



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 15.10.18 in Venue Cymru, Llandudno

Present:

Health Board

Mr Mark Polin, Chair
Mr Gary Doherty, Chief Executive
Mrs Sally Baxter, Interim Executive Director of Strategy
Cllr Cheryl Carlisle, Independent Member
Mr John Cunliffe, Independent Member
Mrs Morwena Edwards, Associate Board Member
Mr Russell Favager, Executive Director of Finance
Mrs Sue Green, Executive Director of Workforce & Organisational Development
Mrs Jackie Hughes, Independent Member
Mrs Marian Wyn Jones, Vice Chair
Mrs Grace Lewis-Parry, Board Secretary
Mrs Lyn Meadows, Independent Member
Dr Evan Moore, Executive Medical Director
Miss Teresa Owen, Executive Director of Public Health
Prof Michael Rees, Chair of Healthcare Professionals Forum
Mr Andy Roach, Director of Mental Health & Learning Disabilities
Mrs Bethan Russell-Williams, Independent Member
Dr Chris Stockport, Executive Director of Primary Care & Community Services
Mr Adrian Thomas, Executive Director of Therapies & Health Science
Mr Ffrancon Williams, Chair of Stakeholder Reference Group

In Attendance:

Mrs Reena Cartmell, Deputy Director of Nursing
Mrs Kate Dunn, Head of Corporate Affairs

Community Health Council

Mr Mark Thornton, Chair
Mr Geoff Ryall-Harvey, Chief Officer
Mrs Jackie Allen, Wrexham Local Committee
Ms Joy Baker, Conwy Local Committee
Mrs Kelly Benton, Denbighshire Local Committee
Mr Andy Burgen, Flintshire Local Committee
Ms Eleanor Burnham, Wrexham Local Committee
Mr Phil Capper, Conwy Local Committee
Miss Christine Evans, Denbighshire Local Committee
Mrs Di Gill, Flintshire Local Committee
Ms Linda Harper, Flintshire Local Committee
Mrs Celia Hayward, Wrexham Local Committee
Dr Garth Higginbotham, Vice Chair
Mrs Stella Howard, Flintshire Local Committee
Mr Michael Lloyd-Williams, Gwynedd Local Committee
Mrs Lynn Pike, Flintshire Local Committee
Mrs Sian Ramessur, Conwy Local Committee
Mr Peter Rendle, Ynys Môn Local Committee
Mrs Carol Williams, Deputy Chief Officer
Mrs Niki Tabern Price, Wrexham Local Committee

Agenda Item	Action
<p>B18/11 Welcome</p> <p>Mr M Thornton and Mr M Polin opened the meeting and welcomed those present. Mr Polin apologised for the slightly late start.</p>	
<p>B18/12 Apologies</p> <p>B18/12.1 Apologies were received on behalf of the Health Board from Mrs Gill Harris, Cllr Medwyn Hughes, Mrs Lucy Reid, Mrs Helen Wilkinson and Prof Jo Rycroft-Malone.</p> <p>B18/12.2 Apologies were received on behalf of the Community Health Council from Mrs Janet Hilton.</p>	
<p>B18/13 Declarations of Interest</p> <p>None declared.</p>	
<p>B18/14 Minutes of the previous meeting held on 10.4.18</p> <p>B18/14.1 The draft minutes were approved as a correct record.</p> <p>B18/14.2 The actions arising from the last meeting were reviewed and it was noted that all had been completed.</p>	
<p>B18/15 HASCAS Independent Investigation and Ockenden Governance Review Progress Report</p> <p>B18/15.1 Mrs R Cartmell presented a paper which provided the current position of the Improvement Group and Stakeholder Group which had been established to progress the necessary work to respond to the recommendations of the two reviews. She reported that both groups had met for the first time and operational leads had been identified to take forward the recommendations with the emphasis being on ensuring delivery of key milestones. She emphasised the extremely complex nature of this work which was very wide ranging as set out in Table 1 which detailed the respective recommendations which had been aligned from both reviews.</p> <p>B18/15.2 Mrs E Burnham requested that a clearer copy of the structural chart at paragraph 1.8 be recirculated. She also referred to Ockenden Recommendation 7 regarding the management of concerns and sought clarification on the total number of open complaints (i.e. the backlog) and what the anticipated timescale for completing these was. Mrs R Cartmell would take this specific query back to the Associate Director of Quality Assurance. Mrs E Burnham also referred to HASCAS Recommendation 10 regarding prescribing of antipsychotic medication and noted with interest that five pharmacies had signed up to the National Enhanced Service.</p> <p>B18/15.3 In terms of the membership of the Improvement Group, Mr G Ryall-Harvey queried whether Independent Members (IMs) should be included. Mr M Polin confirmed</p>	<p>KD</p> <p>RC</p>

he would keep this under review as part of the Board Champion roles that IMs held within the Health Board. He also indicated that he was confident that the move to bimonthly Board meetings would provide members with the opportunity to examine key topics in much deeper detail at workshop events in the intervening months.

B18/15.4 Mr M Thornton suggested that the timeline for completion of the recommendations was quite challenging. Mrs R Cartmell accepted this concern but indicated that some workstreams were more clearly defined than others and progress was moving at pace. She indicated that the involvement of the Third Sector in helping deliver some of the recommendations would need to be fully explored. Mr M Polin confirmed that this work would be included within the key priorities for the Health Board for the next six months and whilst it would be one of competing priorities both he and the Chief Executive would expect to see clear progress.

B18/15.5 The report was noted.

B18/16 Anti Ligature Work on Mental Health Wards – Update

B18/16.1 Mr A Roach presented the paper which provided an update against the extensive programme of estates, environmental and anti-ligature work undertaken across the Mental Health & Learning Disabilities Division over the past two years, which had focused particularly on in-patient services. He confirmed that a recognised assessment tool had been utilised and the work was due to complete within the next week. He indicated there had been good relationships with contractors and staff throughout and that the majority of the work had been undertaken with patients in-situ. The paper also provided photographs giving examples of the refurbishment and structural improvement programme. Mr Roach concluded by indicating that his personal view was that significant progress had been made, however, ligature risks could never be wholly mitigated against and that a dynamic process of continual evaluation and assessment would be essential.

B18/16.2 Mrs E Burnham raised an issue that she had noticed that many toilets in public areas on hospital sites did not have hooks on the backs of cubicle doors which could cause a cross-infection issue with visitors placing bags or coats on the floor, and then taking them onto wards. Mrs S Baxter would follow up with estates colleagues as to whether this was intentional in terms of reducing potential ligature points across hospital sites.

B18/16.3 Mrs J Allen sought assurance that general wards were also assessed from an anti-ligature perspective as a number of mental health patients would also find themselves receiving treatment on general wards even if for a short period of time. Mr A Roach confirmed that in patient mental health wards were the initial priority but that other areas such as Emergency Departments had also been prioritised. In terms of general wards if a mental health patient needed to be sited there then an appropriate risk assessment would be carried out and where necessary the patient supervised at all times.

B18/16.4 The report was noted.

SB

B18/17 Community Health Council Comparative Report : Staffing Levels & Bed Occupancy in Community Hospitals 2016/2018 – Initial Response from the Health Board

B18/17.1 Mrs R Cartmell presented the paper which provided an initial response to the CHC's report which had been welcomed by the Health Board. She recognised that the acuity and complexity of patients within the Board's hospitals was changing and that there was a need to modernise pathways and for a more multi-disciplinary workforce. Mrs Cartmell added that it was important to note that BCUHB was no different to other Boards and Trusts in terms of workforce pressures - particularly nursing. In terms of partnership working Mrs Cartmell reported that the Board continued to work closely with Universities on recruitment campaigns and that there was an ongoing need to work effectively with local authority colleagues also. She made reference to the launch of a campaign called "Help Me Home" to promote safe effective discharge.

B18/17.2 Mrs S Green welcomed the publication of the CHC report which reinforced her view that transformation needed to happen in terms of how care continued to be delivered and that this needed to be carried out in partnership. Mr G Doherty also emphasised the importance of keeping people well in the first place and maintaining a focus on the 'front end' of the pathway i.e. the point at which people entered the system.

B18/17.3 A discussion took place regarding the importance of maintaining appropriate skill levels of staff and also encouraging staff to remain within substantive posts rather than leaving to undertake agency work. Mrs S Green outlined a piece of work being undertaken to minimise vacancies being advertised unsuccessfully on multiple occasions, which included trying to establish the reasons for people leaving or retiring early. In addition she indicated that a more robust exit process was being developed for all staff leavers. Mr G Doherty was aware of the disparity around NHS and agency salary but said whilst the Board would be keen to address this, the priority was to ensure that services could be safely staffed.

B18/17.4 Mrs J Allen reported that the CHC was disappointed that similar concerns in terms of community hospital staffing remained after three years, although she did indicate that an improvement in staff morale was notable. The challenges in ensuring all parts of the system worked smoothly was acknowledged – for example at the point of ambulance conveyance and handover, through the acute hospital service and onward discharge to a community or care home setting. Mr M Polin reported on a recent meeting with GP cluster leads where there was real evidence of a commitment to innovation and doing things differently. In terms of staff morale, Mr G Doherty also noted that this was one of the areas of improvement within the recent NHS Staff Survey where there had been a significant increase in the number of staff who would recommend BCUHB as an employer. A discussion took place regarding other measures that the Board could potentially look into in terms of staff retention and Mr M Polin suggested that details be shared at the next meeting around some of the ideas that were being considered. Mr A Thomas took the opportunity to reflect on the extended role of Allied Healthcare Professionals (AHPs) and that the 15.10.18 was the national AHP day. Finally in response to a point raised by Mrs E Burnham regarding the use of the overall budget, Mr M Polin accepted it was the Board's responsibility to ensure its allocation was appropriately spent but he had no current intention to change the structure of the Executive Team.

SG

B18/18 Finance Month 5 Report

B18/18.1 Mr R Favager delivered a presentation on the Month 5 financial report. He indicated the headline was that the Board had a £49m underlying deficit and he stressed the importance of being able to fully understand this deficit and the expenditure patterns when developing plans and priorities. He went on to discuss:

- The Financial Plan for 2018-19 and the areas of consistent overspend (Secondary Care and Mental Health) with pay and packages of care being big pressure areas;
- A significant amount of work being undertaken with regard to agency costs and the positive reduction in medical agency usage;
- Out of Area placements;
- Significant increases in care packages for continuing health care (nursing);
- Opportunities within primary care prescribing;
- 4 Year savings plans;
- The deficit reduction programme;

B18/18.2 Mr Favager summarised that:

- The year to date deficit of £17.5m was £0.5m worse than the planned position.
- Pressures continued from 2017/18 relating to Mental Health (£1.1m) and Secondary Care (£1.7m).
- The Mental Health pressures primarily related to continuing health care packages of care due to higher than planned activity levels and higher inpatient agency nursing costs.
- Ysbyty Gwynedd and Wrexham Maelor were the key areas of focus in Secondary Care. At Ysbyty Glan Clwyd medical and nurse agency costs were the main cost pressures. In Wrexham considerable pressures remain due to the nurse agency costs and the continued use of unfunded escalation beds.
- The Board was consistently spending more money than it was allocated.

B18/18.3 Mr G Ryall-Harvey stated that the Community Health Council had written to the Minister earlier in 2018 querying whether the allocation for BCUHB was adequate and whether it could be amended. Mr Favager was aware that Welsh Government were reviewing financial allocations across Health Boards and that an element of rurality was being considered. Mr M Polin was clear there was a need to reach autonomy with Welsh Government and to be able to deliver tangible progress in terms of balancing finance and performance.

B18/18.4 Miss C Evans referred to the unbudgeted expenditure on additional activity to reduce waiting lists and enquired whether this had been worthwhile. Mr G Doherty confirmed that the waiting times had been reduced compared to the same time last year, and he did feel there had been a positive impact.

B18/18.5 Mrs E Burnham enquired regarding the national allocation for 2019-20 and it was confirmed this would not be set until around Christmas.

B18/19 Urology

B18/19.1 Dr E Moore provided a short verbal update on the current situation with MP and MRI scanning. In summary he was confident that the Health Board was providing the right scans to meet current NICE guidance, however, if further guidance was released then this could require significant investment. Dr Moore confirmed that the Health Board had

<p>begun to anticipate further guidance and prepare itself to be able to meet them.</p> <p>B18/19.2 Mr G Ryall-Harvey expressed concern that recruitment into this specialty is currently difficult and any inability to be at the front of modern technology e.g. advanced MRI scanning or robotic surgery might compound this problem. Dr Moore agreed and noted that in areas where the Health Board had invested in the most modern technology e.g. primary cardiac intervention, vascular surgery, and neonatal care, recruitment had definitely been a real dividend.</p>	
<p>B18/20 Impact of BCU Managed Practices on Locum Cover for Non BCU Managed Practices</p> <p>B18/20.1 Dr C Stockport provided a short verbal update on this matter. He set out that the majority of managed practices in the West and Central areas were now run by salaried GPs, although there was more work to do in the East but progress was being made. He noted that practices often struggled on before asking for assistance, and that the demand for locums during these early stages was high. It then would take a certain amount of time for the Health Board to work through the issues with the staff at the practice.</p> <p>B18/20.2 Mrs J Allen indicated that the Community Health Council were being told that independent practices were being affected as they could not get reliable locums as many of them were working in managed practices. The CHC were concerned that this put additional pressures on single-handed practitioners in particular. Dr Stockport indicated he would be more than happy to facilitate a meeting with the CHC to enable these concerns to be discussed in more detail. Mrs M W Jones also indicated her wish to be involved.</p> <p>B18/20.3 In response to a question from Mrs N Tabern-Price, Dr Stockport assured the CHC that Health Board officers were regularly visiting practices to offer support and to obtain feedback on the challenges facing them, however, some practices were more open than others to these conversations.</p>	CS
<p>B18/21 Update on Winter Resilience Plan and Unscheduled Care 90 Day Improvement Cycle</p> <p>B18/21.1 Mrs R Cartmell presented the paper which aimed to provide an update and assurance that work was ongoing to develop and implement plans for Winter Resilience and Unscheduled Care. She confirmed that delivery would be through the operational directors and that additional capacity was being identified for the programme of work. Mr M Polin stated that as the Board had recently held a whole day's workshop on unscheduled care issues and the plan to improve, he would not wish to invite lengthy discussion and asked that any queries be directed to Mrs Gill Harris outside of the meeting.</p>	
<p>B18/22 Date of Next Meeting</p> <p>Mr M Polin suggested that the planned date (11th April 2019) be brought forward before the end of the current financial year.</p> <p>Post Meeting Note – date subsequently confirmed as 2pm on Monday 4th March 2019.</p>	

Summary Action Plan		
Minute Ref	Action Agreed	Officer(s) Responsible
B18/15.2	Circulate legible copy of structural diagram from within the HASCAS/Ockenden paper Completed – circulated on 17.10.18	K Dunn
B18/15.2	Seek clarification from the Associate Director of Quality Assurance as to the anticipated timescale for completing the total number of open complaints (ie the backlog). Completed - email sent to CHC on 21.11.18	R Cartmell
B18/16.2	Follow up with estates colleagues as to whether the absence of hooks on inside of toilet doors was intentional in terms of reducing potential ligature points across hospital sites. Completed – email sent to CHC on 1.10.19	S Baxter
B18/17.4	Share details of plans to improve staff retention at the next meeting. Completed	S Green
B18/20.2	Arrange to meet with CHC representatives (and the BCU Vice Chair) regarding concerns at the impact of managed practices on the ability of independent GP practices to secure locum cover. Completed – meetings arranged for 12 th and 16 th November 2018.	C Stockport