



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Betsi Cadwaladr University Health Board (BCU)
and
North Wales Community Health Council (NWCHC)

Joint Board Meeting

Minutes of the meeting held on 10.10.19 in Venue Cymru, Llandudno

Present:

Health Board

Mr Mark Polin, Chair
Prof Nicky Callow, Independent Member (University)
Cllr Cheryl Carlisle, Independent Member
Mr John Cunliffe, Independent Member
Mr Gareth Evans, Associate Board Member
Mrs Gill Harris, Executive Director of Nursing & Midwifery
Ms Sue Hill, Acting Executive Director of Finance
Mrs Jackie Hughes, Independent Member
Cllr Medwyn Hughes, Independent Member
Mr Eifion Jones, Independent Member
Mrs Marian Wyn Jones, Vice Chair
Mrs Lyn Meadows, Independent Member
Miss Teresa Owen, Executive Director of Public Health
Mrs Lucy Reid, Independent Member
Ms Dawn Sharp, Acting Board Secretary
Dr Chris Stockport, Executive Director of Primary Care & Community Services
Mr Mark Wilkinson, Executive Director of Planning & Performance

Community Health Council

Mr Mark Thornton, Chair
Mr Geoff Ryall-Harvey, Chief Officer
Mrs Jackie Allen, Wrexham Local Committee
Ms Eleanor Burnham, Wrexham Local Committee
Cllr Phil Capper, Conwy Local Committee
Mrs Celia Hayward, Wrexham Local Committee
Dr Garth Higginbotham, Vice Chair
Miss Morfudd Jones, Denbighshire Local Committee
Ms Val Monaghan, Ynys Môn Local Committee
Mrs Sian Ramessur, Conwy Local Committee
Mr Peter Rendle, Ynys Môn Local Committee
Mrs Carol Williams, Deputy Chief Officer

In Attendance:

Mrs Kate Dunn, Head of Corporate Affairs
Prof Arpan Guha, Deputy Executive Medical Director
Mr Lawrence Osgood, Associate Director of Workforce
Mrs Lesley Singleton, Director of Partnerships Mental Health & Learning Disabilities

Agenda Item Discussed	Action By
<p>B19/1 Joint Chairs' Welcome and Introductions</p> <p>Mr Thornton welcomed everyone to the meeting and invited those present to speak either in Welsh or English. Mr Polin introduced a range of deputies from the BCUHB Executive Team.</p>	
<p>B19/2 Apologies for Absence</p> <p>Mr Mark Polin noted that apologies had been received on behalf of Mr Gary Doherty, Dr David Fearnley, Mrs Sue Green, Mr Andy Roach, Mr Adrian Thomas and Mrs Helen Wilkinson for the Health Board and explained the valid reasons for his. He also acknowledged receipt of a list of apologies from the CHC namely Ms Joy Baker, Mr Phil Edwards, Mr Aaron Osborne-Taylor, Mrs Kelly Benton, Mr Adrian Drake-Lee, Mr Gordon Hughes, Ms Liz Liddall, Ms Sue Wright, Mrs Di Gill, Ms Linda Harper, Ms Vera Wilson, Ms Margaret Buttigieg and Ms Rita Jones.</p>	
<p>B19/3 Declarations of Interest</p> <p>None declared at this point.</p>	
<p>B19/4 Draft Minutes of the Joint Meeting Held on 15.10.18</p> <p>B19/4.1 It was agreed that the minutes were an accurate record and noted that all actions had been completed.</p> <p>B19/4.2 A matter arising had been raised in terms of a paper having been provided on staff retention as agreed at the last meeting. Mr Osgood presented the paper and highlighted that the Board currently faced a challenging recruitment environment. Although vacancy rates within nursing, medical and midwifery were currently lower than average, the situation was not where the organisation would wish to be and there were a range of plans in place to address this. Key to improving the situation were ensuring exit interviews were undertaken across the Health Board, identifying and targeting high risk areas, promoting the good practice of buddying. Mr Osgood reported that the first cohort of a programme showed significant improvements in staff engagement and that the second cohort had now commenced. There was a strong focus on the induction programme and engaging with newly appointed staff as there was evidence that a large proportion of leavers from the organisation were leaving within their first two years of employment with the Health Board. Exit interviews had identified three main areas of concern which were communication, workload and violence & aggression.</p> <p>B19/4.3 Mr Ryall-Harvey was pleased to see an improvement in retention rates, noting there remained room for improvement. He suggested that recruitment should have a similar focus and Mr Osgood set out a range of initiatives including a revised consultant recruitment programme; the appointment of a Head of Resourcing; participation in recruitment fairs and the use of social media. In terms of improving the pace of the recruitment process, Mr Osgood reported that BCUHB was benchmarking each stage of the Trac system across Wales with the aim of moving to a 'best in Wales' position.</p>	

<p>B19/4.4 Mrs Allen suggested that conversations with staff considering leaving should start at the earliest opportunity rather than at the exit interview. Mr Osgood supported this and that the workforce teams would be trying to gather this sort of intelligence.</p> <p>B19/4.5 Ms Burnham noted that staff often shared frustrations with CHC members during visits around workload, work-life balance and overuse of agency workers. She would support an increased focus on filling vacancies in-house through regradings and developing staff – for example healthcare support workers. Mr Osgood supported the development of existing staff and confirmed that there was a current drive to move many healthcare support workers to substantive posts. In terms of agency use he reported there were a number of programmes such as more efficient rostering, the better utilisation of the substantive workforce and making the BCUHB bank staff rates of pay more attractive. He noted that the Board would need to retain the flexibility to utilise temporary staff to ensure services were safe. Mrs Harris added that having more staff on the BCU bank would mean a wider pool of staff who were familiar with the organisation’s ways of working. Mrs Ramessur wondered if there was any evidence that nursing staff left and returned as agency nurses as the pay was more attractive. Mr Osgood suggested this information could be sought at exit interview.</p> <p>B19/4.6 Mrs Wyn-Jones felt it was important to build on the successes relating to students going onto develop their careers and living in North Wales. Professor Guha supported a holistic approach to recruitment and retention, and increasing the level of support available to existing staff to give them opportunities. Mr Rendle enquired about the GP training scheme and how quickly the doctors came ‘on stream’. Dr Stockport confirmed that for the first time in many years the trainee list was full and there had been permission given to increase the scheme. He reported that the individuals on this list were qualified specialist GP trainees who had already undertaken their hospital training and were undertaking the three year GP training scheme.</p> <p>B19/4.7 Ms Monaghan enquired about the redeployment of older members of staff or those less able to continue to meet the physical demands of some jobs. Mr Osgood confirmed that occupational health profiles could be undertaken to help place individuals appropriately.</p> <p>B19/4.8 Mr Thornton suggested that it should not be underestimated how the availability of modern facilities and equipment affected recruitment and retention. Mr Polin agreed that it was essential to be proactive in terms of the use of digital technology and developing the estate. He made reference to a complementary paper on recruitment that was discussed at the Finance & Performance Committee and offered to share a copy with the CHC. He suggested that the workforce would need to change to support the wider transformation and sustainability agenda for the Health Board which would mean some challenging times but he was reassured by the comprehensive programme of work that was in place.</p>	MP
<p>B19/5 Special Measures</p> <p>B19/5.1 Mr Polin confirmed that the recently received new framework from Welsh Government (WG) provided an enhanced format, requiring the Health Board to make a judgement around key areas of improvement and whether progress was sufficient. He reminded members of areas of positive progress in that GP out of hours had been de-</p>	

escalated from Special Measures, and there was a good commentary around adult mental health services and sustainability. He went on to highlight the key areas that required continued focus, namely – leadership; finance and use of resources; strategic vision and challenge / sense of direction; operational performance. He indicated that he personally chaired the Special Measures Improvement Framework (SMIF) Task & Finish Group which would develop the response against the new framework, and that the Executive Team were currently assessing the current performance to identify where gaps existed. Mr Polin outlined his own view as to where the key challenges lay: 1) ensuring a clear direction and vision for the organisation; 2) financial recovery and 3) poor performance particularly around unscheduled care and planned care. He was of the view that until the organisation could demonstrate grip and control in financial recovery and deliver sustained improvements in performance, it was unlikely that it would come out of Special Measures. He was assured that the focus was in the right areas but pace needed to significantly improve.

B19/5.2 Mrs Harris stated that there were robust conversations around unscheduled care and referral to treatment to ensure performance was monitored appropriately and potential harm was identified and minimised. The numbers of patients who were waiting a very long time in Emergency Departments (EDs) had been addressed. She reminded members that having a focus on performance also had a corresponding improvement to patient experience and care.

B19/5.3 Mr Ryall-Harvey asked whether there had been any noticeable change in how WG was supporting the Health Board and Mr Polin felt that the relationship and communication had improved in his view in that the Board was clearer on WG's expectations. He felt that challenges made by WG were fair. Mrs Harris indicated there had been an acknowledgement that officers needed appropriate time between the quality and delivery meetings with WG to enable adequate time to make improvements.

B19/5.4 Ms Burnham sought clarification of the follow up backlog challenges and Mrs Harris set out that compared to other Health Boards, BCU offered a disproportionate amount of follow up appointments that were often not clinically required. She assured Ms Burnham that clinicians (including GPs) were part of the process to determine if a follow up was required or not, and that if there was a clinical need then a follow up appointment would still be made.

B19/5.5 Mrs Ramessur suggested that for many staff and patients, being in Special Measures had become the norm. Mr Polin acknowledged this comment but noted that the Board continued to attract high calibre candidates for vacancies that positively brought new perspectives to the leadership and clinical teams. Mr Ryall-Harvey thought it important to remember that it was not the staff nor individuals who were in Special Measures and did not reflect on the level of care that was provided to the population of North Wales. Mrs Ramessur suggested that the good news stories were often not sufficiently highlighted. Mrs Harris accepted this point and noted that there were some areas where BCUHB was pioneering services across Wales and these could be better celebrated.

B19/5.6 Mrs Ramessur raised the issue of waiting times from GP referrals. Mrs Harris indicated that by reducing the number of follow up appointments, capacity would be

<p>created to enable patients to be seen at first appointment more quickly. She indicated that teams were also reviewing demand and ensuring this was aligned to appointments. The current backlog did mean that this wouldn't be achieved overnight but it was a firm commitment.</p>	
<p>B19/6 Executive Team Changes</p> <p>Mrs Harris informed members of a range of recent appointments or changes to the Executive Team within BCU including:</p> <ul style="list-style-type: none"> • The appointment of Dr David Fearnley as the new Executive Medical Director • The appointment of Ms Sue Hill as Acting Executive Director of Finance • The interim appointment of Mr Philip Burns as Recovery Director 	
<p>B19/7 Digitally Enabled Clinical Strategy</p> <p>B19/7.1 Professor Guha introduced the agenda item by summarising that he was conscious of the many challenges facing the delivery of a digitally enabled strategy for clinical services, however, he remained optimistic. He also felt that the Health Board had many things to be proud of and he gave examples including a UK wide award won for caring for patients who may develop an embolism; having one of the lowest sepsis mortality rates in Wales and some of the best indicators for neonatal care.</p> <p>B19/7.2 Professor Guha and Mrs Harris jointly delivered a presentation which encompassed:</p> <ul style="list-style-type: none"> • The opportunity to pause and reflect on progress with the development of the clinical strategy. • The clear need to engage with partners including staff and public, to listen to their views and ensure that the challenges facing the Board are widely understood. • The need for the strategy to be clinically driven. • The need for the strategy to meet quality standards and Royal College guidance • The importance of driving service sustainability and using the workforce differently. • Exploring partnership opportunities such as unified pathways. • Ongoing conversations with Welsh Government about short term delivery to enable the longer term plans. • Reflection on what would drive the strategy including the example of stroke pathways and use of digital technology. • BCU-wide ambition and solutions. • Giving confidence that digital technology can support care closer to home and remove unnecessary patient journeys. • Using digital technology to future proof services <p>B19/7.3 A discussion ensued. Ms Burnham enquired how digital technology would help patients such as those with high blood pressure or with catheters. Mrs Harris reported on work through the 'safe clean care' infection prevention programme to reduce use of catheters and that the text reminder service could be used to arrange a visit by a district nurse or health visitor. Professor Guha also noted that there were opportunities to use technology in the home to monitor things like blood pressure, blood sugar etc. and to enable early notification and early mobilisation of resources to</p>	

prevent people from coming into secondary care in the first place. Ms Burnham also raised the impact of the General Data Protection Regulations and Mrs Harris indicated that ongoing governance checks were being undertaken and that there were issues around the sharing of information across organisations to be resolved. Mrs Allen enquired whether there would be an 'opt out' facility for individuals in terms of their information being shared. It was stated this would be a longer term challenge to resolve, and Mr Cunliffe added that this matter would also be a focus for the Digital Information & Governance Committee.

B19/7.4 Mrs Allen noted that there would be a cohort of patients who were unable or unwilling to utilise technology. Mrs Harris stressed that the main benefit for patients would be around technology freeing up time elsewhere so that healthcare professionals could provide more face to face and personal care. Mrs Reid added that another significant benefit would be to enable connectivity between hospitals and services so that clinicians were better informed and enabled. Mr Thornton felt that some individuals would be unable or unwilling to engage with the technology. Mrs Harris accepted that changes from the status quo could often be a challenge for some people.

B19/7.5 Mr Higginbotham suggested that having the population and stakeholders on side would be essential and there was a need to combat the negative messages. Mrs Harris referred to a conversation around communications that had taken place at a recent Board Workshop and the acknowledgement of the effect communications and organisational reputation had on staff morale.

B19/7.6 In terms of the next steps Mrs Harris confirmed that conversations would be built upon with the CHC in terms of engagement for the strategy, together with working with stakeholders to prioritise actions for early pathway work in 2020-21. Mr Polin added that he had requested a further discussion at the Board Workshop in December.

B19/8 Financial Recovery

B19/8.1 Ms Hill presented the paper. She highlighted that it was essential for the organisation to establish grip and control of the run rate and to address the financial baseline. She noted that the work of the Financial Recovery Group which reported into the Finance & Performance Committee was key to making progress towards the challenging control total that Welsh Government had set. Ms Hill reported that the month 5 position was a £18.2m deficit which was £4.5m off plan. £6.7m of savings had been delivered in-year in terms of cash releasing schemes. Ms Hill drew members' attention to the forecast scenarios set out on page 3 and finally she confirmed that all the savings programmes were subject to quality impact assessment.

B19/8.2 Mr Thornton recognised the impact that the financial position had on the reputation of the organisation and reiterated that the main concern for the CHC was patient experience and patient care. He sought reassurance that in managing the deficit there wouldn't be a deterioration in care. Mrs Harris confirmed that nursing was exempted from some of the vacancy recruitment controls and that there was a clear process to ensure if there were clinical concerns to a savings scheme then it was halted.

<p>B19/8.3 Mrs Allen raised issues around some parts of the BCU estate. Ms Hill confirmed there was an estates strategy in place and reminded members that around £150m had been invested over a period of five years. Mrs Harris reiterated the need for prioritisation of resources and that risk assessments did support strategic decisions. Mr Polin stated that it must be recognised that the status quo was not an option and a consolidation of services was necessary which would have implications for the estate and workforce. He assured members that this would be undertaken in an informed and consulted way but there should be no doubt that there would be difficult decisions ahead.</p>	
<p>B19/9 Mental Health</p> <p>B19/9.1 Mrs Singleton provided a verbal update and highlighted key areas of work within the Mental Health and Learning Disabilities (MHDLS) Division, noting that presentations had also recently been made to the CHC. She outlined a transformation project to build resilience within community services by addressing crisis points much earlier on. It was noted there were three “ICan” centres within unscheduled care to support colleagues to help people attending EDs who were in crisis. Finally she reported on an unannounced visit by HIW to Cefni Hospital and that the informal feedback was broadly positive in terms of clinical leadership, nursing care and the environment, with some recommendations for improvement around estates.</p> <p>B19/9.2 Mrs Allen indicated that she had been unable to locate the ICan centre in Wrexham Maelor Hospital on a recent visit despite asking the staff. Mrs Singleton asked her to provide details which she would look into. Mrs Ramessur raised the issue of Child Adolescent & Mental Health Services (CAMHS) and Mrs Singleton confirmed that the strategy encompassed all ages and the teams were working closely with CAMHS to ensure appropriate and timely intervention to prevent escalation into adult mental health services. Mr Polin highlighted the strong position in terms of the intervention target. Mr Thornton recognised the good work within the Division.</p>	JA/LS
<p>B19/10 Performance</p> <p>B19/10.1 Mr Wilkinson presented the Integrated Quality and Performance Report (IQPR), noting that much of the earlier discussion also related to performance. He confirmed that the Board was focusing its efforts on the key area of timely access to planned and unscheduled care.</p> <p>B19/10.2 With regards to unscheduled care he noted that:</p> <ul style="list-style-type: none"> • The measures impacted much wider than just EDs. • Whilst it was easy to focus on metrics there was a need to contextualise that the demand was increasing and out-stripping capacity. There was also a higher level of acuity amongst patients. • WG were looking for year on year improvement. • Three out of four measures had improved in August 2019 compared to August 2018. • There were consistent improvements to ambulance wait targets. • Wrexham Maelor Hospital continued to be challenged in terms of the 4 hour wait but the Board was fully appraised of this. • In summary the Board was falling short against the overall plan. 	

B19/10.3 A discussion ensued. Mrs Harris set out a range of improvements to address unscheduled care which had had some success but there was still a way to go. On a site basis she reported that the new ED at Ysbyty Gwynedd would facilitate a range of improvements and improvements were also in train at Ysbyty Glan Clwyd (YGC). Wrexham Maelor Hospital remained the biggest challenge and there were ongoing conversations with Local Authority colleagues to ensure appropriate and more timely discharge; plans for the use of Advanced Nurse Practitioners to support the ED; and an enhanced package of support including more presence by Executives on site. Mrs Harris also reported that winter plans were being developed with partners to focus on preventing admissions and enabling earlier discharge across all sites.

B19/10.4 With regards to planned care Mr Wilkinson noted that:

- The organisation was failing to provide timely access.
- There was limited evidence that the Board was not delivering expected activity.
- Long waiters had reduced slightly over the past 6 weeks but it was too soon to say if this was a trend.
- A 'treat in turn' approach was being taken.
- There were improvements to theatre productivity.
- Insourcing and outsourcing was being utilised to provide additional activity via WG investment.
- There was a drive to place orthopaedic services on a more sustainable footing.

B19/10.5 A discussion ensued. Mr Thornton noted that the totality of the IQPR also obtained a high level of scrutiny at the Quality, Safety & Experience (QSE) Committee. Mrs Allen summarised her perspective of the three District General Hospitals following recent visits. Common issues were shared across all three around long waits in EDs, the use of trolleys and long delays in ambulances awaiting triage and handover. The CHC were concerned at the length of time ambulances were tied up waiting at EDs and suggested that actions needed to be taken to ensure they were available for other calls as soon as possible. Mrs Harris confirmed that patients were assessed inside ambulances and depending on clinical need it did mean some would be brought into the hospital sooner than others. Mrs Reid indicated that Clare Bevan from the Welsh Ambulance Services NHS Trust was scheduled to attend the next QSE meeting and handover issues could be picked up there. Mrs Ramessur raised a point regarding access to medication and diagnostics by out of hours GPs on the YGC. Mr Stockport was not aware of any specific concerns but he would follow up with Mrs Ramessur outside of the meeting.

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B19/11 Diagnostics

Mrs Harris reported that there were continued concerns around breast radiology and endoscopy. A breast radiologist had been appointed but it would be some time before they took up post, therefore, capacity would be accessed from another source – either internally or from the Countess of Chester. In terms of endoscopy additional capacity had been bought in.

B19/12 Primary Care

B19/12.1 Dr Stockport presented the paper and drew out a range of points to note:

- The national GP contract had been significantly refreshed to tighten up issues around access and to make general practice in Wales more appealing.
- Three Wrexham managed practices would transfer back to being independent practices. The hard work and open minded approach with partners that had enabled this was acknowledged.
- A dental reform programme around sustainability was being taken forward across Wales and a third of BCU practices were participating in the programme.
- There was excellent work around independent prescribing within community pharmacy, together with a swab for sore throats pilot scheme was now being rolled out.
- There were examples of exemplary work within the clusters.
- An Academy had been established to support practices and professionals who wanted to develop advanced practice roles.

B19/12.2 A discussion ensued. Ms Burnham welcomed the update on the range of innovations but felt that the reality for many patients was a long wait to see the GP of their choice. Dr Stockport accepted there were challenges, and Mr Polin suggested there needed to be a level of optimism to look forward whilst recognising the problems. Mrs Hayward welcomed the increased use of community pharmacy but expressed concern that this might adversely impact on other services such as the delivery of repeat prescriptions. She also made reference to a disparity between independent and chain pharmacies. Dr Stockport indicated the Board was fully aware of a current issue regarding a large pharmacy chain and Mr Ryall-Harvey confirmed that the CHC was already dealing with this matter through ongoing correspondence.

B19/13 Changes to Nursing Rotas

B19/13.1 Mr Thornton opened this agenda item by reminding members that Health Board terms and conditions for staff were not an issue for the CHC, although if changes impacted upon the care and experience of patients, or indirectly affected retention and recruitment that would of course be of concern to the CHC. Mrs Harris summarised that the current issue had arisen following the intention of the Board to standardise nursing shifts across North Wales which had been a concern raised by staff themselves that there was disparity around being paid for breaks or not. A second element was around the length of the shift and ensuring people took their appropriate breaks and this was being monitored with the support of trade union partners. A concern had also been raised around the use of the electronic roster system in that staff sometimes did not receive notification of their shift patterns sufficiently in advance to allow them to plan. Implementation had been delayed until the new year to ensure the Board had the opportunity to listen and respond to the concerns, and Mrs Harris acknowledged that there would always be exceptions in cases of rurality, availability of public transport etc. She concluded by assuring members that the proposals were nothing exceptional to BCU and the impact would be closely monitored.

B19/13.2 Mrs Ramessur indicated that a leaflet was circulating from trade union partners which suggested that staff were being required to work an extra 30 minutes per day without pay. Mr Osgood confirmed that the standard terms and conditions were that if the length of the shift meant that staff must take a break on safety grounds, these breaks were unpaid. This did create capacity to reduce agency requirements.

<p>B19/13.3 Mr Thornton asked that the CHC be kept informed of the discussions and Mrs Harris would determine how best to provide relevant updates. Mr Polin acknowledged the concerns that had been raised around this issue.</p>	GH
<p>B19/14 Date of Next Meeting</p> <p>To be arranged during May 2020. Mr Thornton indicated that this was his last joint board meeting as his tenure with the CHC was coming to an end. Mr Polin thanked him for his challenge and scrutiny of health services, and the positive partnership approach.</p>	
<p>B19/15 Any Other Business – Vascular Services</p> <p>B19/15.1 A declaration of interest was raised by Prof Nicky Callow as the University member on the Health Board and Dean of the College of Human Sciences in which the School of Medical Sciences is housed. She confirmed that one of the Health Board's vascular consultants is the Head of the School of Medical Sciences, meaning she was their University line manager.</p> <p>B19/15.2 Mr Ryall-Harvey reported that the CHC had received a range of written submissions from both groups and individuals regarding vascular services and that he had agreed with Mr Doherty that an evaluation of the service six months into the new arrangements would go some way to assure the CHC of the robustness and safety of the service. Mr Polin confirmed that the Board was committed to reviewing the arrangements and he had recently met with a group of clinicians in Ysbyty Gwynedd who had raised some concerns over the pathway.</p> <p>B19/15.3 Prof Guha reminded members that the centralisation of the vascular service with a major arterial site at Ysbyty Glan Clwyd had been implemented following recommendations made by a range of bodies. He confirmed that diagnostic and other procedures continued across all three acute hospital sites. In terms of a review the initial three months' data was looking encouraging, and more incidents were now being recorded as negligible so whilst a higher level of reporting was being seen, the incidents were of less concern. Prof Guha acknowledged there had been some issues in setting up the service but there had been no major incidents regarding the transfer of patients to the major arterial centre. There were lessons being learnt from an incident relating to diagnostics, and Prof Guha was also aware of risks in terms of consultant staffing. There were also some clinical concerns about pathways not being followed correctly and these were being addressed.</p> <p>B19/15.4 Mr Thornton was assured that a review would be undertaken. Mr Ryall-Harvey enquired how patients, members of the public and clinicians would be involved and Prof Guha confirmed that there would be opportunities for involvement.</p>	

Summary Action Plan		
Minute Ref	Action Agreed	Officer(s) Responsible
B19/4.8	Share copy of F&P Committee paper on retention Progress – Completed. Email sent to CHC 28.10.19	Mark Polin
B19/9.2	CHC to provide detail of the issue around location of ICAN within Wrexham Maelor site, for further investigation. Progress – Completed. Email received from Jackie Allen on 24.9.20 and response sent to CHC 6.10.20	Jackie Allen / Lesley Singleton
B19/10	Follow up with Mrs Sian Ramessur her concerns around access by GPs to medication and diagnostics out of hours Progress - ongoing. A meeting is arranged for the 12.10.20	Chris Stockport
B19/13.3	Consider how best to keep the CHC updated on nurse rostering and changes to rotas Progress – Completed. Email sent to CHC 28.10.19	Gill Harris