



**Minutes of the Board to Board meeting with the
North Wales Community Health Council (CHC) on the 22nd April 2021
Held in public and livestreamed**

Present BCUHB	
Mark Polin Louise Brereton Nicky Callow Cheryl Carlisle John Cunliffe Morwena Edwards Gareth Evans Sue Green Gill Harris Sue Hill Jackie Hughes Medwyn Hughes Eifion Jones Lyn Meadows Lucy Reid Chris Stockport Adrian Thomas Linda Tomos Jo Whitehead Mark Wilkinson Ffrancon Williams	Chair Board Secretary (<i>part meeting</i>) Independent Member ~ University Independent Member Independent Member Associate Member ~ Director of Social Services Chair of Healthcare Professionals Forum Executive Director of Workforce & Organisational Development Executive Director of Nursing & Midwifery / Deputy CEO (<i>part meeting</i>) Executive Director of Finance Independent Member Independent Member Independent Member Independent Member Vice Chair Executive Director of Primary and Community Services Executive Director of Therapies & Health Sciences (<i>part meeting</i>) Independent Member Chief Executive Executive Director of Planning & Performance Chair of Stakeholder Reference Group
Present CHC	
Jackie Allen Myfanwy Baines Richard Bladon Andy Burgen Adrian Drake-Lee Vicki Harvey Gordon Hughes Aaron Osbourne-Taylor Sian Ramessur Geoff Ryall-Harvey Michael Theaker Carol Williams	Chair Member, Conwy Local Committee Vice Chair Ynys Mon Local Committee (<i>part meeting</i>) Vice Chair Member, Gwynedd Local Committee Member, Gwynedd Local Committee Acting Chair, Denbighshire Local Committee Chair, Ynys Mon Local Committee Member, Conwy Local Committee Chief Officer Member, Flintshire Local Committee Deputy Chief Officer
In Attendance	
Kate Dunn Jody Evans Lowri Gwyn Llinos Roberts Iain Wilkie	Head of Corporate Affairs (for minutes) Corporate Governance Officer (for livestreaming support) Translator Executive Business Manager – Chair's Office (for livestreaming support) Interim Director Mental Health & Learning Disabilities (<i>part meeting</i>)

B21/1 Joint Chairs' Welcome and Apologies for Absence

B21/1.1 The Health Board Chair welcomed everyone to the meeting which was being livestreamed, and an explanation of the Welsh to English translation service was given. Members were informed that due to an incident ongoing within the Wrexham Maelor Hospital site some BCU colleagues may need to leave the meeting.

B21/1.2 Apologies for absence from BCUHB colleagues were recorded for Teresa Owen and Arpan Guha. Apologies for absence from CHC colleagues were recorded for Michael Lloyd-Jones, Kelly Benton, Brace Griffiths, Linda Harper, Gill Williams, Stella Howard, Celia Hayward, Michael Boyle, Di Gill, Joy Baker and Paul Rowlinson.

B21/2 Draft Minutes of Joint Meeting Held on 15th October 2020 for accuracy and matters arising

B21.2.1 The draft minutes were confirmed as an accurate record and it was noted that all actions had been incorporated into the wider Health Board action log and were closed down at the Board meeting held on 12.11.20.

B21/4 Covid-19 and Vaccination Programme

[Agenda item taken out of order at Chairs' discretion]

B21/4.1 The Executive Director of Primary and Community Services delivered a presentation which encompassed the following matters:

- Prevalence and impact in terms of community levels;
- Prevalence and impact in terms of hospital in-patients;
- The Test Trace Protect (TTP) programme;
- Latest figures for vaccinations and performance against the cohorts;
- On-line engagement events regarding the vaccination programme;
- Revised guidance regarding the Oxford AstraZeneca vaccine;
- Early planning for booster programmes.

B21.4.2 A discussion ensued. The BCUHB Chair made reference to the vaccination rates within the Flintshire area and it was acknowledged there was a lower uptake which could be attributed to a range of reasons including capacity within primary care, capacity within the Mass Vaccination Centres (MVCs) and aspects of low localised confidence in the vaccine. It was noted that there was also a potential cohort of patients that may have been vaccinated in England as they worked within a health and social care environment over the border.

B21.4.3 A member of Conwy Local Committee commented on her personal experience that the vaccination programme had run very smoothly and that staff and teams should be commended on their achievements. The CHC Chair added that she was pleased with the level of involvement that the CHC had had within the vaccination programme across North Wales.

B21/3 BCUHB Chief Executive Update

B21/3.1 A presentation was received as part of the agenda pack and the Chief Executive provided a verbal summary. She thanked the CHC for the welcome on her appointment to the Health Board and acknowledged the independent role of the CHC in representing the public and patients and in holding the Health Board to account on its improvement journey in the planning and provision of care. She set out her aspirations to place the patient at the heart of everything that the Health Board did and to ensure that clinicians could thrive and be enabled to provide the best quality of care that they possibly could. The Chief Executive highlighted the importance of developing a stronger approach to engagement, including the co-design and co-delivery of services as part of the development of an organisational clinical services plan set within the context of 'Living Healthier, Staying Well' and the principles of 'A Healthier Wales'. She went on to reflect that the Board's response to the Covid-19 pandemic over the past year would impact on the ability to set and deliver organisational priorities, and she anticipated that the Board would continue to be in response mode for a while longer. She also recognised the impact of Covid-19 on deprived communities and certain cohorts of the population. Looking ahead, the prevention agenda would need to remain a priority as would supporting primary and community care services and improving the timeliness of both urgent and planned care.

B21/3.2 The CHC Chair acknowledged the scale of the challenge facing the Health Board but expressed continued concern at the numbers of patients waiting for their first appointment following a GP referral. The Chief Executive accepted this valid concern and added that the Board was also very much aware that a cohort of patients would have over the past year been managing their conditions and not even consulted their GP. A communications drive would aim to provide reassurance to patients and encourage them to contact their GP where they had concerns about their health. The Chief Executive stated that some planned care services were recommencing and Waiting List Initiatives were in operation on some sites, together with ongoing dialogue with Welsh Government regarding the investment of new monies to increase capacity for diagnostics and surgery. The CHC Chair welcomed this, however, suggested that there would still be issues of capacity to enable the monies to be utilised. The Chief Executive accepted that the ability to identify sufficient and appropriate clinicians was variable depending on the specialty. Other opportunities through partnerships, private sector arrangements and a more flexible use of theatre space were also being investigated. She also alluded to the development of a North Wales Medical School which she felt would improve capacity over time.

B21/3.3 A member of Gwynedd Local Committee made a suggestion that communications could be improved - particularly around initial referral to first appointment. She wondered if a confirmatory text message could be sent so that the patient at least knew the referral had been received and what the anticipated wait would be. The Chief Executive would arrange for this to be followed up by the Executive Director of Nursing and Midwifery / Deputy CEO.

B21/3.4 The Executive Director of Therapies and Health Science provided information relating to ongoing proposals to improve capacity within diagnostics and noted that there had been a significant reduction in patients waiting over 8 weeks between February and March 2021 which provided a good indication that the efforts were having a positive effect.

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B21/3.5 A member of Conwy Local Committee enquired regarding stroke services and the Chief Executive confirmed this remained a priority for the Health Board with recent investment confirmed for a stroke business case.

B21/3.6 The Health Board Chair concluded that whilst there were challenges there were also many reasons to be positive. He welcomed the approach that the new Chief Executive had brought to the organisation and the improved sense of shared priorities. He suggested that the £82m awarded over the coming 3 years by Welsh Government was an indication of recognition of growing confidence in the organisation to invest wisely, and to provide the flexibility to focus more on the transformation agenda. This confidence was also reflected in the de-escalation of the Health Board from Special Measures to Targeted Intervention. Finally he indicated there were positive and encouraging conversations around a North Wales Medical School and the development of Diagnostic Treatment Centres (DTCs).

B21/5 Planned Care

B21/5.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive introduced this agenda item by stating that planned care performance had been a challenge before the pandemic and was now a significant concern for the Health Board. She wished to record her gratitude to patients and families who were willing to travel to different sites in order to receive their care. She went on to deliver a presentation which encompassed the following matters:

- The four key elements of addressing planned care post-pandemic. Namely the single cancer pathway, differing ways of working, restarting routine activity and backlog recovery.
- Current position for the three District General Hospitals in terms of restarting routine activity.
- Performance against the eye care measure.
- The next steps

B21/5.2 A discussion ensued. The CHC Chief Officer reported that he had been involved in the waiting list validation exercise and was pleased to see clinical involvement in decisions to remove people from a waiting list. He looked forward to the development of a DTC(s) and felt this would be key to addressing the planned care backlog. He suggested that historical models would need to change. The Executive Director of Nursing and Midwifery / Deputy Chief Executive indicated there were positive conversations with clinicians and Welsh Government around developing DTCs with aligned elective capacity but this could not yet be quantified. She agreed that a separation of elective work was desirable to clinicians. The Stakeholder Reference Group Chair enquired why orthopaedics was behind other specialties in terms of restarting essential services. The Executive Director of Nursing and Midwifery / Deputy Chief Executive indicated that this was partly due to infection prevention control requirements in such a high risk area. The Chief Executive added that orthopaedics also tend to require the use of particular theatres.

B21/6 Robotic Assisted Surgery

B21/6.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive delivered a presentation which encompassed the following matters:

- Initial options reviewed regarding procurement of a robot.

- Related developments at an all Wales level and the decision to participate in the all Wales tender process.
- Planned remaining stages of tender process

B21/6.2 The CHC Chair welcomed the update and reiterated that the CHC remained very keen to see this matter resolved. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that she was not able to confirm which robot would actually be installed in Ysbyty Gwynedd but she assured the CHC that matters of timeliness with the process were being addressed.

B21/7 Mental Health and Learning Disabilities Division Update

B21/7.1 The Interim Director of Mental Health and Learning Disabilities presented the report and highlighted the priorities and focus. He drew attention to the following matters:

- The continued stabilization of senior leadership across the Division.
- The maturity matrix approach being developed to respond to Targeted Intervention for the Division.
- Divisional planning and service developments that will support people to maintain good mental health and renew the Division's focus on delivering the prevention agenda.
- A move from Gold command to divisional oversight and scrutiny arrangements in terms of good governance.
- Examples of partnership working in terms of refreshing the Together for Mental Health Strategy through the Partnership Board.
- Closer working with Child and Adolescent Mental Health Services, Area Integrated Service Boards and the Regional Leadership Group.
- The recommendations of the CHC Safe Space Events report were welcomed.
- Location options for the Ablett Unit were being reviewed following planning application issues and resident feedback.

B21/7.2 A discussion ensued. The Health Board Vice-Chair recognised there was a lot still to do but she had seen a positive change of energy within the Division with a demonstrable commitment to respond to patient and carer feedback to make improvements. She welcomed the refocus of the Together for Mental Health Strategy.

B21/7.3 The Health Board Chair made reference to a recent tragic suicide and the Interim Director of Mental Health and Learning Disabilities acknowledged this was a very difficult time for staff and other patients in the Hergest Unit and that they were being supported. An early meeting had been held with the corporate nursing team regarding a serious incident review and had been a useful opportunity to speak openly and honestly.

B21/7.4 The Stakeholder Reference Group Chair referred to the Together for Mental Health Partnership Board as he felt that co-design and co-delivery with partners was key to success. The Health Board Vice-Chair confirmed that it had not been disbanded but meetings had been stepped down during the pandemic in 2020 as per arrangements for other Board Committees. The opportunity had then been taken to hold a facilitated workshop to work through the role and function of the Partnership Board which informed a review of terms of reference.

B21/7.5 The CHC Chief Officer acknowledged the level of co-operation received in the safe space events and confirmed that the report would be available after the pre-election period.

He noted that the Division had agreed to come and meet with the participants and staff. He noted that the CHC remained concerned around the transition element from child to adult mental health services and were linking in appropriately to take these discussions forward.

B21/8 Vascular Services

B21/8.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive delivered a presentation which encompassed the following matters:

- The context of the current centralised model
- The valuable insights from engagement events
- The commissioning of a second and independent review
- Lessons learnt to date including cultural and behavioural elements as well as processes
- The continued role of the Task and Finish Group
- The review process undertaken by the Royal College of Surgeons (RCS) and initial findings
- Considerations to be taken into account relating to National Vascular Registry data
- Overview of the recommendations from the review and the Board's position
- Progress with multi-professional pathway work around diabetic foot care
- Timeline for dissemination of the full RCS report

B21/8.2 A discussion ensued. A member of Gwynedd Local Committee noted that the issue with the National Vascular Registry data was not necessarily related to accuracy. He suggested that if there was a national audit he would expect BCUHB to commit to ensuring clinicians submitted the data. He also felt that the positive comments from the Royal College review needed to be publicised in order to reassure patients. The Executive Director of Nursing & Midwifery reiterated the publication of the report would be via agreed governance processes but members of the Task and Finish Group would be aware of the themes and broad findings. The Health Board Chair noted his expectation that the full report would be received at the May Health Board meeting together with an associated action plan. He expressed disappointment that some of the pathways were not in place and made the point that this must not be the case in future for other service reconfigurations.

B21/8.3 The Vice-Chair of Ynys Môn Local Committee expressed his concern with the delay around progress with the diabetic foot pathway. He felt there was an unacceptable level of suffering that patients had been subject to from April 2019 onwards. The Executive Director of Nursing & Midwifery acknowledged his concern and assured CHC members that the Health Board was committed to ensuring transparent progress within vascular services and for this to be delivered at pace. She was concerned that patients were indicating they were nervous about accessing services within BCUHB. The Chief Executive added her assurance that the clinical teams were committed to excellence in care, and noted that in terms of the foot pathway there had been a reduction in the number of amputations. The Health Board Chair emphasised that there were lessons to be learned around service change.

B21/8.4 The CHC Chief Officer welcomed the openness and frankness offered by Health Board colleagues and was pleased to learn that the full report would be disclosed in the May Health Board meeting, acknowledging the constraints of the current purdah. He indicated that the CHC were keen to engage once again with patients around vascular services. In response to a question from the Stakeholder Reference Group Chair regarding the current position for national and local stroke data, the Executive Director of Nursing & Midwifery undertook to follow this up with the Acting Executive Medical Director and his team.

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<p>B21/9 111 Implementation</p> <p>B21/9.1 The Executive Director of Primary and Community Services delivered a presentation which encompassed the following matters:</p> <ul style="list-style-type: none"> • The purpose of the 111 service • Timeline for implementation • A focus on the Welsh language in terms of the recruitment campaign • Patient benefits • Service and workforce benefits • Communication plans 	
<p>B21/10 Date of Next Meeting</p> <p>21st October 2021 @ 2pm</p>	
<p>B21/11 Any Other Business</p> <p>B21/11.1 The Chief Executive updated the meeting on the earlier incident within the Wrexham Maelor hospital which had now been stood down. She acknowledged the support of all partners and thanked staff, patients and ambulance service colleagues for their patience.</p> <p>B21/11.2 The CHC Chair wished to record her thanks to Mr Ffrancon Williams who was stepping down from the Stakeholder Reference Group and therefore from the Health Board. She wished to record that this energy and diligence would be missed. The Health Board Chair echoed these comments and acknowledged the quality of the contribution from Mr Williams during his time as an Associate Board Member.</p>	