohorts</li> <li>• Plans for the booster programme</li> <li>• The coronavirus control plan</li> </ul> <p><b>B21/17.2</b> A discussion ensued. The Executive Director of Nursing &amp; Midwifery added that current resilience phase was challenging due to levels of influenza circulating coupled with an increase in respiratory viruses in older people and children/young people, all of which would impact on health and social care delivery as winter approached. An Independent Member enquired regarding the low take up of the second dose vaccination in the ages 12-17. The Chief Executive indicated that this was challenging due to high levels of infection in this age group and that vaccination could not be administered directly after an individual having had Covid. She also understood that this age group was high in terms of did not attend rates.</p>	
<p><b>B21/18 Board Membership</b></p> <p><b>B21/18.1</b> The BCUHB Chair reported that since the last joint Board meeting the Health Board had welcomed a new Executive Medical Director (Nick Lyons) to the Board together with new Associate Board Member and Stakeholder Reference Group Chair (Clare Budden). He added that three new Independent Members had been recruited and details would be announced in due course. He extended his thanks to other Independent Members who were currently helping to cover the vacancies.</p>	
<p><b>B21/19 Living Healthier Staying Well Update</b></p> <p><b>B21/19.1</b> The Chief Executive delivered a presentation which incorporated</p> <ul style="list-style-type: none"> <li>• The context for the need to refresh the Strategy</li> <li>• The approach for engagement</li> <li>• Early findings from initial feedback</li> <li>• Next steps and the contribution of the CHC</li> </ul> <p><b>B21/19.2</b> The CHC Chair welcomed the update and the opportunity for the CHC to be involved, with a response to the Health Board's survey in preparation.</p>	

<p><b>B21/20 Clinical Strategy Update</b></p> <p><b>B21/20.1</b> The Executive Medical Director delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> <li>• The strategic alignment between a clinical strategy and other key strategies</li> <li>• The principles of a clinical strategy across secondary, primary and community care</li> <li>• Design principles</li> <li>• Next steps</li> <li>• Working with the CHC and others</li> </ul> <p><b>B21/20.2</b> The CHC Chair stated that openness and transparency was key to ongoing, effective engagement and that there needed to be honesty on both sides in order for the clinical strategy to be a success. A CHC Member made the observation that engagement needed to work at all levels including front line staff. The Executive Medical Director confirmed that building relationships with all staff groups and partners was key.</p>	
<p><b>B21/21 Urology Services</b></p> <p><b>B21/21.1</b> The Executive Director of Nursing &amp; Midwifery delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> <li>• The context for the need to change and improve urology services</li> <li>• Actions that the Board would implement</li> <li>• Goals for the establishment of Regional Treatment Centres</li> <li>• Proposed membership and terms of reference of the improvement programme</li> </ul> <p><b>B21/21.2</b> A discussion ensued. The Executive Director of Nursing &amp; Midwifery reiterated that the organisation was extremely keen to work with the population to maximise the benefits for the urology service. The CHC Chair noted with pleasure the progress in terms of robotic surgery and the Executive Director of Nursing &amp; Midwifery indicated that the Performance, Finance &amp; Information Governance Committee would be updated on associated contractual issues.</p>	
<p><b>B21/22 Timeline for Publication of Review : Morfa Ward at Llandudno General Hospital</b></p> <p><b>B21/22.1</b> The Executive Director of Nursing &amp; Midwifery confirmed that the report was nearly finalised and she was content that it would be in line with the terms of reference for the review. She added that everyone who had contributed to the review would be given the opportunity to review their comments and how they were presented in the report before it was published. An agreed timeline would hopefully be shared with the QSE Committee on the 2.11.21 where it was also hoped to have a patient / service user representative in attendance. Finally she assured members that a range of improvements had been or were being implemented whilst the formal report was awaited, and that similar arrangements would be put in place for all other acute and community hospitals as part of learning from this review.</p>	

**B21/22.2** The CHC Chief Officer welcomed the pace that had been delivered as part of the review process and the vital involvement of service users.

### **B21/23 Primary Care**

**B21/23.1** The Chief Executive delivered a presentation which incorporated:

- The primary care response to Covid-19 and activity within general practice
- Implementation of primary care transformation
- Increased demand
- Achievement against access standards
- Actions underway to improve access
- Access to dental services
- Core functions of the Primary Care Academy
- Current workplan
- Partnership working
- GP recruitment strategy

**B21/23.2** A discussion ensued. The CHC Chair alluded to recruitment challenges that were faced prior to the pandemic particularly around the differences between the rules pertaining to the separate English and Welsh performer's lists. The Chief Executive acknowledged that some GPs in England could be attracted to work in North Wales if the performer's list rules allowed, however, the Executive Medical Director was not confident there would be any change in these regulations in the near future. The CHC Chief Officer felt that the North Wales Medical School would help but that benefits would be a long way ahead.

**B21/23.3** The CHC Chief Officer highlighted that the CHC continued to receive a significant number of enquiries and comments from patients regarding difficulties in accessing GP services, and whilst Econsult and video conferencing were a useful alternative to face to face contact they were not popular or convenient for everyone. There was also a theme that patients were complaining of difficulties in getting through on the telephone and that many patients would welcome being able to book an appointment online. The Executive Medical Director accepted that the impact of Covid and changes in the way that primary care was delivered had been significant for some patients but he did feel that the longer term picture was hopeful, and that the primary care transformation programme had been escalated as a result of the need to respond to the pandemic.

**B21/23.3** The Health Board Vice-Chair raised the point that negative media coverage of how primary care was operating during the pandemic was disheartening and could also impact negatively on recruitment. She also made reference to the performance list issue and confirmed that there was a fast track process in Wales but the key element was to ensure the safety net process of checks and balances was maintained. The CHC Chief Officer reported that there was a question and answer event within the next week with GP practices in the Arfon area of Gwynedd which he hoped would be a positive event.

<p><b>B21/23.4</b> A CHC Member enquired whether steps were being taken to recruit practitioners and encourage them to come to North Wales and to live and work, such as financial incentives. The Executive Medical Director indicated that he would always be prepared to consider inducements but he felt the more sustainable approach was to offer the jobs and lifestyle that would attract and keep people in the area.</p>	
<p><b>B21/24 Update on Stronger Together and Operating Models</b></p> <p><b>B21/24.1</b> The Chief Executive delivered a presentation which incorporated:</p> <ul style="list-style-type: none"> <li>• Context and aims of the Stronger Together journey</li> <li>• The operating model for improved ways of working</li> <li>• Progress to date</li> </ul> <p><b>B21/24.2</b> A discussion ensued. The CHC Chair acknowledged the scale of the project and was pleased to see that staff had been involved from the beginning.</p>	
<p><b>B21/25 Date of Next Meeting</b></p> <p><b>B21/25.1</b> April 2022 to be advised. The CHC Chair thanked all attendees for their participation and welcomed the joint Board meetings as a positive opportunity for discussion between the two organisations.</p>	