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

Minutes of the meeting held on 15.10.20 via Webex Conferencing

Present:

Health Board
Mark Polin, Chair
Nicky Callow, Independent Member (University)
Cheryl Carlisle, Independent Member
John Cunliffe, Independent Member
Gareth Evans, Associate Board Member
Sue Green, Executive Director of Workforce & Organisational Development (OD)
Arpan Guha, Acting Executive Medical Director
Gill Harris, Acting Chief Executive
Debra Hickman, Acting Executive Director of Nursing & Midwifery
Sue Hill, Acting Executive Director of Finance
Jackie Hughes, Independent Member
Eifion Jones, Independent Member
Lyn Meadows, Independent Member
Teresa Owen, Executive Director of Public Health
Lucy Reid, Vice Chair
Dawn Sharp, Acting Board Secretary
Chris Stockport, Executive Director of Primary Care & Community Services (part meeting)
Adrian Thomas, Executive Director of Therapies & Health Sciences
Ffrancon Williams, Associate Board Member
Mark Wilkinson, Executive Director of Planning & Performance

Community Health Council
Jackie Allen, Chair
Geoff Ryall-Harvey, Chief Officer
Joy Baker Conwy Local Committee
Richard Bladon Ynys Mon Local Committee
Andy Burgen, Vice Chair
Rhys Davies Denbighshire Local Committee
Di Gill Flintshire Local Committee
Celia Hayward, Wrexham Local Committee
Stella Howard Flintshire Local Committee
Michael Lloyd Jones Gwynedd Local Committee
Aaron Osborne-Taylor Ynys Mon Local Committee
Sian Ramessur, Conwy Local Committee
Mike Theaker Denbighshire Local Committee
Carol Williams, Deputy Chief Officer
Roger Williams Conwy Local Committee

In Attendance:
Kate Dunn, Head of Corporate Affairs – for minutes
Simon Evans-Evans, Interim Director of Governance
Gavin McDonald, Interim Chief Operating Officer
John Morrell, Informatics Support
Llinos Roberts, Executive Business Manager
Emma Scott, Healthcare Inspectorate Wales (part meeting)

Agenda Item Discussed	Action By
B20/1 Joint Chairs' Welcome **B20/1.1** The Health Board Chair welcomed everyone to the joint Board meeting and noted that the meeting was being livestreamed to enable members of the public to observe the meeting in real time. He extended his congratulations to the new Chair of the Community Health Council (CHC) and welcomed Emma Scott as an observer from Healthcare Inspectorate Wales. **B20/1.2** The Health Board Chair went on to set out a range of areas of work currently being progressed by the Board including: • Preparation for the arrival of the new Chief Executive in January 2021; • The safe return to the provision of planned care, noting that there was a much better understanding of demand and capacity to enable a more constructive dialogue with Welsh Government (WG) going forward; • The development of the Quarter 3 and Quarter 4 plans; • The revisiting of a business case for orthopaedic services; • The establishment of a task force to support the business case development for a Medical and Health Sciences School for North Wales; • Establishment of diagnostic and treatment centres for North Wales; **B20/1.3** The Health Board Chair also extended his thanks to the Executive Team for their leadership and for the continued bravery and professionalism of frontline staff at this time. **B20/1.4** The CHC Chair welcomed the opportunity to meet jointly with the Health Board and thanked members for taking the time to do so.	
B20/2 Apologies for Absence **B20/2.1** Apologies were recorded for Morwena Edwards, Andy Roach and Helen Wilkinson from the Health Board, and for Linda Harper and Gordon Hughes from the CHC.	
B20/3 Declarations of Interest **B20/3.1** Sian Ramessur declared an interest in item B20/6 Mental Health Services in that a family member was a service user of Child and Adolescent Mental Health Services (CAMHS).	
B20/4 Draft Minutes of the Joint Meeting held on 10.10.19 for accuracy and review of actions **B20/4.1** The minutes were approved as an accurate record and all actions noted as closed or in hand. Sian Ramessur confirmed that in terms of action B19/10 she had met with the Executive Director of Primary & Community Services and was content with the response.	

B20/5 COVID-19 Update The CHC Chair then invited a range of presentations which would provide an update on the Covid-19 situation. She indicated that the order of the agenda items would be varied to enable Health Board officers' attendance at another ongoing meeting.	
B20/5.2 Immunisation **B20/5.2.1** The Executive Director of Public Health delivered a presentation which reported that: • There were well-developed mass vaccination plans for North Wales; • The timeline would be reliant on the availability of the vaccine and WG guidance was awaited regarding dosage and priority groups; • There would be a significant challenge in terms of the workforce element and maintaining business as usual; • The seasonal influenza vaccination campaign was well advanced.	
B20/5.3 Testing **B20/5.3.1** The Executive Director of Public Health delivered a presentation which reported that: • The implementation of the government's strategy for testing had been extremely positive in terms of partnership activity; • The three elements of Test, Trace and Protect (TTP) were explained together with the arrangements for antigen testing and antibody testing; • The Board's Strategy, Partnerships & Population Health Committee received regular updates on the development of TTP and the Board was also represented on regional and strategic co-ordinating groups. **B20/5.3.2** The Health Board Chair wished to record his thanks for the leadership demonstrated in this area of work.	
B20/6 Mental Health Services **B20/6.1** The Executive Director of Public Health delivered a presentation which reported that: • She had received an extremely positive welcome in terms of taking on Executive leadership for mental health services; • The areas of focus currently within primary care mental health teams particularly around face to face and virtual assessments; • Use of "Consultant Connect" service; • Re-establishment of community mental health teams; • Re-opening of elements of older people's mental health services; • Work to ensure robust in-patient care alongside seasonal planning; • Substance misuse services were fully functioning; • The plan for Phase 1 for learning disabilities was continuing; • The divisional Patient and Care Experience Group had been reintroduced; • Stabilisation of senior leadership across the Division had been improved together with reporting mechanisms;	

• Set out the priorities for the division in terms of management and clinical governance arrangements; engagement with staff, users and stakeholders; undertaking a baseline review of capacity and capability reflecting clinical pathways work; and delivery of clinically led services in partnership. **B20/6.2** A discussion ensued. The CHC Chair referred to a recent report from the Mental Health & Learning Disabilities (MHLD) Division to the Quality, Safety & Experience (QSE) from the Interim Director of Nursing which had highlighted issues of significance and key challenges facing the Division. She suggested that these issues aligned with many of the CHC's findings relating to the Division which had been set out previously. She was also pleased to see that many of the key priorities shared with the QSE Committee were reflected in the presentation that had now been delivered. The CHC would wish to continue to be involved and engaged in the work to move mental health services forward and would appreciate an update from the Interim Director of Nursing in order to evaluate any improvements made since his appointment. The CHC Chief Officer made reference to a recent meeting with the Health Board and welcomed the frank conversation around how the public and partners could be better engaged in the delivery of change and improvements. He also felt that the appointment of a Minister for Mental Health was a positive step forward. A question was raised around CAMHS and it was confirmed this lay within the portfolio of the Executive Director of Primary and Community Services although there were clear links across to adult services. The Executive Director of Public Health would respond directly to a CHC member who enquired about how many children within CAMHS went on to receive support from adult mental health services. The CHC Chief Officer added that the joint engagement work would consider CAMHS alongside other mental health services. The Health Board Vice Chair agreed that there were continued challenges in terms of mental health services but she was heartened to hear that the CHC was supportive of the direction of travel and she assured them that the Health Board was absolutely committed to making improvements. She added that the membership and function of the Together for Mental Health Partnership Board would be reviewed to make it more dynamic. A Health Board Independent Member added that she welcomed the refocus in leadership that was apparent within the service. The Executive Director of Public Health concluded by stating that existing strengths within the service would be built upon, and an update would be provided to the Health Board in November with regular reporting through the QSE Committee. She wished to acknowledge the support of the CHC and the value of their visits across mental health services.	TO
B20/5.1 Safe Return to Services *[The Executive Director of Primary and Community Services joined the meeting]* **B20/5.1** The Interim Chief Operating Officer delivered a presentation which reported on: • The scale of the challenge facing the organisation including the impact of Covid, a concerning increase in the long waiters over 36 weeks; reduced theatre activity; reduced activity within essential services and delays in restarting routine services. • The risk stratification approach adopted across Wales for stage 4 and the development of a North Wales capacity model; • Progress against the Quarter 3 and 4 restart/recovery programme to understand baseline activity; maintaining essential services; development of a "Once for North Wales" approach in key specialties and re-starting more routine out-patient services;	

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- Restarting eye care and surgery through the risk stratification of the waiting list with cataract surgery having re-commenced in August;
- The challenge to maintain essential services alongside winter plans and increasing levels of elective surgery;

B20/5.2 A discussion ensued. The Acting Chief Executive added that the development of diagnostic and treatment centres would allow the backlog to be addressed and also improve delivery of the planned care strategy. She was also aware that learning from Covid had shown that clinicians were now thinking very differently about how they would wish to deliver safe care in the future. A CHC member expressed concern at the reliance on telephone triage or consultations and that this could result in the deskilling of some staff. The Acting Chief Executive acknowledged that although patients were being clinically prioritised, harm and distress was being caused by the delays in accessing care. The CHC Chief Officer noted that the numbers were worrying in terms of the long waiters but accepted that a range of solutions which had been applied in the past were not appropriate or possible in the current climate. The Health Board Chair assured the CHC that there were encouraging conversations with WG's Delivery Unit around moving forward with diagnostic and treatment centres as a solution. He undertook to keep the CHC informed of discussions which were due to be held at the Finance & Performance Committee later that month. The Stakeholder Reference Group Chair enquired where North Wales sat in comparison to other Boards, and whether investments from WG could be accelerated. It was stated that all Health Boards were reporting significant backlogs although the numbers were larger in North Wales. The Health Board Chair indicated that the outcome of broader conversations around additional WG financial support would hopefully be known during November. The CHC Chair referred to the reduced capacity within screening services which were stepped down at the start of the pandemic, in particular the impact on patients relating to diabetic eye screening which was one of the last to restart. The Executive Director of Primary & Community Services accepted that as a cohort of patients had had their diabetic eye monitoring postponed, it was likely that some of them would have subsequently developed warning signs. He assured the CHC that the Board was starting to stratify how to return to undertaking this screening to ensure those with the highest risk were seen first, however, this was a significant logistical piece of work.

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B20/5.4 Outbreak Management

B20/5.4.1 The Executive Director of Primary & Community Services delivered a presentation which reported:

- There were increasing levels of coronavirus infections within community settings over recent weeks;
- Current distribution was spread across all age ranges;
- There had been improvements in treatment since the first wave and there was an active research profile within BCUHB which contributed to international learning;
- Development of a vaccination programme was ongoing and which could be mobilised once a vaccine became available;
- The importance of flu vaccination was highlighted;
- An action planning process for the second wave was underway for which partnership working was fundamental, together with a phased approach to ensure the delivery of primary and community services;

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• Action planning for secondary care services continued around pathway revision, early testing of in-patients, testing of care home patients ahead of discharge and surge plans; • Escalation planning also incorporated the potential use of the temporary rainbow hospitals to best balance the benefits of additional space alongside the additional staffing resource that would be required; • Statistics of note showed an increase in presentations of Covid symptomatic patients at general practices, and a significant increase in the incidence per 100,000.	
B20/7 Vascular Services **B20/7.1** The Acting Executive Medical Director delivered a presentation which reported: • A Vascular Services Task and Finish Group had been established in May 2020; • The Royal College of Surgeons (England) and the Surgical Speciality Association had agreed to undertake the invited review which would cover a range of areas including quality and safety of surgical care, behaviours and team working, service/network design, clinical governance, communication with patients and multi-disciplinary work; • A joint visit with the CHC had been undertaken to Ysbyty Glan Clwyd (YGC) on 13.8.20 and there was positive feedback from members; • The vascular action plan which had been developed focused on the alignment of vascular bed base, pathways of care, communication and engagement, quality and safety and access to the service; • The alignment of vascular beds formed part of the development of clinical pathways; • A timeline for submission of pathways to the Clinical Advisory Group had been approved; • A resource had been secured through the Programme Management Office to support the development of a non-arterial diabetic foot pathway; • Significant and positive collaborative work on communication and engagement could be evidenced with patient experience feedback being collected at out-patient and in-patient settings; • The development of a quality and safety dashboard for vascular services would aid the triangulation of data and identification of trends; • In terms of access, the provision of emergency vascular services had continued throughout the pandemic although there was reduced capacity in outpatients and daycase theatre; • A recovery plan had received the endorsement of the Clinical Advisory Group and had subsequently been approved by the Interim Chief Operating Officer and Executive Team. **B20/7.2** A discussion ensued. The CHC Chief Officer confirmed that the CHC would be repeating its engagement exercise in terms of vascular services. He also made reference to similar reviews in South Wales and the Acting Executive Medical Director confirmed that BCUHB had been in communication with counterparts to share learning. A CHC member indicated he had received vascular care and services on Ward 3 and would be providing feedback as a service user within the task and finish group. He wished to record that he had found all staff contacts to be extremely positive and he highlighted his view that the patient should always be at the centre of any service delivery. The Health Board Chair reflected on his recent visit to the vascular centre in YGC which he had found very helpful and noted that the staff and clinicians had been open and frank around what worked well and what needed to be improved. The CHC concurred and also wished to acknowledge the enthusiasm of the staff within the centre. The Acting Executive Medical Director added that the staff	

themselves had been encouraged by the visit and the dialogue that took place with Board members. The Acting Chief Executive wished to record her thanks to CHC colleagues and service users for their support in this area of work and suggested that the model could potentially be transferred to address challenges in other services, e.g.; mental health.	
B20/8 Closure of Penrhos Polish Nursing Home **B20/8.1** The Executive Director of Primary & Community Services delivered a presentation which reported that: • There had been multifactorial difficulties encountered for some time by the Board of the Society that ran the nursing home in terms of the ability to meet current standards; • The Health Board and other partners/regulators had been working with them with the shared aim of protecting the residents' welfare; • The Board of the Society had now concluded they were unable to continue therefore the Health Board had been working with partners to identify options for the closure process; • Additional funding was being provided by the Health Board to ensure safety of care during transfer arrangements; • In terms of future provision a project group was meeting to develop safe and sustainable community services with the ongoing involvement of residents, families and stakeholders. **B20/8.2** A discussion ensued. The CHC Chair expressed a concern at the adequacy of provision more generally within the area. She noted that the use of Ysbyty Bryn Beryl had been raised as a potential option but she was not confident this would provide the best solution. She also asked that if any future solution constituted major service change that the CHC be engaged with at the earliest opportunity. The Executive Director of Primary & Community Services agreed that Ysbyty Bryn Beryl would not be an appropriate long term option for those residents currently in Penhros Care Home, however, it did form part of the Board's emergency plans in the event of suddenly having to rehouse the residents. He assured members that this was not considered to be an immediate risk but that the teams that worked out of Bryn Beryl could provide support to the cohort of residents out in the community. In terms of service change the Executive Director of Primary & Community Services assured members that irrespective of whether the change was deemed significant or not, the Health Board would be involving the CHC at all stages. The CHC Chief Officer welcomed these comments. The Health Board Chair referred to some media coverage and comments which suggested that the Health Board was solely responsible for the decision making around future provision and he wished to confirm that the solution would in fact have to be a partnership one through the collective work of the project group.	
B20/9 Access to NHS Dentistry in North Wales **B20/9.1** The Executive Director of Primary & Community Services delivered a presentation and reported that: • There had been an impact on dentistry as a result of the pandemic but this was less obvious than for other NHS services; • A plan had been agreed across Wales to stratify procedures to enable complex care to still be carried out;	

• The main risk related to the use of aerosol generating procedures which did put those individuals within the vicinity at a higher risk and required an enhanced level of personal protective equipment; • 1:50 deaths within the first wave was a frontline worker; • A red-amber-green approach been adopted for dentistry with the red phase during April to June 2020 being for urgent care delivered on a reduced number of sites with appropriate protection. In July, dentistry moved to the amber phase with the reintroduction of more procedures across more sites. • The most routine appointments continued to be delayed and dental teams were now working to catch up on postponed work, however, the level of a second Covid wave would impact further on progress. • Work was continuing regarding the implementation of a Dental Training Unit in North Wales which formed part of the strategy to bring more dentists and enhanced staff to the area. **B20/9.2** A discussion ensued. A CHC member enquired as to the current process for accessing emergency dental care. The Executive Director of Primary & Community Services confirmed that registered patients should continue to contact their own dentist who would advise on treatment via an agreed pathway for emergency care. Dentists would deliver what care they were able to do safely but for treatment requiring aeration for example the patient would be referred to an enhanced centre. The Emergency Dental Service (EDS) continued to provide all aspects of emergency dental care for unregistered patients. In response to a question regarding the number and location of EDS clinics it was confirmed these were situated within the larger and more populated towns, however, some individual High Street dentists had been approached regarding taking on additional activity. The Health Board Chair noted that at a recent visit to community hospitals he had spoken to EDS staff who were happy to be back working at community hospital sites.	
B20/10 Special Measures **B20/10.1** The Acting Chief Executive presented the paper which identified a range of areas where progress had been made and those where there was more work to do, such as mental health. She welcomed the input of the CHC in terms of how services needed to be shaped as part of the development of a clinical strategy. With regards to governance and the management of risk she advised members of the appointment of an Interim Director of Governance to help the Board progress these areas at some pace. In terms of the stability of leadership for the Health Board she was pleased that the organisation was to welcome a new Chief Executive in January and that recruitment was ongoing for other posts such as a substantive Executive Medical Director. With regards to performance the Acting Chief Executive noted that the organisation was now measuring harm rather than the time waiting and continued to work closely with WG and the wider health community in being transparent in managing this. Work was ongoing with WG regarding support packages for mental health services, and a more strategic delivery of planned and unscheduled care. She concluded by highlighting the importance of the clinical strategy and the establishing of diagnostic and treatment centres in ensuring improvements could be delivered on a long term basis. **B20/10.2** A discussion ensued. A CHC member raised a concern that measuring harm could perhaps be a subjective process, and the Acting Chief Executive accepted it was challenging as the risk of harm to an individual could change overnight and there was a need to work dynamically. She assured members that this was being done on a clinical basis with	

the support of clinicians. The Acting Executive Medical Director added his support to the approach and the importance of clinical ownership. It was also noted that a risk matrix from each Royal College was available to clinicians and that GPs also had the flexibility to access specialist support if they felt a patient was deteriorating. The Health Board Chair welcomed the progress in terms of establishing a substantive executive leadership team. He also added that the organisational strategic direction for the next few months was key and that a Board Workshop was scheduled for that afternoon regarding Quarter 3 and 4 Plans. He alluded to work already carried out to offer a more coherent approach to planned care and the analysis of demand and capacity, indicating that he hoped there would be a clearer position with WG before Christmas.	
B20/11 Date of Next Meeting **B20/11.1** The Health Board Chair confirmed the next joint board meeting would be arranged for May 2021, however, he would be happy to consider earlier opportunities for discussions if urgent matters arose.	