



Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Annual General Meeting held in public on 24.9.20
 Meeting Held via Webex and Livestreamed

Present:

Mark Polin	Chair
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Chair of Healthcare Professionals Forum
David Fearnley	Executive Medical Director
Sue Green	Executive Director of Workforce & Organisational Development
Arpan Guha	Acting Executive Medical Director (Designate)
Gill Harris	Interim Chief Executive
Debra Hickman	Interim Executive Director of Nursing & Midwifery
Sue Hill	Acting Executive Director of Finance
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Eifion Jones	Independent Member
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health / Interim Deputy CEO
Dawn Sharp	Acting Board Secretary
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group

Apologies:

Morwena Edwards	Associate Member ~ Director of Social Services
Gavin MacDonald	Interim Chief Operating Officer
Lucy Reid	Vice Chair
Andy Roach	Director of Mental Health & Learning Disabilities
Helen Wilkinson	Independent Member

In Attendance:

Kate Dunn	Head of Corporate Affairs – for minutes
John Morrell	Informatics support
Llinos Roberts	Business Manager – Chair's Office

Agenda Item Discussed	Action By
A20.1 Welcome and Introduction A20.1.1 On behalf of the Board the Chair welcomed everyone to the Annual General Meeting of the Health Board which was also being live streamed to enable members of the public to observe the meeting in real time.	

A20.1.2 The Chair stated that recently the news had been full of stories about increased rates of COVID-19 transmission in communities across the UK and that local lockdowns had now been introduced in some parts of Wales. Some six weeks ago there were fears of a local lockdown in Wrexham as there were over 60 cases at Wrexham Maelor Hospital and the area had the highest infection rate in Wales. Last week, however, Wrexham had one of the lowest infection rates in Wales and this served to highlight how quickly things could change if people did not follow the guidance that was in place including social distancing and frequent hand washing. The Health Board had been actively encouraging the use of masks and face coverings across its sites for some weeks in an effort to reduce the risk of infection, and the use of masks and face coverings indoors in public places had recently become mandatory in Wales. This meant that all staff, patients and visitors must wear a face covering in public areas of healthcare settings, unless they were exempt. The Chair went on to report that a multidisciplinary delivery group had been established to make sure that learning from the outbreak in Wrexham continued to be shared and embedded across the organisation. A full report into the outbreak including data on all cases and deaths was currently being produced by colleagues from across the Health Board with the aim of this being presented to the Quality Safety and Experience Committee on November 3rd. The Chair wished to thank those involved for their support, professionalism and diligence in helping to manage the outbreak and bring it to a close during what had been a challenging time. He added that a number of COVID-19 cases were being managed at Ysbyty Glan Clwyd, as well as a small number at Colwyn Bay and Llandudno Hospitals. The Board must remain vigilant and continue to maintain stringent infection prevention standards at all times throughout all of its sites to keep patients and staff safe. The Acting Chief Executive added that the outbreak in the central hospitals was being overseen at an Executive level and improvements were now being seen. An incident management team approach had been stepped up and the Board was working in partnership to ensure that the best intelligence was available.

A20.1.3 The Chair indicated he would hand over to the Acting Chief Executive to present the annual report and accounts followed by a short video clip.

A20.2a Annual Report and Accounts 2019/20

A20.2a.1 The Acting Chief Executive welcomed the opportunity to present the annual report and accounts for 2019-20 to the Board. She delivered a presentation which encompassed:

Reflections on the past year

- Challenges in strategy, leadership, finance, performance, planned care and the impact of the pandemic.
- The dynamic response to Covid-19 which created opportunities as well as risks.
- Progress against Special Measures which included a range of improvements but also areas where further work was required.

Progress Highlights

- That BCUHB was one of the best in Wales for protecting the population through immunisation programmes.
- The opportunity was taken to remind members, patients and the public that the flu vaccination programme had now commenced and everyone should be encouraged to protect themselves and others.

- That BCUHB was one of the best in Wales in terms of the time patients diagnosed with cancer start treatment.
- A sustained reduction in the number of patients whose discharge from hospital was delayed.
- That BCUHB was best in Wales in reporting and responding to serious adverse incidents.
- There was a significant improvement in the speed with which complaints were responded to.
- The number of 'never events' had been reduced.
- There were a range of quality and safety improvements as noted in the Annual Quality Statement.

Future Priorities

- The need to be ready to respond to any further COVID-19 increase and recover swiftly from the pandemic impact.
- Lessons learnt from the health emergency and opportunities for transformation.
- Ongoing efforts aimed at securing the lifting of Special Measures.
- The provision of safe unscheduled care.
- Continuing to provide care under "essential services" and ensure the safe stepping up of planned care in a prioritised way.
- Safe integration and improvement of mental health services.
- Responding to the challenge of the impact of Covid-19 on the mental health and well-being of staff, patients and public.
- Provision of safe and secure environments including estate issues and the provision of personal protective equipment.
- The effective use of our resources.
- Continuing joint working with key strategic partners, patients and public.
- Continuing to apply the principles of best practice in public sector governance.
- Responding to the impact of the coming seasonal pressures.

A20.2a.2 The Acting Executive Director of Finance noted that following the publication of the Annual Report and Accounts on the Health Board's website, a point of accuracy had been raised in respect of footnote 18 to the table of senior managers' total remuneration, which appeared on page 77. While this note was correct in respect of Mr Williams and Mrs Edwards, a separate note 19 should have been made in respect of Mr Evans, Associate Board Member and Chair of the Healthcare Professional Forum, stating that "*Mr Evans is employed by the Health Board in a substantive operational management role. Mr Evans does not receive additional remuneration in respect of his role on the Board*". In addition, following consideration in Audit Committee, Independent Board Member Mrs Jackie Hughes had requested that additional detail be provided in respect of the first of her declared interests, which is reported in Note 34 to the Annual Accounts on page 73A, to clarify that two of her children were employed by the Health Board and a third was employed by the Royal Voluntary Society at Ysbyty Gwynedd. A typographical error relating to the spelling of Mr J Cunliffe's name had also been noted.

A20.2a.3 Questions or comments were invited from members. The Audit Committee Chair sought further assurance around the work being done to move the organisation out of Special Measures. The Chair confirmed that the tripartite meeting mechanism continued with nationally involving Welsh Government, Healthcare Inspectorate Wales and Audit Wales, and dialogue continued in terms of clarity of expectations for the coming months. The Acting Chief Executive alluded to improvements within access to services and planned

care but recognised there was more work to do. She also acknowledged the importance of the relationship with the voluntary sector. The Stakeholder Reference Group Chair enquired as to the capacity for the flu vaccination programme. The Acting Chief Executive confirmed that a draft vaccinations plan had been developed with partners who were also stepping up what resources they could offer in terms of buildings. The Executive Director of Public Health acknowledged that capacity was always a challenge but there was an obvious heightened concern going into the winter of 2020-21 due to the Covid-19 pandemic. She was personally hopeful that the organisation's plans would adequately support the delivery of the community vaccination programme, however, she felt the challenge would be around mobilising staff. The Healthcare Professionals Forum Chair made reference to the benefits of working with the Regional Partnership Board (RPB). The Acting Chief Executive was fully aware that the support of social care colleagues was vital in the delivery of health care within north Wales and she acknowledged that a range of initiatives that had come through the RPB were now operational and making a difference to how care was delivered. The Executive Director of Public Health confirmed that an annual report was being prepared for the RPB. She also referenced the vital work of the voluntary sector and colleagues in other public bodies, and that national strategy such as "A Healthier Wales" had also helped set the framework for delivery. The Chair added that he continued to meet with Council Leaders on a regular basis and they remained positive about the relationships across health and social care.

A20.2a.4 A short video was then shown which showcased achievements for 2019-20

A20.2b Annual Quality Statement (AQS)

A20.2b.1 The Acting Executive Director of Nursing and Midwifery delivered a presentation which set out:

- The context and aim of the AQS.
- Aspects of patient safety including collaboratives for falls, pressure ulcers and sepsis; an award for the Wrexham Mental Health Paediatric Intensive Care Unit and the ward accreditation process.
- A range of clinical effectiveness approaches such as flu immunisation take-up; the launch of Trauma Risk Management; the Home First project; provision of Silver Quality Improvement Training; endorsement and restarting of pathways.
- Aspects of patient experience approaches such as the launch of PALS services; the hosting of an all-Wales sensory loss conference; the Emergency Department at Ysbyty Gwynedd being ranked as one of the best places to train in the UK and 1000 staff being trained in dementia care.
- A range of areas for improvement including the re-commencement of services suspended during COVID; recurrence of low-harm surgical Never Events; learning from incidents and complaints; enhancing quality improvement capability and strengthening governance structures.
- A summary of quality issues relating to Covid-19 such as rapid changes made in response to the pandemic; a "Back to the Floor" training programme; workforce hubs established to support redeployment; partnership working with the university; a clinically led response informed by clinical evidence and the clear impact of empowering clinical staff.

- Priorities for 2020-21 including developing new strategies for Quality, Patient Safety, Patient and Carer Experience; launching a new Quality Dashboard; revision of the Putting Things Right process; launch of a new Human Factors Faculty and launch of Value Based Healthcare improvement methodology

A20.2b.2 A discussion ensued. The Chair enquired whether there had been lessons learned from the Covid outbreaks within North Wales and it was confirmed that there had been significant learning from the Wrexham outbreak with remedial actions having been taken in real time. The translation of this learning across the Health Board through an executive-led process was helping the organisation to better manage other smaller outbreaks or clusters – for example in Ysbyty Glan Clwyd.

A20.2b.3 An Independent Member alluded to the challenge of safely restarting other services within the ongoing environment. The Acting Executive Director of Nursing and Midwifery stated that the challenges around transmission of Covid would not be underestimated but that the organisation would need to work through these as it brought services back on line. She noted that some services may require a different approach to how they were pre-Covid. The Acting Chief Executive added that the protection of staff and public was key whilst building confidence in a safe return to services. In addition, the Chair noted that the Finance and Performance Committee were to consider a paper on opportunities within planned care at its next meeting.

A20.2b.4 The Annual Quality Statement was received by the Health Board.

A20.2c Annual Financial Accounts

A20.2c.1 The Acting Executive Director of Finance welcomed the opportunity to present the annual financial accounts to the Board. She stated that the impact of Covid-19 could be seen across all aspects of financial performance, and then went on to deliver a presentation which encompassed:

- The Board's performance against statutory and other financial targets in 2019-20
- That the target for the development of an integrated medium term plan had not been met and therefore it had been required to develop an Annual Operational Plan.
- A summary of revenue expenditure including £1.2m which was specifically Covid-19 related.
- A summary of expenditure by division, noting that the only category where there was much year on year movement was the "other" category.
- A summary of expenditure by category.
- Agency staff use and that the gradually increasing trend was being managed.
- Capital investments of which 40% were estate related.
- The accounts had been submitted in line with an agreed Welsh Government deadline and no material misstatements or reporting inconsistencies were identified during the audit. Recognition of this achievement was noted given the pandemic situation at the time of collating the accounts.
- A forward look for 2020-21 which incorporated work around the Special Measures framework, meeting the financial challenge and savings requirements, meeting operational pressures, significant transformational change to improve financial performance and responding to the ongoing Covid-19 situation.

A20.2c.2 Questions and comments were invited from members. The Chair wished to record that whilst the organisational financial deficit had not improved significantly in-year,

<p>there had been a significant level of savings achieved. In addition the ability to drive the deficit down further was impacted upon by significant cost pressures such as prescribing and medicines costs. In terms of agency costs the Executive Director of Workforce and OD confirmed that the situation had improved but remained affected by the pandemic. She referred to the development of an internal temporary bank which would assist in the development of a more flexible workforce.</p>	
<p>A20.3 Special Measures Update</p> <p>A20.3.1 The Chair proposed that as Special Measures had been covered in an earlier presentation, the meeting move onto the next agenda item. This was accepted.</p>	
<p>A20.4 Forward Look</p> <p>A20.4.1 The Chair proposed that as a forward look had been provided in an earlier presentation, the meeting move onto the next agenda item. This was accepted.</p>	
<p>A20.5 Q&A Session</p> <p>A20.5.1 The Chair stated that in previous years there had been an open forum where questions were taken from the floor, however, given the virtual nature of meetings at present questions had been invited in advance. Nine questions had been received, some of which related to individuals or specific matters which were subject to an ongoing process. On this basis it was deemed inappropriate to discuss the detail of these in a public forum as it could impact upon the privacy and dignity of individual members of staff, and their trust and confidence in the organisation. In the interests of transparency the relevant themes had been drawn out to enable a grouped response where appropriate. The Chair wished to assure members and observers that those individuals who had asked questions of the nature described would receive a personalised response which would also be shared with members of the Board.</p> <p>A20.5.2 The first question was in relation to the leadership of the Mental Health and Learning Disabilities Directorate and the Deputy Chief Executive / Executive Director of Public Health responded with the following statement: <i>“The Health Board is committed to stabilising the current Mental Health & Learning Disabilities (MHL D) structure, so that we can support improvements in our services through safe and effective delivery, and through improved partnership working. I have recently stepped into the executive leadership role for the MHL D service. I can confirm that alongside our Medical Director, Dr Alberto Salmoiraghi, we have now appointed two experienced colleagues to lead the services. Mr Iain Wilkie has commenced as the Interim Director of MHL D, and Mr Mike Smith has commenced as the Interim Director of Nursing MHL D. I am aware of a number of concerns being raised in Psychology Services and am keen to meet the heads of the services in the coming weeks.”</i> The Chair wished to echo that these concerns were shared across the Board and that the planned changes were timely and welcomed in terms of confirming a way forward for mental health. He also indicated that the Community Health Council also had understandable concerns and that a meeting had been arranged to discuss these.</p>	DS

A20.5.3 Three questions had been received that related to the ability of staff to raise concerns, and issues of bullying and harassment. The Executive Director of Workforce and OD responded with the following statement in terms of raising concerns:- *“Along with the rest of the NHS across the UK, and consistent with the other Health Boards in Wales, this Health Board has in place a clear commitment to ensure that concerns raised by our staff are listened to and acted upon to secure improvement in the way in which care and services are delivered and experienced and the way in which our staff are enabled to contribute to this. Whilst there are policies and processes in place, as well as facilities to enable colleagues to raise concerns in a safe way, there are always improvements that can be made, especially as a result of feedback from those involved and who raised the concerns. As well as the raising concerns process, colleagues can and do raise concerns informally with line managers in the moment or through the Grievance procedure and formally again through the Grievance Procedure or Dignity at Work procedure. Concerns are “investigated” in an appropriate way ranging from individual or collective conversations through to formal investigations undertaken either by an appropriate person identified within the Health Board or, in some circumstances, where additional capacity, independence or expertise are required, an external investigator is engaged. These are very different from full service reviews commissioned by the organisation or by external inspection/regulatory bodies. One of the most important elements for any organisation in ensuring that there is trust and confidence in raising concerns is the way in which concerns are reviewed and how action taken is communicated i.e. closing the loop so that the person who has raised an issue is confident that it was worthwhile and that they are clear on what action has or hasn’t been taken and the reasons for this. This is something that hasn’t always been delivered or achieved here and as such, a joint review of the facilities for and management of raising concerns is underway. It is being led by myself as Executive Director of Workforce & OD in conjunction with the Executive Medical Director. The timescale for completion of the review is within the next month subject to us being able to engage with those who have been involved in some of the cases to receive their lived experience. We will of course be working closely with our Trade Union partners to ensure that we work collectively to secure the improvement that our staff and patients deserve to see”.* With regards to bullying and harassment the Executive Director of Workforce and OD responded with the following statement:- *“Any allegation of bullying, from any individual or group of staff is taken very seriously by the organisation and all cases are managed through the appropriate All Wales Policy, i.e. developed on an all Wales basis and ratified by the Welsh Partnership Forum including the trade union partners. This policy is currently under review as part of continuous learning. In all cases where bullying is alleged an appropriate an investigation takes place. If there is evidence that the behaviours fall below the standards the organisation requires action will be taken to resolve the concerns raised. However in many such cases the issues are due to a breakdown in relationships and mediation is recommended. The new draft policy under consultation by the Welsh Partnership Forum seeks to strengthen this aspect of the policy placing a greater emphasis on resolving relationship breakdowns where there is insufficient evidence of bullying to progress to disciplinary action. The Health Board is committed to providing a safe and secure working environment, free from harassment and bullying and ensuring all staff are treated, and treat others, with dignity and respect. The organisation will not tolerate any form of bullying and harassment which occurs at work and out of the workplace or on social*

media and will take all practicable steps to avoid and eliminate this. Behaviour which may be described as bullying and/or harassment is not conducive to the provision of effective healthcare services and can undermine the confidence and performance of our staff. It can also affect their physical and mental health and wellbeing and lead to absenteeism. The effects of poor relations between individuals can be felt across the NHS Organisation and ultimately can have an impact on the care provided to patients. Committed to moving forward in a constructive and positive manner.”

A20.5.3 The next question related to Orthopaedic Waiting times and the Executive Director of Planning and Performance responded with the following statement: *“Thank you to the patient who has raised the question and we recognise that people wait for too long to receive access to planned care. We are working hard to address this. Our orthopaedic services are amongst some of our most challenged in terms of waiting times. They account for around 30% of people waiting too long according to WG definitions. For a few years this has been a key priority for the Board, and last year progress was made with the appointment of 6 additional orthopaedic consultants – on top of our existing team of about 30. They have come into post mainly across 2020. Also invested in community musculoskeletal services which can avoid the need for people to require surgery in the first place by directing them towards physio, exercise programmes etc. Nevertheless the numbers of people waiting has continued to grow in 2020 and particularly during the pandemic. The overall waiting list size is not growing at the same rate due to routine referrals being reduced in the first part of the pandemic, compared to pre-Covid levels, but within that long waits are increasing. Theatres continue to operate at approximately 30% of their pre-Covid patient activity, the drivers to this limited activity continues to be staff and bed capacity as we respond to unscheduled and intermittent Covid outbreaks. Work is ongoing to re-start planned care activity and September does appear to show improvement. The bounce back of theatre activity is more of a gentle incline rather than steep rise. Orthopaedics is a key specialty for us to develop our new approaches to waiting list management and a key part is risk stratification. Under this approach the key criteria for determining access to care is not so much about time waiting but a clinically led harm based assessment. This allows us to be sure that those in greatest need are receiving care whilst our capacity is necessarily constrained.”* The Chair added that the desire of clinical colleagues to restart services as soon as possible was extremely encouraging and that there were many examples of positive, joined up conversations. The Executive Director of Planning and Performance added that the concept of a clinical network across North Wales had always been a desired approach and a benefit of the pandemic was that there was a far greater willingness to move in this direction.

A20.5.4 The next question related to urology and asked *“In 2020, why is living in the Betsi Cadwaladr NHS area worse than living in a third world health service area?”* The Executive Director of Planning and Performance responded with the following statement: *“The Health Board recognises that we have experienced some key challenges in our Urology Service over recent years due to loss of some of the consultant workforce and difficulties with recruiting replacements. However, since June the Health Board has managed to recruit a highly skilled, well respected cancer surgeon who specialises in complex urology cancers, and pleased to report that 2 weeks ago, he carried out the first*

cystectomy operation in North Wales for almost 3 years, prior to that patients have had to travel to Liverpool. They have several patients to treat over the coming weeks. This is a significant step forward and has been a catalyst to further recruitment of an additional 2 Consultants who will start with us in December. In addition, the Heath Board has committed to working on an All Wales programme to deliver a comprehensive Robotic Assisted Surgery (RAS) programme to align us with rest of Wales and the UK, so we are addressing what we know is inequality for the people of North Wales and will help in recruitment of additional staff". The Chair added that he had personally requested a position statement on urology as he shared concerns around the service. He enquired as to the timeframe for the RAS programme and the Executive Director of Planning and Performance confirmed that North Wales was looking for an interim local proposal and he would expect detail to be shared with the Executive Team within the next few weeks.

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A20.5.5 The next question received read *"Mark Polin, Betsi Chair - does Betsi focus on doing the system's business - tolerate poor standards and risk to patients - fail to foster a positive culture for nurses and doctors - allow a culture of fear and bullying - ignore professional advice that the root cause of Betsi's difficulties remains that it will never be possible to staff and afford three acute hospitals?"* The Acting Executive Medical Director (Designate) responded to the first element of this question with the following statement: *"A number of clear improvement processes have been put in place at BCUHB, which have been especially noticeable in our response to Covid 19. These processes will however support the delivery of quality clinical care well beyond our Covid response. To ensure that our clinical services adhere to the highest standards, e.g. national guidance, issued by Royal Colleges, we have created a Clinical Advisory Group to critically examine our clinical pathways and matches them with national guidance before they are used. We also hope to start work soon on commissioning a Quality Improvement Academy for North Wales to further support high quality care. A recent example of these principles translating into enhanced and safer provision for patients can be found in our critical care services, which has performed in an exemplary way, not only by increasing its potential capacity almost threefold, but also by recording Covid 19 patient outcomes that are at par or better when compared with UK data which is something to be proud of. Additional resources have been put in place, e.g. the capital investment into a new critical care area at Wrexham Maelor hospital and also have improved facilities at Ysbyty Glan Clywd. We now have additional capacity with 50 critical care and transport ventilators, doubled our ability to support kidney dialysis with 26 machines. Our standards of care for women in labour is also worth mentioning. We introduced universal screening and testing for Covid 19 before most health care organisations in the UK, directly liaising with the Royal College of Obstetricians, and we have had no Covid 19 infections in our patients in Obstetrics and Gynaecology. We have 24/7 medical cover for all our labour wards. We continue to attract new medical Consultants to the Health Board and we increased our Consultant numbers by 20 in the 12 months between August 2019-August 2020 which means that senior specialists are keen to come to work with us in North Wales".* The Chair added that he was aware the Independent Members who had chaired consultant interview panels had been impressed at the quality of the applicants recently. The Acting Executive Director of Finance then responded to the latter element of the question with the following statement: *"We appreciate that we have much work to do with our key asset, our workforce, to improve the*

culture and we have current initiatives identifying how our staff feel about their jobs, their working conditions and the organisation so that we can agree together how to improve the culture and provide meaningful staff engagement. The Health Board is committed to providing a working environment free from harassment and bullying and this has been reflected in the comments that were made earlier”

A20.5.6 A further question related to primary care provision as follows: *“When is the shambolic mess of NO doctors in Longford stand Cambria surgeries going to be sorted? Longford Road should reopen with our own doctors, and see them face to face?”* The Executive Director of Primary and Community Services responded with the following statement: *“The Health Board has recently taken over the running of both practices, when the previous GPs were unable to continue to run them. This is a problem across the whole of the UK because there are less GPs available to cover all of the work they have traditionally done. Like many areas in the UK, we are responding to this by training other professionals to support GPs so that GPs can focus upon only those aspects of care that require a GP. This is the case in Longford and Cambria, where we are supporting the training of a number of additional professionals. In fact, I would like to pay testament to the efforts of those individuals and the support staff in both practices who are dedicated and pulling out all the stops to be as flexible as possible whilst still keeping people safe. In addition we cannot ignore the unprecedented challenges that we have had due to coronavirus in the last 6 months or so. At no point has General Practice been closed; quite the contrary, general practices across the Health Board have responded to the unprecedented challenge with an unprecedented response that I am proud of. A change in ways of working has been necessary, to keep clinicians, their staff, and importantly other patients safe. This has included providing consultations in different ways, including phone, video and where necessary they have still provided face to face consultations. In each area, one practice became a designated centre for seeing patients who were believed to have coronavirus, and this was the Longford Road surgery in Holyhead. This will have inevitably limited patients from accessing the Longford Road site, but with care temporarily moved to other sites whilst this arrangement was in place.”*

A20.5.7 A further question was submitted as follows: *“I am the National Director Wales at Diabetes UK and am getting increasingly concerned with diabetes services at BCUHB. 1. Despite being clearly set out by NICE there is no psychology support for adults with diabetes in the west of BCU. 2. When are you going to appoint a clinical lead for diabetes to coordinate the implementation of the Welsh Governments Diabetes Delivery Plan? 3. When is your Executive Lead for diabetes going to attend the Diabetes Planning and Delivery Group as mandated by Welsh Government, he has been in post for over two years and has yet to respond to any of my inquiries. I would be grateful if these could be addressed at your AGM on the 20th September”*. The Executive Director of Primary and Community Services responded with the following statement: *It would be unfair to conclude that the Health Board is not progressing the development of diabetes services, including access to psychology support. I will respond directly to the question author with a more detailed response to the areas of questioning raised but will provide a brief oversight here. Firstly, regarding psychology support for patients with diabetes, the Board agrees that equitable access to this important service is important, not just in the west of BCU but across the whole of BCU. That is why we are already supporting the progress of the*

<p><i>business case for this service to move through our governance processes. The Board has also supported the suggestion that we embrace diabetes as being the first area in which we adopt a more inclusive pathway re-design approach. There is great potential in doing this and it will require us to reinvigorate membership of our Diabetes Planning and Delivery group, and give it greater emphasis, and as part of this we have appointed one of our Medical Directors with protected time to prioritise supporting this. Unfortunately, coronavirus has meant this has taken a little longer than intended, but I am clear that this is a top priority for us.”</i></p>	
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<p>A20.6 Concluding Remarks</p> <p>A20.6.1 The Chair concluded that 2019-20 had been a very challenging year, made even more so with the onset of the pandemic. He acknowledged that the organisation had responded very well to the pandemic and had been well led by the Executive Team. He also wished to commend the whole workforce for their commitment, flexibility and professionalism. He noted that recent visits to a range of community hospitals had increased his confidence in their ability to respond to any second wave. In terms of moving forward he confirmed there was positive dialogue with Welsh Government in terms of their support for the Board’s plans and initiatives. He looked forward to being able to share details with colleagues and partners in due course.</p> <p>A20.6.2 The Chair thanked members, participants and observers for their presentations, comments and questions and then closed the formal AGM. He confirmed that a short comfort break would be held with the Board continuing in public session for its main agenda from 11.30am.</p>	
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