

**Minutes of the of North Wales Community Health Council Meeting held at Colwyn Bay
Cricket Club, LL28 4LR
Tuesday 28 January 2020, 10.00am
Chair: Mr Mark Thornton**

PRESENT:			
CONWY LOCAL COMMITTEE	Mrs M Baines Miss J Baker Cllr F Bradfield	Cllr P Capper Dr G Higginbotham	Mrs H Randall Mrs J Reeve
DENBIGHSHIRE LOCAL COMMITTEE	Mrs K Benton Mrs E Edwards Mr R Davies	Miss M Jones Mr M Theaker	Ms C Williams Ms G Williams
FLINTSHIRE LOCAL COMMITTEE	Mr M Boyle Ms L Harper	Mrs S Howard Mr R Jackson	Mrs R Jones
GWYNEDD LOCAL COMMITTEE	Mrs M Buttigieg Dr A Drake-Lee Mrs V Harvey	Cllr D Roberts Cllr P Rowlinson	Mr M Thornton
WREXHAM LOCAL COMMITTEE	Mrs J Allen Mrs C Hayward	Mr D Heron Mr A Leslie	
YNYS MÔN LOCAL COMMITTEE	Mr A Burgen Mr B Griffiths	Cllr D Rees	
CO-OPTED MEMBERS	Mrs D Griffiths	Mr N Taylor	
Staff	Mrs E Bowen Mrs E Ellis Ms A Hughes Mrs D Jones Mrs R Hughes	Complaints Advocate Administrative Officer Advocacy Office Manager Complaints Advocate Management Officer	
IN ATTENDANCE:	Mr G Ryall-Harvey Ms S Irlam Mrs M Denwood Mr J Hughes Mr H Huws	Chief Officer Secretariat BCUHB Associate Director of Safeguarding BCUHB, Safeguarding Clinical Specialist Translator	
APOLOGIES:			
CONWY	Mrs L Liddall	Mrs S Ramessur	Mr R Williams
DENBIGHSHIRE	Mrs A Marshall	Cllr E Wynne	
FLINTSHIRE	Mrs D Gill	Cllr G Healey	Cllr D Mackie
GWYNEDD	Mrs G Jones	Mrs M Jones	
WREXHAM	Mrs S Baughan Cllr F Hemmings	Cllr G Jones	Mrs N Tabern-Price

YNYS MÔN	Mr R Bladon Mrs D Chafer Mr A Dixon Dr S Francis	Cllr G Haynes Cllr T Hughes Ms V Monaghan Mr C Phillips	Mr A Osborne-Taylor Ms A West
STAFF	Mrs L Barker Mrs B Davies Mrs C Jones Mr R Duffield	Mr E Mayor Ms B Perkins Mrs D Postle	Mrs J Scupham Mrs R Valentine Mrs C Williams
NOT PRESENT	Mrs K Bellis Mr J Chorlton Mrs D Griffiths	Mr M Holmes Cllr S Jones Mrs L Kinani	Cllr J Roberts Cllr D Wisinger

MINUTE	ITEM	ACTION
FC20.01	<p>CHAIR'S WELCOME AND ANNOUNCEMENTS</p> <p>The Vice Chair welcomed all present to the meeting. The Vice Chair encouraged members to make their contributions through the medium of Welsh as simultaneous translation facilities were available. The Vice Chair also noted that photographs would be taken; anyone not wishing to have their picture taken should inform the attendant staff. The Chair advised the same through the medium of English.</p> <p>The Chair called for members to observe a minutes silence to remember Mr Mark Holmes, third sector member of the Conwy local committee who had passed away recently. The Chair noted the achievements of Mr Holmes whilst a member of the CHC. Condolences have been sent to the family on behalf of the members and staff of the NWCHC. Mr Andy Burgen and Dr Garth Higginbotham represented the CHC at the funeral service.</p>	
	<p>The following changes in membership were noted since October 2015:</p> <p>Conwy Local Committee Mr Mark Holmes, third sector member passed away 21/12/2019 Mrs Nerys Cossey, co-opted member resigned due to family commitments</p> <p>Denbighshire Local Committee Mrs Sue Wright, resigned as a third sector appointment Cllr Pete Prendergast, resigned as a local authority appointment Mr Rhys Davies, appointed as a Welsh Government appointment Ms Cheryl Williams, appointed as a Welsh Government appointment</p> <p>Flintshire Local Committee No changes</p> <p>Gwynedd Local Committee Mrs Vicki Harvey, appointed as a Welsh Government appointment Mrs Linda Kinani, appointed as a Welsh Government appointment</p> <p>Wrexham Local Committee Mrs Sandra Baughan, appointed as a third sector member</p>	

	<p>Ms Eleanor Burnham, resigned as a third sector member Mr Damian Heron, appointed as a Welsh Government appointment Mr Adrian Leslie, appointed as a third sector member</p> <p>Ynys Môn Local Committee Mrs Deborah Chafer, appointed as a co-opted member Mr Christopher Phillips, appointed as a co-opted member.</p> <p>The Chair extended a warm welcome to the new members noting that a number of members' term of office would be coming to an end as at 31 March 2020.</p>	
FC20.02	<p>APOLOGIES FOR ABSENCE Apologies were received and are as recorded</p>	
FC20.03	<p>DECLARATION OF INTERESTS There were no declarations of interest in respect of any item on the agenda.</p>	
FC20.04	<p>PRESENTATION SAFEGUARDING ADULTS A SHARED RESPONSIBILITY Mr John Hughes, BCUHB Safeguarding Clinical Specialist and Mrs Michelle Denning BCUHB Associate Director of Safeguarding were in attendance. A copy of the presentation is appended to these minutes. The following points in particular were made:</p> <ul style="list-style-type: none"> • BCUHB has an organisational footprint in respect of safeguarding, as well as a commitment to providing a safe environment and care for its patients. • The Health Board is also subject to a number of obligations under the Social Services and Well-Being Act (Wales) 2014, which places a duty of care for these concerns to be reported to the Local Authority. • There are child and adult safeguarding specialists across Centre, East and West of the BCUHB, providing advice, support and awareness raising in the field of safeguarding. • The Safeguarding Team operates in acute and community settings as well as residential care homes where patients are in receipt of care funded by the NHS such as Continuing Health Care. • Should any form of abuse be suspected, it is important that any report is factually accurate; it should not make assumptions. Anyone reporting suspected abuse should ensure that do not put themselves at risk and they should be able to escalate their concerns if needed. • If abuse is suspected, the person suspected of being abused should be made to feel safe and removed from immediate risk. • An adult at risk is one who needs care and support; has experienced or is at risk of abuse or neglect; and is unable to protect themselves from possible abuse or neglect due to their care and support needs. • When reporting suspected abuse, attention needs to be paid to the Mental Capacity Act to ensure that relevant support, i.e. pictorial aids and/or relevant language, is offered, should the person suffering the abuse lack capacity. • Deprivation of Liberty Safeguards (DoLS) can be used to ensure that people in care homes and/or hospitals are care for in a way that does not restrict their freedom. • If abuse is suspected both the BCUHB and the Local Authority make 	

enquiries, which may ask for further information about the alleged abuse from the person reporting the incident. The Matron and Ward Manager will be informed if an “Adult at Risk” report is possible. The Local Authority will decide if this need to progress to strategy discussion, the Ward Manager and the Matron will be invited to attend. After this meeting the Local Authority will decide if the case needs to progress to an investigation.

- It was confirmed that Data Protection is not a barrier to sharing information for effective safeguarding. Any CHC member suspecting abuse should raise their concerns with the Ward Manager or Matron, keeping a note of their concerns and also report the suspected abuse to the Deputy Chief Officer or the Chief Officer, who would also report the suspected abuse to Corporate Safeguarding.
- There are a number of risk factors putting someone at risk of abuse including but not limited to age, mental health, disability communication issues and long term conditions.
- There are also a number of types of abuse, including but not limited to neglect, financial, physical, sexual, hate crime and forced marriage.
- If abuse is suspected it should be raised with an appropriate person so that it can be investigated and/or ruled out if there is no abuse.
- It is important that those suffering abuse are supported; advocacy and supporting the person suffering the abuse to have their voice heard is paramount.

In response to questions received the following comments were received:

- All cases of suspected abuse should be reported to an appropriate person, even if they are later found to be unfounded.
- Staff have the ability to safeguard patients in A&E, if there is a suspected risk or immediate harm whilst they are waiting to receive their care.
- Where a patient is having their care needs relayed by a third party, safeguarding would come into play if the threshold for immediate harm was recognised.
- WAST have their own safeguarding team, to whom safeguarding concerns can be reported.
- In respect of financial abuse, this can be difficult to monitor if the person has capacity. Safeguarding procedures would be necessary should the behaviour become coercive.
- Noting the possible introduction of the smacking ban in Wales, BCUHB has done some preparatory work in this regard, including training with primary care staff such as health visitors, midwives and community nurses. At this stage it is not known if the Corporate Safeguarding Team will see an increase in their workload should the ban be introduced.

The Vice Chair thanked Mr Hughes and Mrs Denwood for attending and providing an overview of safeguarding. It was felt that it had been a useful and thought provoking session and had served as a reminder that safeguarding is everyone’s responsibility.

FC20.05

UPDATE ON PROGRESS ON THE BILL TO ESTABLISH A NEW CITIZENS ORGANISATION

20.05(1)

To receive an update in respect of progress on the Bill; the following points in particular were made:

- The Chief Officer and the Chair of the Wrexham local committee had

	<p>previously met with North Wales AMs to try and influence amendments to the Bill as part of stage two of the scrutiny thereof.</p> <ul style="list-style-type: none"> • The exercise was also repeated in January 2020, when 10 of the 14 North Wales AMs were spoken with. • The Bill, including a number of government and non-government amendments was considered by the Health, Social Care and Sport Committee on 23 January 2020. • Almost all of the proposed amendments relating to the Bill were rejected. Just three amendments were agreed in total, with just one agreed amendment to the Bill relating to the Citizen Voice Body. • It is disappointing to note that none of the amendments as proposed by the current CHC movement were adopted considering CHCs and the Board of CHCs had reinforced the need for such amendments so as to ensure that the new body would be at least as good as, if not better than, the current CHCs. • The Bill will now move to stage 3 of the scrutiny process with amendments being considered by the wider Senedd. • At this stage it is unclear if the Bill will pass as originally laid • The Chief Officer went on to note that the current position as regards the Bill and the non-acceptance or inclusion of the amendments as proposed by the Board of CHCs represented the worst position of all and repeated the need for the amendments to be made. • It was also noted that the Bill as currently drafted, would remove the right of scrutiny; many North Wales AMs have already noted the need for great scrutiny, not less, in respect of the BCUHB. • CHCs had previously stated that should the amendments not be made, then support for the Bill would need to be considered; members requested that the Chair report that the NWCHC did not support the Bill in its current format and that the Board should strongly consider not supporting the Bill. • The Chair also noted that the Bill, in current format would not provide a stronger voice for the citizen and went on to state that the Board would need to come to a collective decision as regard its support for the Bill. <p>The following comments were received NWCHC members:</p> <ul style="list-style-type: none"> • Noting that the Senedd will vote on stage 3 of the Bill at the end of April, it was suggested that further lobbying be undertaken with AMs. • It is not known why the proposed amendments were not accepted by the HSCS Committee when all the AMs spoken to previously had been supportive of the amendments suggested by the CHCs. 	Chair
<p>FC20.06 20.06(1)</p>	<p>CHAIR AND CHIEF OFFICER UPDATE Vascular Services to receive an update in respect of the listening events</p> <ul style="list-style-type: none"> • To date 5 of the planned “listening and learning” events in respect of BCUHB vascular services have been held. • Attendance in the West has been high being attended by patients, carers and NHS staff, who have provided powerful testament and evidence as regards the vascular service. • The Chief Officer has prepared an interim report which has been shared 	

	<p>with BCUHB; it was noted that BCUHB has not facilitated its own engagement events but had been keen to receive feedback.</p> <ul style="list-style-type: none"> • The Chair and the Chief Officer are due to meet with the BCUHB Executive Medical Director as well as the BCUHB Executive Director of Nursing to discuss vascular services; BCUHB has indicated that it may have a solution to the current crisis. • It is apparent that the number of declared incidences of concern has risen since the move to centralised complex vascular and arterial care; this has been explained as being due to an “increased reporting procedure”. 	<p>Chair and CO</p>
	<ul style="list-style-type: none"> • The Chief Officer reported that BCUHB had, to date, been recalcitrant in reporting the outcome figures for the reconfigured service and went on to note that BCUHB should make the figures public if they demonstrate improved performance. • As BCUHB has declined to provide the performance data, legal advice is being sought. • Similar requests for information, made by the NWCHC, to both the BCUHB and to the Welsh Health Specialised Services Committee (WHSSC) as regards performance and the number of amputations, have also gone unanswered. • The remaining NWCHC “listening and learning” events will proceed; feedback received will be drawn into the final report to be prepared by the NWCHC. • It was noted that the NWCHC Executive Committee had considered the current review of vascular services at its recent meeting and had provided the Chief Officer with a mandate to write to the Minister outlining the serious concerns received from the feedback events to date. The correspondence would also request that a degree of externality be introduced, and that the review should be independently chaired. • The Chief Officer would share any response received from the Minister in due course. 	<p>CO/BM</p>
<p>20.06(2)</p>	<p>PICU and Mental Health</p> <ul style="list-style-type: none"> • At the recent meeting of the Services planning Committee, the Interim Director of Mental Health Services provided an update in respect of PICU and Mental Health Services. • BCUHB had held 4 public engagement events to discuss the proposed change to the PICU; the events had been poorly attended and it was felt by the NWCHC that the events were not proportional to the service change being proposed. • The Interim Director of Mental Health Services informed the committee that a wider engagement and consultation exercise which would present the wider context of the service changes in respect of the system change in respect of mental health services. • The NWCHC had offered its assistance in respect of the design, methodology and format of any engagement and consultation around the Mental Health Transformation Programme. <p>Ablett Unit</p> <ul style="list-style-type: none"> • The Services Planning Committee had also received and considered a 	

Substantial Change Protocol in respect of changes to Bryn Hesketh and the Ablett Unit.

- It has been well documented that Bryn Hesketh is not fit for purpose, having appeared on the BCUHB risk register since 2011.
- It is proposed to close the Bryn Hesketh Unit and provide a 13 bed purpose built unit at the Ablett Unit.
- NWCHC raised a number of concerns around the proposals as well as requesting further information, so that an informed decision could be taken as regard support or for the proposed change. Without the requested information NWCHC is not in a position to support the proposed changes. Nor is it able to support the proposed changes without seeing how this would fit as part of the wider transformational changes.
- The Chief Officer went on to note the very real concerns of the NWCHC in respect of mental health service as a whole.
- Reported improvements are not apparent to CHC members and/or patients.
- Of further concern is a report received by the NWCHC. The report Psychological Therapies Review in North Wales Report (February-August 2019), undertaken by the 'TogetherBetter Collaborative' outlined lack of oversight, obstacles to accessing care, long waiting times, variation in service.
- It was reported that the publication of the review coincided with the BCUHB Board signing off its Special Measures self-assessment in implementing the recommendations of the HASCAS and Ockenden reviews. Noting his membership of the Stakeholder Group, the Chief Officer reported that the recommendations of the HASCAS and Ockenden reviews had not been implemented.
- Given the content of the report the Chief Officer has written to the Minister, bringing the report to his attention and requesting that the Minister enters into dialogue with the BCUHB to ascertain how BCUHB intends to respond to the challenges the report presents. The correspondence also requested ministerial support and assistance to BCUHB in overcoming the challenges noted in the report.
- To date no response has been received; the Chief Officer undertook to share the response once received.
- Moving on to discuss concerns around the ICAN service, it was noted that recent GP visits to practices in Flintshire had demonstrated a lack of awareness of the service in primary care.
- Many GPs in Flintshire buy in mental health support from MIND via the GP cluster and report that this working well; there is concern that ICAN would duplicate the current provision.
- Gwynedd local committee recently received a presentation on social prescribing and were informed that ICAN is not being provided through primary care. NWCHC has however received a document outlining that ICAN services will be delivered in community hubs.
- It was agreed that using service users as supplemental support for mental health patients, but it should not become a replacement for mental health care provided by professionals. The Chief Officer noted NWCHC's concerns around wider mental health services would be raised at the forthcoming meeting with the BCUHB Executive Medical

CO/BM

CO

20.06(3)	<p>Director and the Executive Director of Nursing.</p> <p>Orthopaedic Services</p> <ul style="list-style-type: none"> • An update had been provide in respect of Orthopaedics at the Services Planning Committee, which was fully reported in the minutes of the meeting held on 13 January 2020. • The Business Case for the Orthopaedic and musculoskeletal service would support a sustainable enhanced service, helping to reduce the backlog of patients waiting for treatment, supported by investment in both primary and secondary care services. 	
	<ul style="list-style-type: none"> • The Business Case was subject to approval by the BCUHB Board at its meeting on 23 January 2020. If approved the Business Justification Case, including capital and revenue costs would be submitted to Welsh Government. • Should the Business Case be approved, the current Abergele orthopaedic service would cease, with the service being transferred to the Glan Clwyd site, where the current voids would be used to house the service and respective patients. It was noted that this could see urology services being moved from Glan Clwyd to Ysbyty Gwynedd; discussions are being held currently as regards the consolidation of urology services. • To support the work BCUHB is developing a Musculoskeletal Network. • A programme of engagement has been drawn up; Mr Windsor, BCUHB North Wales Musculoskeletal Network Delivery Manager has undertaken to share this programme with the NWCHC. 	
20.06(4)	<p>Urology Services</p> <ul style="list-style-type: none"> • Recent figures received from the BCUHB Head of Systems & Information Management for radiology recorded the number of MRI scans undertaken on each acute site for the last 4 calendar years. • What is unclear from the figures provided is which type of scans these relate to. Clarity was sought as regards the definitive type of scan i.e. Mp-MRI scan as opposed to MRI scans. Clarity has been sought as to whether these scans were pre-biopsy scans; the proportion of pre-biopsy scans was also requested. • The Chief Officer had recently met with David Fearnley, BCUHB Executive Medical Director and Kate Clark, BCUHB Secondary Care Medical Director to discuss urology robotic surgery. At this meeting it was confirmed that the business case for the surgical robot had not been submitted. • It is understood that there is an all Wales procurement project for a surgical robot. Work is underway to work up and prepare the all Wales procurement plan. The project will include the provision of a surgical robot in 4 areas, Cardiff, Newport, Swansea and North Wales. • Concerns as regards the delay the all Wales procurement programme could have for urology services in North Wales along with the impact this delay could have on staff recruitment and retention have been noted with the BCUHB. . • It was noted that BCUHB had received a bequest to purchase a surgical robot; NWCHC has sought clarity as regards the status of the bequest as this should be subject to Charity Commission regulations. Chief 	CO

	<p>Officer undertook to report back once a response has been received.</p> <ul style="list-style-type: none"> • Cllr DW Roberts reminded members that at the Full Council meeting held in January 2019, Mr Mark Polin, the BCUHB Chair had informed the members that funding for the robot was included in the financial plan for the period 2019-2020. The Chief Officer would write to the BCUHB Chair reminding him, and pointing out that members of the NWCHC felt that by not independently procuring a surgical robot, BCUHB had missed an opportunity. 	CO
FC20.07 20.07(1)	<p>MINUTES</p> <p>Circulated: Minutes of the Meeting held on 15 October 2019</p> <p>Resolved: That the minutes of the meeting held on 15 October 2019 be approved and signed as an accurate record of the meeting.</p>	
20.07 (2) 20.07(2.1)	<p>MATTERS ARISING</p> <p>Page 5 Minute FC19.33 Ophthalmology Outcome Measure</p> <ul style="list-style-type: none"> • It was confirmed that the Chief Officer had shared NWCHC concerns in respect of the cancellation of Lucentis injections with the BCUHB Director of Performance. 	
20.07(2.2)	<p>Page 7 Minute FC19.34(1) Update on the Bill to Establish a New Citizens Voice Organisation</p> <ul style="list-style-type: none"> • It was confirmed that the report produced by the Health Social Care and Sport (NSCS) Committee had been shared with the wider membership. 	
20.07(2.3)	<p>Page 7 Minute FC.35(1) National Projects</p> <ul style="list-style-type: none"> • The Chair confirmed that he had reported NWCHC's concerns in respect of the delays in publishing national reports. • It is understood that the 'In Hospital Too Long' report is to be published imminently. 	
20.07(2.4)	<p>Page 10 Minute FC19.36(4) Bowel Screening</p> <ul style="list-style-type: none"> • Chief Officer confirmed that questions regarding the age limit for bowel screening had been referred to the Chief Executive Officer. • The Board of CHCs had received a presentation from Public Health Wales, Screening Division. • During the presentation it was explained that patients in Wales, over the age of 75, are not offered bowel screening, as it may be a disbenefit, due to the number of false positive results and the risk from endoscopy. • Patients over the age of 75 in England, Scotland and Northern Ireland can have bowel screening; patients in England can request a bowel screening kit. • Members requested that the Chief Executive Officer of the Board of CHCs, write to Public Health England, asking for it to evidence the benefits of bowel screening for patients over the age of 75. The Chief Officer undertook to request that this be done. 	CO
FC20.08 20.08(1)	<p>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN</p> <p>To receive an update on the Equality, Diversity and Human Rights (EDHR) Plan April 2019-March 2020</p> <p>Ms Linda Harper provided the following update:</p> <ul style="list-style-type: none"> • Progress against the EDHR Plan April 2019 – March 2020 was self-evident from the enclosed report. 	

	<ul style="list-style-type: none"> • Ms Harper will be meeting with the Deputy Chief Officer shortly, to discuss and prepare the draft EDHR plan for the period 2020 – March 2021. • There will be a need to report actions in respect of the social-economic duty and code of practice; it is expected that this reporting will be effective once the code of practice has been in place for 12 months. • Ms Harper noted that ‘veganism’ had been recognised a philosophical belief and went on to note, that notwithstanding as lack of case law currently, climate change could also be recognised as a philosophical belief. • NWCHC had not been represented at the recent Board of CHCs EDHR sub-committee due to prior commitments. Ms Harper noted her concern at the format of the meeting and the non-inclusion of paperwork, requiring a decision, in the meeting papers circulated in advance of the meeting. • Ms Harper also noted the lack of progress against the Board of CHCs actions in respect of the EDHR. • The Chair thanked Ms Harper and the Deputy Chief Officer for ensuring that the NWCHC meets its obligations in respect of the EDHR. 	LH/DCO
<p>FC20.09 20.09(1)</p>	<p>WELSH LANGUAGE Welsh Language Standards</p> <ul style="list-style-type: none"> • Since the provision of mobile phones to advocates, NWCHC has received no further complaints in respect of lack of access due to the introduction of the telephone answering service; although it was acknowledged that this was frustrating at times. • NWCHC remains fully compliant with the 110 Welsh Language Standards, whilst the 6 other CHCs and the Board Office have received a formal derogation in respect of some of the standards from the Welsh Language Commissioner. • NWCHC has recently undertaken and submitted to the Board Office, its self-assessment against compliance with the Welsh Language Standards; all sections are noted as green i.e. fully compliant. 	
<p>FC20.10 20.10(1)</p>	<p>ANY OTHER BUSINESS Local Committee and Full Council Elections for the Office of Chair and Vice Chair</p> <ul style="list-style-type: none"> • The paperwork for the offices of Chair and Vice Chair for local committees and the Full Council had been prepared. • To give members advance notice of the local committee elections and the opportunity to consider standing for either office, the paperwork would be sent out earlier than noted in the local committee election procedure. • The paperwork for the election of offices for the Chair and Vice Chair of Full Council would also be sent to eligible members no later than the first week of February 2020. • Members were advised that without Chairs and Vice Chair for both local committees and the Full Council, the NWCHC would be unable to operate. • Should any members have any questions about their eligibility or commitment for either office, they should contact the office for 	<p>BM</p> <p>BM</p>



	clarification.	
FC20.11	DATE OF NEXT MEETING The Annual General Meeting will be held Tuesday 31 March 2020, 10.00am Colwyn Bay Cricket Club, Rhos on Sea, LL28 4LR. The Ordinary Meeting will follow.	
	After thanking the members and the translator their participation in the meeting The meeting closed at 12.43pm	

CHAIR

DATE