

**The meeting will be conducted bilingually with the assistance of simultaneous translation. You are welcome to contribute in either Welsh or English.**

**Please notify the Chair of Any Other Business prior to the start of the meeting.  
A light lunch will be provided at around 1pm**

<b>MINUTE</b>	<b>ITEM</b>	<b>ENC</b>	<b>TIME SLOT</b>
<b>FC19.11</b>	<b>CHAIR'S WELCOME</b>		11.00am
<b>FC19.12</b>	<b>APOLOGIES FOR ABSENCE</b>		
<b>FC19.13</b>	<b>DECLARATION OF INTEREST</b> To receive any disclosure of interest by any member in respect of any item on the agenda		
<b>FC19.14</b>	<b>PRESENTATION</b> Mr Mark Wilkinson, BCUHB Executive Director of Planning and Performance will be in attendance to speak about the BCUHB Three Year Plan	<b>Verbal</b>	11:10am
<b>FC19.15</b> 19.15(1)	<b>BCUHB VASCULAR SERVICES</b> To receive an update in respect of Vascular Services at BCUHB	<b>Enc 01</b>	11.50am
<b>FC19.15</b> 19.15(1) 19.15(2) 19.15(3) 19.15(4) 19.15(5)	<b>CHAIR AND CHIEF OFFICER UPDATE</b> National Projects White Paper – Services Fit for the Future, update Tawel Fan Update MP-MRI Scans – Update Board of CHC's Matters	<b>Verbal</b> <b>Verbal</b> <b>Verbal</b> <b>Verbal</b> <b>Verbal</b>	12.00pm
<b>FC19.16</b> 19.16(1) 19.16(2)	<b>MINUTES</b> To receive and approve the minutes of:- Full Council Meeting held on 22 January 2019 Matters Arising not on the Agenda by exception	<b>Enc 02</b> <b>Verbal</b>	12.20pm
<b>FC19.17</b> 19.17(1)	<b>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN</b> To receive Equality Diversity and Human Rights Action Plan April 2019 – March 2020 (Draft)	<b>Enc 03</b>	12.30pm
<b>FC19.18</b>	<b>ANY OTHER BUSINESS</b>	<b>Verbal</b>	12.40pm
<b>FC19.19</b>	<b>DATE OF NEXT MEETING</b> Tuesday 9 July 2019, 10.00am, Colwyn Bay Cricket Club, Rhos on Sea, LL28 4LR.		

<b>Health Board</b>  <b>28.3.19</b>	 <b>GIG CYMRU NHS WALES</b>	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
<b>To improve health and provide excellent care</b>		

<b>Report Title:</b>	Update on North Wales Vascular Service
<b>Report Author:</b>	Joanne Garzoni, Vascular Network Manager
<b>Responsible Director:</b>	Dr Evan Moore, Executive Medical Director
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Update to the Health Board
<b>Approval / Scrutiny Route Prior to Presentation:</b>	Vascular Implementation Task and Finish Group
<b>Governance issues / risks:</b>	<p>The current service is fragile and the formation of the new network is designed to make the service safe and sustainable, reducing the risk of the loss of local vascular services from north Wales completely and reducing travelling for some patients.</p> <p>These changes were publicly consulted on and agreed in 2012/13. The model adopted by the Health Board was informed by advice from a Royal College of Surgeons invited review and guidelines from the Vascular Society of Great Britain and Ireland. These recommendations and the improved outcomes associated with their implementation are being adopted across the UK.</p>
<b>Financial Implications:</b>	There is slippage in the vascular budget due to the timing of recruitment to posts.
<b>Recommendation:</b>	The Board is asked to note the report

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√

2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
Strategic and Service Planning Engagement Leadership and Governance			
<b>Equality Impact Assessment</b>			
Not required for an update paper of this nature.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

## Update on North Wales Vascular Service

<b>1.</b>	<b>PURPOSE</b>
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This report provides an update to the Health Board on the progress of the implementation of a North Wales Vascular Network.

<b>2.</b>	<b>BACKGROUND</b>
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The Health Board is currently implementing changes to vascular services in North Wales. These changes were publicly consulted on and agreed in 2012/13. The model adopted by the Health Board was informed by advice from a Royal College of Surgeons invited review and guidelines from the Vascular Society of Great Britain and Ireland. These recommendations and the improved outcomes associated with their implementation are being adopted across the UK. This process is going on in Wales, for example Aneurin Bevan's Integrated Medium Term Plan for 2019/20 - 2021/22 clearly states within the regional planning section continued work with Cardiff and Vale and Cwm Taf University Health Boards detailed planning for the centralisation of arterial vascular within Cardiff.

In January 2013, following public consultation, the Health Board made a decision to move major and complex in-patient arterial surgery and emergency vascular surgery onto a single site, and the preferred location was Ysbyty Glan Clwyd. This was to be facilitated through an interim move to two arterial centres – Ysbyty Gwynedd and Wrexham Maelor Hospital. It was made clear to the Board that this was a pragmatic, first step until the single centre at Ysbyty Glan Clwyd was ready to open. Routine vascular care, including outpatient clinics, diagnostics/ investigations, day cases, renal access surgery and follow-up care would remain on all three acute hospital sites.

The decision to move to a single specialist centre for arterial surgical services, with the preferred final location as Ysbyty Glan Clwyd, was the decision made by the Health Board. In the interim, the two site model was implemented in 2013/14.

Progress has continued to be made with the reorganisation of vascular services in north Wales in line with the decision made by the Health Board. This includes investment from Welsh Government and a significant contribution from the Livsey Trust for a state of the art vascular hybrid theatre and equipment in Ysbyty Glan Clwyd, and successful recruitment of a range of senior clinical staff. The new centre will open in April 2019.

Nevertheless the agreed service model has generated ongoing concern amongst key individuals and community representatives, most notably in the west area. This has intensified as the Health Board moves towards final implementation. Over recent

weeks the disquiet has increased, which has been reported widely in local press and on social media, including an online petition. The media coverage and correspondence suggests that there is a mistaken belief that there is a 24/7 emergency arterial vascular surgery service at Ysbyty Gwynedd currently. This is not the case. At present, although elective and emergency arterial vascular surgery is performed at Ysbyty Gwynedd and Wrexham Maelor Hospital; neither site is able to offer a 24 hour a day, seven day a week service, so the out of hours “on call” is alternated. This means that 50% of the time, out of hours, emergency patients from the west have to be transferred to Wrexham, and vice versa. The current service is fragile and the formation of the new network is designed to make the service safe and sustainable, reducing the risk of the loss of local vascular services from north Wales completely and reducing travelling for some patients.

<b>3.</b>	<b>IMPLEMENTATION UPDATE</b>
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### **3.1 SERVICES – Implementation Timeline**

**3.1.1** The timeline for the implementation of a centralised service is on schedule. The new vascular ward will open the week commencing 8<sup>th</sup> April and the hybrid theatre will commence with the first patient on Wednesday 10<sup>th</sup> April.

### **3.2 WORKFORCE REQUIREMENTS**

#### **3.2.1 Vascular Consultant Posts**

All eight substantive consultant surgeons will have commenced employment by April 2019. Six of these consultants have been appointed in the past 12 months.

#### **3.2.2 Senior Clinical Fellows**

A further two Senior Clinical Fellows have been appointed to the network and will be commencing in post in June 2019, bringing the total to four.

#### **3.2.3 Vascular Ward Team**

The Health Board has successfully appointed to the following nursing roles:

- 1.0 WTE Band 7 Ward Manager
- 1.0 WTE Band 7 Advanced Nurse Practitioner
- 1.0 WTE Band 6 Deputy Ward Manager
- 9 Band 5 Staff Nurses
- 4.0 WTE Health Care Assistants

There are ongoing efforts to recruit Band 5 nursing staff to the vascular ward.

The following posts are currently being advertised and interviewed for:

- 4.0 WTE Band 2 Health Care Assistants
- 1.0 WTE Band 7 Clinical Nurse Specialist
- 1.0 WTE Band 4 MDT Coordinator

- 0.8 WTE Band 6 Physiotherapist and Occupational Therapist
- 0.4 WTE Band 6 Podiatrist
- 1.0 WTE Band 3 Housekeeper
- 1.0 WTE Band 2 Ward Clerk

### **3.3 FACILITIES**

#### **3.3.1 Hybrid Theatre Installation Programme**

The implementation date (first patient) for the Hybrid Theatre is Wednesday 10<sup>th</sup> April 2019. This allows sufficient time for clinical applications training in the theatre.

#### **3.3.2 Vascular Ward**

The commencement of the vascular ward 3 is on schedule with the 10<sup>th</sup> April 2019 start date of the hybrid theatre.

#### **3.3.3 Equipment**

All equipment for the ward and theatre has now been ordered in time for the commencement of clinical activities in April.

### **3.4 PATHWAYS**

**3.4.1** The development of pathways is ongoing to ensure clear management of clinical conditions across the network. The Health Board are working with WAST to ensure robust pathways for the management and transfer of vascular patients as part of this. This process has enjoyed good clinical engagement and was ratified at the Vascular Implementation Task and Finish Group held on 15<sup>th</sup> March 2019.

### **3.5 GOVERNANCE**

#### **3.5.1 Consultant Business Meetings**

The monthly meetings of North Wales Consultant Vascular Surgeons held prior to the Vascular Implementation Group meetings continue. The consultant team will have final job planning meetings throughout March 2019.

#### **3.5.2 Clinical Governance**

The clinical governance structure of the vascular service has been reviewed and revised with the support of the Senior Associate Medical Director. The next clinical governance meeting is 13<sup>th</sup> March 2019.

### **3.6 REVENUE**

**3.6.1** There is slippage in the vascular budget due to the timing of recruitment to posts. Work is ongoing to bring the budgets for non-pay together.

### **3.7 SERVICE DELIVERY**

**3.7.1** Patient listing for the hybrid theatre has commenced.

**3.7.2** There has been an improvement in the end of March RTT position for Stage 1 and Stage 4 long waits for the service.

## **4. COMMUNICATIONS AND ENGAGEMENT**

**4.1** As previously stated it is acknowledged that the agreed service model has continued to generate some concern, most notably in the west area, as it moves towards final implementation. This has been widely reported in the press and media over recent weeks. The Health Board recognises that there is a clear need to continue to develop and improve communications around this important issue.

It is evident that there has been a misinterpretation of how the revised service will be delivered, in particular in relation to the change in service at Ysbyty Gwynedd.

A new communications plan has been created to address these concerns and ensure there is no room for misunderstanding about how the new service will operate once live on April 8<sup>th</sup> 2019.

The following actions have been undertaken to address the concerns and misinformation circulating on the development of the service:

- An open letter from the chair and chief executive of the Health Board directly addressing the concerns raised has been published in the following places:
  - Daily Post letters page w/c 25 February 2019
  - The North Wales Chronicle newspaper w/c <https://www.northwaleschronicle.co.uk/news/17481184.am-hits-out-at-health-board-and-government-in-vascular-services-row/>
  - The Bangor Aye website <http://www.thebangoraye.com/first-minister-questioned-about-ysbyty-gwynedd-vascular-services-threat/>
  - The letter was also published on our website
    - Welsh <http://www.wales.nhs.uk/sitesplus/861/tudalen/86171>
    - English <http://www.wales.nhs.uk/sitesplus/861/page/74580>
- Developed a single web page detailing progress of vascular service since 2013: <http://www.wales.nhs.uk/sitesplus/861/page/98477>
- Continued to offer opportunities for media partners to interview the Executive Medical Director regarding vascular services
- Offered opportunities for key stakeholders, including elected members, with concerns around the service's development to meet with the Executive Medical Director and Chair
- Developed a factsheet on service change for wider circulation to staff

- The Vascular Network Manager has informed clinical teams and all staff via the weekly bulletin of the new operational arrangements for vascular services that come into effect from April.
- The Executive Medical Director has attended meetings with the British Medical Association representative committees in North Wales (Local Medical Committee for General Practitioners, and the Ysbyty Gwynedd consultants Local Negotiating Committee).

<b>4.</b>	<b>RECOMMENDATIONS</b>
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- 4.1** That the Health Board notes the progress to date.





**Minutes of a Meeting of North Wales Community Health Council meeting held at Colwyn Bay Cricket Club, LL28 4LR held Tuesday 22 January 2019 10.00am**

**Chair: Dr Garth Higginbotham**

<b>PRESENT:</b>			
<b>CONWY LOCAL COMMITTEE</b>	Miss J Baker Cllr F Bradfield Dr G Higginbotham	Cllr E Leighton-Jones Ms L Liddall Mrs S Ramessur	Mrs H Randall Mrs J Reeve Mr R Williams
<b>DENBIGHSHIRE LOCAL COMMITTEE</b>	Mrs E Edwards Miss C Evans	Miss M Jones Mr M Theaker	Mrs S Wright
<b>FLINTSHIRE LOCAL COMMITTEE</b>	Mr M Boyle Mrs D Gill	Ms L Harper Mr R Jackson	Mrs R Jones Cllr D Mackie
<b>GWYNEDD LOCAL COMMITTEE</b>	Mr M Lloyd Jones	Cllr D Wyn Roberts	Cllr P Rowlinson
<b>WREXHAM LOCAL COMMITTEE</b>	Ms E Burnham Mrs C Hayward	Cllr F Hemmings Cllr G Jones	Mrs N Tabern-Price Ms G Williams
<b>YNYS MÔN LOCAL COMMITTEE</b>	Mr A Burgen Mr A Dixon	Mr B Griffiths Mr P Rendle	Ms A West
<b>CO-OPTED MEMBERS</b>	Mrs J Hilton Mrs L Johnson	Mrs L Pike Mr N Taylor	Mrs V Wilson
<b>Staff</b>	Mrs E Ellis Mrs J Scupham Mrs C Williams	Administrative Officer Administrative Officer Deputy Chief Officer	
<b>IN ATTENDANCE:</b>	Mr Mark Polin Mr Rod Taylor Ms S Irlam Mr H Huws	BCUHB Chair BCUHB Director of Estates and Facilities Secretariat Translator	
<b>APOLOGIES:</b>			
<b>CONWY</b>	Mrs M Baines Cllr P Capper	Mrs N Cossey Mr P Edwards	Mr M Homes
<b>DENBIGHSHIRE</b>	Mr K Benton Mr G Hughes	Mrs A Marshall Dr T Matsuda	Cllr P Prendergast Cllr E Wynne
<b>FLINTSHIRE</b>	Mrs J Harley Cllr G Healey	Mrs S Howard	Cllr D Wisinger
<b>GWYNEDD</b>	Mrs M Buttigieg Dr A Drake-Lee Mrs G Jones	Mrs M Jones Cllr S Jones	Mr M Thornton Mrs M Williams
<b>WREXHAM</b>	Mrs J Allen	Mrs C Griffiths	Mrs J Thomas



<b>YNYS MÔN</b>	Dr S Francis Cllr R Griffiths	Cllr G Haynes Miss V Monaghan	Mr A Osborne-Taylor Mrs P Rannard Cllr D Rees
<b>STAFF</b>	Mrs E Bowen Mrs L Barker Mrs B Davies Mr R Duffield	Ms A Hughes Mrs A Hughes Mrs C Jones Mrs D Jones	Miss B Perkins Mrs D Postle Mr G Ryall-Harvey Miss R Williams
<b>NOT PRESENT</b>	Miss K Bellis	Mr J Chorlton	Mrs P Rannard

<b>MINUTES</b>	<b>ITEM</b>	<b>ACTION</b>
<b>FC19.01</b>	<p><b>CHAIR'S WELCOME AND ANNOUNCEMENTS</b></p> <p>In the absence of the Chair, the meeting was chaired by the Vice Chair.</p> <p>The Chair welcomed all present to the meeting. It was noted that the Chief Officer had been called to attend an urgent meeting and that Mrs Carol Williams, Deputy Chief Officer would be the responsible CHC officer at the meeting.</p> <p>The Chair called for members to observe a minutes silence to remember Ms April Harper, a former member of the CHC who had passed away recently. The Chair noted the achievements of Ms Harper whilst a member of the CHC and went on to note her work for patients across North Wales. Condolences have been sent to the family on behalf of the members and staff of the NWCHC.</p> <p>The Chair noted that this would be the final Full Council meeting for Miss Christine Evans, who will have served 10 years as a CHC member as at 31 March 2019. A vote of thanks was extended to Miss Evans for the work she undertook both professionally and as a CHC member to bring about improvements for patient care not only in North Wales but across the world.</p> <p>The following changes in membership were reported since the meeting held on 9 October 2018</p> <p><b>Conwy Local Committee</b> Ms Liz Liddall appointed as a third sector member</p> <p><b>Denbighshire Local Committee</b> Mr Keith White, public sector member, resigned</p> <p><b>Flintshire Local Committee</b> No changes</p> <p><b>Gwynedd Local Committee</b> Cllr Siôn Jones appointed as a local authority member</p> <p><b>Wrexham Local Committee</b> Cllr Gwenfair Jones appointed as a local authority member</p>	



	<p>Mrs Carol Griffiths appointed as a third sector member</p> <p><b>Ynys Môn Local Committee</b> No changes</p>	
<b>FC19.02</b>	<p><b>APOLOGIES FOR ABSENCE</b> Apologies were received and are as recorded</p>	
<b>FC19.03</b>	<p><b>DECLARATION OF INTERESTS</b> There were no declarations of interest in respect of any item on the agenda.</p>	
<b>FC19.04</b>	<p><b>PRESENTATION MR MARK POLIN BCUHB CHAIR</b> The Chair introduced this item making the following points:</p> <ul style="list-style-type: none"> <li>• Mr Mark Polin has been in post as the Chair of the BCUHB for four months and was attending today to provide an overview of his experiences and observations to date.</li> <li>• A number of questions had been received in advance of the meeting and shared with Mr Polin so that he could provide comprehensive answers.</li> <li>• Due to the number of questions received, the Chair noted that, should further questions arise, these should be sent to the office. Additional questions would be sent to the Chair's office for a response.</li> </ul> <p>Mr Mark Polin, BCUHB began by thanking the NWCHC for the work that is undertaken to improve health services for patients in North Wales. Recognition was also noted in respect of scrutinising the Health Board. Noting his background prior to being appointed Chair of the Health Board, Mr Polin explained his understanding of the need for robust and good organisational governance, along with clear strategic direction, accountability and partnership.</p> <p>Mr Polin went on to make the following observations:</p> <ul style="list-style-type: none"> <li>• BCUHB needs to have clear priorities. Living Healthier Staying Well is a 300 page compendium of what the BCUHB wishes to achieve, but the priorities therein are not clear.</li> <li>• The Board will have a new three-year strategy with a clearly defined focus; for too long the Health Board has been overspending and this is not sustainable in the long term.</li> <li>• Demonstrable improvements in respect of performance and finances should facilitate a renegotiation of expectations with both the Welsh Government and key stakeholders.</li> <li>• BCUHB needs to have an effective and efficient Executive Team and a Board that is challenging. The Board must challenge and scrutinise activity robustly so as to drive forward improvements.</li> <li>• Since taking up his role, Mr Polin has appointed 3 new Independent Members to the Board. These appointments are already having an impact.</li> <li>• The appointment of a new Executive Director of Primary Care along with the appointment of a new Executive Director of Planning and Performance are already bringing a new perspective to the Board.</li> <li>• In order to reduce recurrent overspending, changes to service configurations will be needed; these changes may include changes to the general estate, where services are provided and how services are delivered. The NWCHC would have an integral role to play in any service change.</li> <li>• Changes and improvements cannot be made overnight; however, small</li> </ul>	



	<p>and demonstrable changes are already being noticed. The length of time taken to handover a patient from WAST to A&amp;E is reducing; the number of patients taking 12 hours to be seen in A&amp;E is falling, although performance against the 4-hour target remains poor. It was noted that this is not unique to the BCUHB.</p> <p>Mr Polin went on to respond to members questions, providing the following observations:</p> <p><i>Cllr Frank Hemmings, Wrexham local committee: I would like to ask for an update on GP recruitment. It is often an issue raised in planning applications before Wrexham CBC. The lack of GPs is often given as reason to reject planning requests.</i></p> <ul style="list-style-type: none"> <li>• The recruitment and retention of GPs is a challenge across Wales. However, there are a number of model practises across North Wales which use a varied staff cohort to provide care within the practice rather than at a hospital site. The number of GPs in Wrexham resigning the GMS contract is of concern and one the Health Board is acutely aware of. GPs are being encouraged to buy back into practices and are being supported to provide community care hubs. Mr Polin noted that regular and sufficient engagement with the 14 Cluster Groups in North Wales had not previously happened. A commitment has been made to provide more support and to build resilience in primary care.</li> <li>• Mr Polin went on to note that primary care is the key to providing care; if primary care is poor or lacking, this places further pressure and demand on emergency services.</li> <li>• Mr Polin has already undertaken a number of visits to primary care facilities in North Wales and has committed to mentor a GP on the Llyn Peninsula.</li> </ul>	
	<p><i>Sian Ramessur, Conwy local committee: Are there any plans for you to do a period of 'back to the floor' exercise where you would spend say ½ a day with a particular department/ward so that you fully understand their role and responsibility and positive and negatives they have in their workplace?</i></p> <p><i>This would be something staff would appreciate as some staff have informed me it would be better than a newsletter about your week and they feel you would be 'one of them' in addressing any issues they experience.</i></p> <ul style="list-style-type: none"> <li>• Since his appointment, the Chair has visited Emergency Departments, attended huddle meetings and spent time on the children's ward at Wrexham Maelor. The Chair has also spent time with the community teams, the District Nursing Service, community hospitals and the health centre in Corwen. Time has not been spent exclusively with one team for the duration of their shift, but it is the intention to do so. The Chair noted that time spent with the various care givers will help to plan for the 2019-2020 financial year.</li> <li>• The Chair went on to note that he has requested the Executive Team to be more visible so as to address the poor results regarding the Executive Team in the recent published staff survey. Members of the Board, including the Independent Members, are now regularly undertaking ward walkabouts and speaking to staff on the ground. These walkabouts are helping the Board to have a better understanding of what staff do and vice versa.</li> <li>• The Chair went on to note that he has introduced a staff briefing which is prepared after each Board meeting and issued to all staff to show and</li> </ul>	



	explain the decisions made.	
	<p><i>Eleanor Burnham, Wrexham local committee: We CHC members constantly witness inadequate staffing during our monitoring visits or as patients ourselves. In December, some stark statistics showed BCU (after approx. 4 years of special measures) to be severely missing most targets and to be the worst performing Welsh Health Board. As Chair, how and when are you hoping to improve this sad situation? Further, how will you increase much needed resources and how long will it take to make improvements for the staff and patients of North Wales?</i></p> <ul style="list-style-type: none"> <li>• The Chair acknowledged the pressures staff are under and also the tremendous job that BCUHB staff do. Reducing expenditure whilst improving performance is a challenge that cannot be overestimated. Spending on agency staff is vast; efforts are being made by the Executive Director of Workforce and Organisational Development to recruit and develop a multi-skilled workforce. Work is also in hand to develop an internal bank of staff.</li> <li>• Since his appointment, the Chair now chairs the Finance and Performance Committee and the Special Measures Oversight Group. Chairing these two committees provides a better understanding of the financial challenges and the progress needed in respect of special measures.</li> <li>• The Board is to approve a Workforce Strategy, an Estates Strategy and an IT and Digital Technology Strategy that will all bring about improvements and efficiencies.</li> <li>• The Executive Director of Nursing and Midwifery is acutely aware of the staffing shortages and is working to remodel the staff and the makeup thereof.</li> </ul>	
	<p><i>Mark Holmes, Conwy local committee: In light of such problems with attracting new staff and retaining existing staff to the Health Board, would not the reintroduction of recruitment and retention premia be advised, the cost of which would be offset by the reduction of using agency staff?</i></p> <ul style="list-style-type: none"> <li>• It was noted that recruitment and retention premia have been previously offered to clinicians and GPs. This is not something that the Health Board would wish to offer routinely, as premia could be viewed as a perverse incentive being offered to some staffing groups and not others.</li> </ul>	
	<p><i>Peter Rendle, Ynys Môn local committee: Talking to staff, both in the primary and secondary health care settings, a common comment is that there is little 'top down' communication from the Health Board Executive down to the staff who have direct contact with patients. This seems to be damaging staff morale. What ideas do you plan to implement to improve this perceived lack of communication?</i></p> <ul style="list-style-type: none"> <li>• Communication with staff has to improve and will improve. Staff need to be involved in the planning and delivery of services. Staff also need to have an understanding of any changes being made and how this may affect them. Where changes are proposed staff have to be consulted and should understand the decisions that may be made.</li> </ul>	
	<p><i>Adrian Drake-Lee, Gwynedd local committee: With the centralisation of vascular services for a diffuse, mostly rural population, how is the Health Board going to ensure that emergency abdominal aneurysms are treated in as short a time as possible?</i></p> <ul style="list-style-type: none"> <li>• It was acknowledged that the current service configuration lacks resources and is financially inefficient. It was confirmed that high acuity vascular care will be offered at Ysbyty Glan Clwyd. Lower acuity</li> </ul>	



	<p>vascular care will be provided on all three sites and there is no intention for this to be changed. Sub-specialisms will also be provided on the three sites.</p> <ul style="list-style-type: none"> <li>• It was confirmed that both Wrexham Maelor and Ysbyty Gwynedd operate an on call rota for vascular patients. This means patients from the Wrexham area may be transported to Bangor and vice versa for procedures.</li> <li>• With regard to other service changes, the Health Board had taken the decision to continue to provide both orthopaedic and urology services on three sites, rather than centralise the services. This decision to retain orthopaedics on the three sites had been taken with due regard to patient flows and the need to reduce the backlog of cases.</li> </ul>	
	<p><i>Vera Wilson, Gwynedd local committee: Statistics show that staff in the NHS, as in the police force, admit to being stressed and demoralised because organisational changes have been undertaken without appropriate preparation or understanding, compassion and training. How will your experience help to remedy this situation in a time of financial stringency?</i></p> <ul style="list-style-type: none"> <li>• Should change be necessary, the reason for that change needs to be explained to staff and should be done using clear and appropriate communication. Changes to pathways may be needed to ensure that the priorities and objectives laid out by the Board are achieved within current resources.</li> <li>• The Chair went on to note that, of the anticipated costs savings for the period 2018-2019, just 57% of the savings have been achieved. It was also noted that the operational plan for the same period had delivered only 50% of the proposed activity.</li> <li>• The Chair noted that there is much work to do before 1 April 2019; a commitment was made to ensure that there is a full programme of internal and external engagement. Every opportunity will also be afforded to staff at every level to shape possible service changes.</li> </ul>	
	<p><i>Linda Harper, Flintshire local committee: What are the plans to bring more cohesion to Mental Health Services across North Wales, particularly in the primary care sector?</i></p> <ul style="list-style-type: none"> <li>• Noting the various partnerships for example, with Parabl and other mental health agencies, the Chair was concerned that such agencies are not scrutinised and requested that further details be sent via the office so that further enquiries could be made.</li> <li>• It was noted that mental health has been separate to primary care when, in fact, robust mental health services are integral to primary care.</li> <li>• A number of new staff appointments have been made to the mental health division; improvements are being made since these appointments.</li> <li>• A recent on-the-spot inspection had resulted in a positive report.</li> <li>• The Vice Chair, Marian Wyn Jones has oversight of the Mental Health Strategy and is driving forward service improvements.</li> <li>• A number of mental health initiatives such as ICAN are improving access to mental health services. The Health Board has also been successful in drawing down funding from the Wales Transformation Fund that will be used to develop more mental health facilities in the community.</li> <li>• Work is also in hand to look at how the number of mental health beds can be reduced whilst augmenting the mental health service in the</li> </ul>	<b>LH/MP</b>



	<p>community.</p> <ul style="list-style-type: none"> <li>Noting the considerable waiting time experienced by patients requiring care from CAMHS, the Chair noted that the waiting times were not acceptable and has requested work be done to reduce waiting times.</li> </ul>	
	<p><i>Hilary Randall, Conwy local committee: Can you confirm whether the park and ride facility at Ysbyty Glan Clwyd is due to close at the end of March 2019? If this is the case, why has the Health Board not been pro-active in seeking another site?</i></p> <ul style="list-style-type: none"> <li>It was confirmed that the park and ride facility at Ysbyty Glan Clwyd is currently under review; no decisions have been taken as regard closing the park and ride at this stage.</li> <li>The park and ride facility was originally introduced to offset the disruption to the original car parking during the construction work and the redevelopment of the site.</li> <li>There are now 160 parking spaces on the Ysbyty Glan Clywd site but parking remains problematic, as it does across the other DGHs.</li> <li>It was suggested that staff who are working shifts be encouraged to use the park and ride so that the on-site parking spaces are made available to patients.</li> <li>The Chair agreed to revisit the park and ride facility at Ysbyty Glan Clwyd, noting the strong support for this to be retained.</li> </ul>	<b>MP</b>
	<p><i>Russell Jackson, Flintshire local committee: How does BCUHB balance the Welsh Government's stated position to ensure access to safe and sustainable services as close to patients' homes as possible and the limitations placed by BCUHB on accessing treatment, for example orthopaedic surgery, to a hospital nearest to their home in Flintshire with that hospital being in England?</i></p> <ul style="list-style-type: none"> <li>Through the various workstreams, work is underway to deliver care closer to home. Dr Chris Stockport is leading this work. It will see more patients being treated closer to home and/or remaining at home, with services coming to the patient rather than the patient being admitted to hospital.</li> <li>As regards patients from the Flintshire area, 1/3 of the population live closest to Wrexham Maelor, another 1/3 live closest to Ysbyty Glan Clwyd and the other 1/3 live closest to the Countess of Chester.</li> <li>Care should be delivered where the outcome is best for the patient in all cases.</li> <li>When patients from North Wales receive their care at the Countess of Chester an agreed 'contract fee' is paid for this care; the Countess of Chester has indicated that this fee is insufficient. The amount paid is agreed nationally by the Welsh Government and not by individual Health Boards. It was acknowledged that patients in Wales do not have the same patient choice for their care as patients in England do, which is due in part to health being a devolved issue.</li> <li>The Chair went on to note that, under exceptional circumstances such as specialism not being available in North Wales, all care should and will be provided in North Wales.</li> </ul>	
	<p><i>Dewi Wyn Roberts, Gwynedd local committee: How does the Chair envisage the development and delivery of medical services in rural areas with poor transport infrastructures - what improvements would he like to see to bring the client to that</i></p>	



	<p><i>service or indeed the service to the client? Does the Chair believe that the delivery of services in North Wales and those in North West England and indeed South Wales are equal? If not, what are the goals and pathways to make those standards equal?</i></p> <ul style="list-style-type: none"> <li>• The Health Board is keen to develop and enhance Care Closer to Home. There are a number of innovative GP Practices in North Wales that are keen to develop and increase the range of services that they can offer. Increasing the range of services available locally should also bring about fewer hospital admissions.</li> <li>• Collaborative work with the neighbouring health boards of Powys and Hywel Dda, via the Mid-Wales Joint Committee for Health and Social Care, will bring about a better pathway for cross border services.</li> <li>• It was acknowledged that there is much to do; a number of pilots are already underway to improve Care Closer to Home, including working with GPs to bring Health Board managed practices back into the hands of GPs.</li> <li>• The introduction of the single pathway for cancer patients will bring about positive improvements. More resources, such as endoscopy, are needed in North Wales to ensure resilience in the service. Work also has to be done to bring about resilience for patients requiring CT scans so that backlogs are not created for elective procedures should the equipment fail.</li> <li>• The Chair is confident that work being undertaken by the Finance and Performance Committee will show the direction of travel and will bring about real service improvements.</li> </ul>	
	<p><i>Christine Evans, Denbighshire local committee: Could the Chair provide an update in respect of the procurement of a robot to support robotic surgery for urology patients in North Wales?</i></p> <ul style="list-style-type: none"> <li>• The Chair noted that funding for the robot was included in the financial plan for the period 2019-2020. The funding would be subject to the approval of the business case by Welsh Government.</li> </ul> <p>Thanks were extended to the BCUHB Chair for his attendance along with the level of detail afforded in response to the questions posed by NWCHC members. The NWCHC looks forward to receiving updates as regards the direction of travel as outlined by the BCUHB Chair.</p>	
<p><b>FC19.05</b></p>	<p><b>PRESENTATION: ESTATES AND FACILITIES</b></p> <p>Mr Rod Taylor, BCUHB Director of Estates and Facilities, was in attendance to provide an overview and update in respect of estates and facilities. A copy of the presentation is appended to these minutes. The following points in particular were made:</p> <ul style="list-style-type: none"> <li>• The facilities that come under the Estates and Facilities Division operate 24 hours a day, 7 days a week and 365 days a year.</li> <li>• Across North Wales, the Health Board has a vast property portfolio including acute and community hospitals, GP practices, local authority sites, fire and rescue sites and voluntary sector sites. Work is being undertaken to examine closer collaboration with other stakeholders where this would be appropriate.</li> <li>• The services provided by the estate and facilities division are wide ranging and are provided by an in-house staff.</li> <li>• The Health Board undertakes between 52,000-53,000 repairs pa; the</li> </ul>	





majority of which are reactive rather than planned due to the age and condition of the estate. Money can be drawn down from Welsh Government for construction projects greater than £5 million. Other projects are subject to approval from discretionary capital. BCUHB has the second largest property portfolio in North Wales. It has the largest carbon footprint of any organisation in North Wales although this is subject to a 3% year-on-year reduction, as required by the Welsh Government.

- The state of the estate is assessed annually using 6 criteria as defined by Welsh Government. BCUHB has 260 estate assets; 70% of these are across the 3 DGHs. 15% of the current estate is dated pre-1945; 68% of the current estate is at least 25 years old. Thus, the challenge of delivering Care Closer to Home in appropriate settings cannot be overestimated.
- In the main, Health Board estates are of a reasonable standard when measured against the national performance indicators; the physical condition of the buildings is rated as red and is cause for concern.
- BCUHB is compliant with ISO 14001:2015 Environmental Management System. 97% of the domestic waste generated across the Health Board is recycled. 30% of clinical waste is also recycled. A number of initiatives have been introduced to further increase the amount of waste that is recycled.
- The gross internal floor area of the Health Board estate has increased due to an increase in the number of Health Board managed practices, despite a number of assets being disposed of.
- Catering services come under the Estates and Facilities Division. The Health Board serves 2.5 million patient meals pa. The average price per patient meal is £3.82; the all Wales average is £3.28. BCUHB has higher per meal costs as it has signed up to the NHS menu, which is non-mandatory but has a greater nutritional value. The value added by the NWCHC undertaking exercises such as 'follow the trolley' was acknowledged.
- Domestic services are also part of the Estates and Facilities Division. As part of the commitment to safe clean care, 300 tonnes of rubbish has been removed from across the Health Board, with a decluttering exercise being undertaken in spring and autumn. CHC monitoring visits have also contributed to the new ward accreditation programme.
- The value of portering services should not be ignored; porters interact with patients on all levels and have a number of opportunities to engage with patients that can make a real difference to that patient.
- Laundry for the Health Board is done in house; the current site at Ysbyty Glan Clwyd needs modernising to cope with demand and adapt to new technology. Barcoding linen should see the number of lost items fall. Annually, in excess of 5 million pieces of linen are laundered and delivered to the various sites across North Wales.
- The Health Board is looking to enhance its existing housing stock for staff, with a significant investment in residential accommodation for staff.
- An annual report noting performance against the various performance indicators is prepared and submitted to Welsh Government.



	<ul style="list-style-type: none"> <li>• The number of remote lone workers is a challenge to achieving compliance with mandatory training; however, a number of initiatives are in place to facilitate training.</li> <li>• Complaints and Freedom of Information requests are responded to swiftly. Any complaints received are seen as learning opportunities and used to make improvements.</li> <li>• In the future, the Estates and Facilities Division will be working to see how the current estates provision can provide care closer to home. It will liaise with Local Authority colleagues and other landlords to look at collaborative opportunities.</li> <li>• Domestic staff will continue to work to the national cleaning standards.</li> <li>• Significant investment will improve laundry services.</li> <li>• An Estates Strategy will be prepared and presented to the BCUH Board in February 2019; this will set out the approach to be taken over the next 5 years in respect of investment and asset disposal.</li> <li>• NWCHC undertakes a significant number of monitoring visits to BCUHB sites annually. The scrutiny and issues raised in the reports have helped to secure funding and make improvement to the estates and contributed to proposed service changes, which have been to the benefit of both patients and staff.</li> <li>• The role of the NWCHC is viewed as a valued and respected scrutiny tool.</li> </ul>	
	<p>In response to questions the following comments were received:</p> <ul style="list-style-type: none"> <li>• The Health Board works with 6 local authorities across North Wales, meaning the Health Board also works with 6 Trading Standards enforcement teams; Wrexham County Borough Council is the primary authority. The hygiene rating for Wrexham Maelor has been recently uplifted from a 3 to a 5. The inspections now include ward kitchens; as such, work has been undertaken to ensure that measures are in place to meet the high standards required to achieve the maximum rating of 5.</li> <li>• NWCHC members have been made aware that, in some cases, patients have not received their meal choices. BCUHB catering services offer several menu choices and a number of special meals prepared with dieticians. Patients should therefore be receiving their specific meal choices. Mr Taylor requested that more information be shared so that he could make further enquiries.</li> <li>• With regard to local procurement, it was explained that projects in excess of £5 million are subject to Welsh Government supply-chain procedures. For projects less than £5 million, local trades are used as much as is feasible and financially viable.</li> <li>• As regards making hospital sites 'smoke free', the Health Board cannot enforce a no-smoking policy. The Health Board continues to work with both staff and patients to reinforce the benefits of no smoking and provides a number of initiatives to help both staff and patients quit.</li> <li>• Health board responses to NWCHC visiting reports often note that actions have been referred to 'Estates'. In some cases the referral to 'Estates' is incorrect. It was therefore suggested that the monitoring reports also be shared with 'Estates' so any incorrect referral could be amended and sent to the correct department.</li> </ul>	<b>EB/RT</b>



	<ul style="list-style-type: none"> <li>• Any 'Estates' issues noted in NWCHC visiting reports are actioned in a timely manner.</li> <li>• It is pleasing to note that the issue regarding piped oxygen to the ward at Ysbyty Bryn Beryl has been addressed. The necessary work will be carried out as part of the redevelopment. The age of the estate often produces challenges when redevelopment work is taking place and can often entail more complex work and other changes than envisioned.</li> <li>• As result of the HASCAS / Ockenden findings, there is to be a significant capital investment in mental health facilities.</li> <li>• The Health Board has a rolling maintenance programme, but, due to the age of the estate, many of the repairs undertaken are reactive as opposed to planned and/or proactive; this is not efficient. Reported maintenance issues are allocated and dealt with in priority order.</li> <li>• The estates costs are significantly higher in Wales than in other areas, namely: £38/m<sup>2</sup> in Wales, £32/m<sup>2</sup> in Scotland and £19/m<sup>2</sup> in England.</li> <li>• Recycling across the various estates is successful in the main; staff are made aware of the process and this is reinforced with on-going awareness raising.</li> <li>• Noting the waiting area in reception at Wrexham Maelor is often occupied by staff taking their break, Mr Taylor agreed to consider how the areas could be reserved for patients waiting for transport.</li> <li>• It was noted that, for many carers, the only respite they have is when the person they are caring for is in hospital. Many carers benefit from speaking to nurses and other staff members, who may recognise the pressure they are under and who can refer them to support services.</li> </ul> <p>The Chair proposed a vote of thanks to Mr Taylor for attending and providing an overview of the work undertaken. The recognition of the work of the NWCHC and the difference it can make to the wider patient experience was welcomed. Mr Taylor was invited to attend a further Full Council to provide any updates as regards the work being undertaken.</p>	<b>EB/RT</b>
<b>FC19.06</b> 19.06(1) 19.06(1.1)	<p><b>CHIEF OFFICER UPDATE</b></p> <p><b>National Projects</b></p> <p><b>One Simple Thing: Communications in the NHS</b></p> <ul style="list-style-type: none"> <li>• The report prepared by the NWCHC on behalf of the Board of CHCs has been approved.</li> <li>• A publication date is awaited.</li> <li>• 'Working Word', the PR company contracted by the Board of CHCs, is hoping to speak to patients who provided comments, so as to give real examples of both good and bad communication.</li> <li>• Embargoed copies of the report had been received by Chief Officers so that the report can be shared with health boards in advance of the publication.</li> </ul>	
19.06(1.2)	<p><b>Delayed Transfers of Care</b></p> <ul style="list-style-type: none"> <li>• The 'delayed transfers of care' national project has been delayed due to lead officer work pressures.</li> <li>• It is understood that the project plan and supporting documentation are being drafted; they will be issued to all CHCs once finalised.</li> <li>• Neither the start date nor the duration of the project is known at this stage.</li> </ul>	



19.06 (1.3)	<p><b>GP Out of Hours</b></p> <ul style="list-style-type: none"> <li>Documentation in respect of the 'GP Out of Hours Service' national project has been issued to all CHCs.</li> <li>The project will run from 22 January 2019 – 31 March 2019. Analysis of the feedback and preparing the reporting will be undertaken by CAVOG CHC, for and on behalf of the Board of CHCs.</li> <li>NWCHC is to approach the BCUHB GP Out of Hours Service to consider how feedback can be gained from patients who have recently used the service.</li> </ul>	
19.06(1.4)	<p><b>National Projects 2019-2020</b></p> <p>The Senior Management Team have discussed national projects for 2019-2020. Once these have been finalised, they will be shared with the wider membership and woven into the NWCHC Operational Plan for the same period.</p>	
19.06(2)	<p><b>White Paper – Services Fit for the Future</b></p> <p>Members have had sight of the briefing paper, "A New People's Voice Body for Health and Social Care". This will be used to inform and influence key stakeholders in advance of the publication of the Bill.</p>	
19.06(3)	<p><b>Tawel Fan</b></p> <ul style="list-style-type: none"> <li>It was confirmed that the CHC continues to support the Tawel Fan families.</li> <li>The Chair, Vice Chair and Chief Officer will give evidence to the Public Accounts Committee (PAC) on 4 February 2019. The scope of the inquiry has changed and will now involve wider governance arrangements at the BCUHB rather than focus solely on mental health issues.</li> <li>Briefing papers will be prepared in line with the call for evidence.</li> <li>Feedback from the PAC inquiry, along with the outcome of the inquiry, will be shared with the wider membership in due course.</li> </ul>	
19.06(4)	<p><b>Mp-MRI Scans</b></p> <ul style="list-style-type: none"> <li>The work undertaken to support North Wales patients in respect of recovering the costs of private mp-MRI scans from the BCUHB was duly noted.</li> <li>The outcome of this work is awaited, but it was confirmed that, to date, one patient is to be reimbursed. The NWCHC remains hopeful that the other patients will also be reimbursed for the cost of their private scan.</li> <li>The Council noted that the Chief Officer had recently attended the Welsh Government Petitions Committee. This had resulted in a call for a debate in the Senedd; this would take place on 13 February 2019.</li> </ul>	
FC19.07 19.07(1)	<p><b>MINUTES</b></p> <p><b>Circulated: Full Council Meeting held on 9 November 2018</b></p> <p><b>Resolved: That the Minutes of the Full Council Meeting held on 9 November 2018, be approved and signed as an accurate record of the meeting.</b></p>	
19.07(2)	<p><b>Matters Arising Not on the Agenda</b></p> <p>There were no matters arising.</p>	
FC19.08 19.08(1)	<p><b>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS PLAN</b></p> <p>To receive an update in respect of the NWCHC Equality, Diversity and Human Rights (EDHR) Plan January 2019.</p> <p>Ms Linda Harper provided the following update:</p>	



	<ul style="list-style-type: none"> <li>• The report demonstrates progress against the action plan.</li> <li>• The Board EDHR priorities and objectives for 2019-2020 have been received. The NWCHC will be noting the contents and intentions thereof.</li> <li>• Ms Harper noted that, through her attendance at the various BCUHB EDHR fora, the Health Board has been proactive in promoting and supporting all aspects of EDHR.</li> <li>• Thanks were noted to Ms Harper for the work undertaken in respect of EDHR for and on behalf of the NWCHC.</li> </ul>	
<b>FC19.09</b>	<b>ANY OTHER BUSINESS</b> No further business was transacted.	
<b>FC19.10</b>	<b>DATE OF NEXT MEETING</b> Tuesday 9 April January 2019, 10.00am Colwyn Bay Cricket Club, Rhos on Sea, LL28 4LR. The Ordinary meeting will follow the Annual General Meeting and the elections to the offices of Chair and Vice Chair	
	<b>The meeting closed at 12.33pm</b>	

**CHAIR** .....

**DATE** .....

# North Wales Community Health Council

## Equality Diversity and Human Rights Action Plan

### April 2019 – March 2020 (*Draft*)

#### Introduction

Most targets in last year's action plan were achieved and this year will build on the developments that have taken place. Contexts for these include "Communication" (including sensory loss) and GP provision. NWCHC will continue the programme of monitoring visits, attendance at exhibition stands and delivering talks to a variety of groups.

The latest report from the Equality and Human Rights Commission "Is Wales Fairer" was published at the end of 2018. Whilst it notes some positive developments such as an overall increase in employment, a narrowing of educational attainment gaps for some and an increase in political participation, specifically a spike in voter turnout for women, it identifies many challenges.

These include<sup>1</sup>:

- A continuing increase in rough sleeping and poverty rates due to the adverse effects of social security reform, that has contributed to an overall fall in living standards since the last review.
- Disabled people are falling further behind and more are being denied their right to independent living. Gaps in educational attainment and employment are widening rather than narrowing in many cases.
- Race inequality persists and whilst some ethnic minority people are experiencing improvements, hate crime motivated by race, is still too prevalent.
- Women's safety and career progression is still being obstructed by the prevalence of societal gender norms in education and employment and the experiences of harassment and violence.

All the above have links to health service delivery and outcomes. In specific reference to health the key findings are<sup>2</sup>:

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<sup>1</sup> "Is Wales fairer? Summary report 2018" page 4

<sup>2</sup> Ibid page 22

- Gypsy, Roma and Traveller families, transgender people, refugees and asylum seekers continue to experience difficulties in accessing quality health services.
- Mental health provision in Wales is not meeting demand and the number of people waiting for mental health treatment has doubled in the last six years.
- In 2016, men in Wales were over four times more likely than women to die by suicide.
- Men living in the most deprived areas of Wales have a lower life expectancy of eight years than those living in the least deprived areas.
- Health outcomes in Wales for the most vulnerable groups are not good enough. For example, non-disabled people reported good health almost twice as frequently as disabled people.

The above findings will be no surprise to many people. When we consider the breadth of the work that NWCHC is involved with, we come across many illustrative examples.

The actions contained in this plan will take note of these findings as well as being aware of the need to take other aspects into account. These include relevant legislation such as The Equality Act 2010 and the “Well-being of Future Generations (Wales) Act 2015” that requires us to work positively with individuals, communities and other organisations.

The “Framework of Action for Wales, 2017-2020”<sup>3</sup> contains a list of actions for various bodies. Section 6 relates to the CHC:

*“Action 30: Working with third sector actively seek public view in the performance and design of services through patient groups and feedback to the Project Board, health boards of multi-disciplinary groups and social services Regional Partnership Boards, linking closely with the primary care clusters and conditions specific groups i.e. dementia groups.”*

The first two strategic objectives of the BCUHB Equality and Human Rights Strategic Plan “Fairness, Rights and Responsibilities 2016-2020” are also relevant:

1. *Better health outcomes for all: to achieve better health outcomes for everyone, having regard to a persons protected characteristics.*

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<sup>3</sup> This an “integrated framework of care and support for people who are D/deaf or living with hearing loss” produced by Welsh Government.

2. *Improved patient access and experience: to improve access and experience for everyone, having regard for a persons protected characteristics with a focus on dignity and respect.*

At national level the following national priorities have been agreed by the CHC:

- Mental Health
- GP Access (fragility, recruitment, sustainability and Performers List)
- Cancer and Cancer Care Pathways
- Ophthalmology (access, waiting times, recruitment and Lucentis injections).

Each action in our plan is linked to relevant national priorities, and CHC National Standards<sup>4</sup> that can be found in Appendix 1.

It is important that projects and actions being developed across NWCHC take account of EDHR issues and undergo an EqlA. If anyone needs advice, please don't hesitate to contact me.

Linda Harper

March 2019

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<sup>4</sup> "National Standards for Community Health Councils in Wales" April 2017



## NWCHC EDHR Action Plan – Draft 1

April 2019 – March 2020

Actions and Links to CHC Standards / National Priorities	Date and / or Focus	Names or Group	Progress Update
<p>1. Monitor and review progress of this EDHR Action Plan via the Engagement &amp; Consultation Group.</p> <p><b>Links to standards:</b> 9 / 10</p> <p><b>National Priority:</b></p>	<p>30 April 2019</p> <p>11 July</p> <p>24 October</p> <p>23 January 2020</p> <p>28 April 2020</p>	<p>Engagement &amp; Consultation Group</p>	
<p>2. Continue to raise EDHR awareness by:</p> <ul style="list-style-type: none"> <li>- induction of new members</li> <li>- applying EDHR principles to all CHC activities</li> <li>- Equality impact assessing (EqIA) our products and activities.</li> </ul> <p><b>Links to standards:</b> 1 / 2 / 3</p> <p><b>National Priority:</b> GP Access / Mental Health</p>			
<p>3. Continue to review monitoring and visiting practice and paperwork to</p>	<p>Work will continue throughout the</p>	<p>LH / CW + BCUHB</p>	

<p>identify opportunities for enhancement and improvement, including embedding EDHR.</p> <p><b>Links to standards:</b></p> <p>1 / 3 / 4 / 5</p> <p><b>National Priorities:</b></p> <p>All</p>	<p>year on:</p> <p>GP Watch</p> <p>Communication Survey</p>	<p>colleagues</p> <p>Liaison with V&amp;MG</p>	
<p>4. Ensure locally produced CHC communications, including the Strategic Plan and national themes, reports and marketing materials demonstrate best EDHR practice.</p> <p><b>Links to standards:</b></p> <p>3 / 4</p> <p><b>National Priority:</b></p> <p>Communications</p>	<p>Continuation of work in progress</p>	<p>Ongoing – LH / CW and all members</p>	
<p>5. Work in partnership with the EDHR team at BCUHB on common areas of interest that help ensure better outcomes for patients by: -</p> <ul style="list-style-type: none"> <li>- attending relevant groups e.g. Strategic Equality Forum, EDHR Scrutiny Task and Finish and EDHR Stakeholder groups; Wayfinding Group</li> <li>- responding to relevant consultations and EqlAs including the health board priorities for their plan 2020</li> </ul>	<p>April 2019</p> <p>Onwards</p> <p>Agenda item for E&amp;C Group</p> <p>11 July</p>	<p>LH / CW / JD</p> <p>Other members as required</p>	

<p>- 2023</p> <p>- contributing to subject specific meetings and forums when relevant</p> <p>- working collaboratively with BCUHB on mutually beneficial actions / projects</p> <p><b>Links to standards:</b></p> <p>6 / 7 / 8</p> <p><b>National Priorities:</b></p> <p>All</p>			
<p>6. Continue to try and identify and publicise access routes for mental health services at primary and community level.</p> <p><b>Links to standards:</b></p> <p>1 / 2 / 3 / 5</p> <p><b>National Priority:</b></p> <p>Mental Health</p>	<p>Identify any barriers through GP surveys and patient concerns</p>	<p>LH / CW / All members</p>	
<p>7. Continue to ensure that there is a written update re EDHR at all Full Council Meetings.</p> <p><b>Links to standards:</b></p> <p>4 / 9 / 10</p> <p><b>National Priority:</b></p> <p>All</p>	<p>9 April 2019</p> <p>9 July</p> <p>15 October</p> <p>28 January 2020</p> <p>31 March</p>	<p>LH / CW</p>	
<p>8. Issue EDHR briefing notes and meeting reports when necessary.</p>	<p>Ongoing</p>	<p>CW/LH</p>	

<b>Links to standards:</b> 9 / 10 <b>National Priority:</b> All			
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**Appendix 1**

**The National Standards**

**STANDARD 1**

CHCs act in the interests of the public and patients in Wales

**STANDARD 2**

CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

**STANDARD 3**

CHC activities and services meet the needs of and are accessible to all

**STANDARD 4**

CHC activities are open, transparent and inclusive

**STANDARD 5**

CHC activities are properly led, resourced and supported

**STANDARD 6**

CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

**STANDARD 7**

CHCs strengthen the voice of patients and the public by working together and with others

**STANDARD 8**

CHCs reflect the views and experiences of patients and the public about NHS services

**STANDARD 9**

CHCs share and report upon the results of their activities in a balanced and timely way

**STANDARD 10**

CHCs evaluate the impact of their actions and apply the learning to future activities