



**Minutes of the of North Wales Community Health Council Meeting held at Colwyn Bay  
Cricket Club, LL28 4LR  
Tuesday 9 April 2019 following AGM**

**Chair: Mr Mark Thornton**

<b>PRESENT:</b>			
<b>CONWY LOCAL COMMITTEE</b>	Mrs M Baines Miss J Baker Cllr P Capper	Dr G Higginbotham Ms L Lidall	Mrs S Ramessur Mrs J Reeve Mr R Williams
<b>DENBIGHSHIRE LOCAL COMMITTEE</b>	Mrs K Benton Mrs E Edwards Miss M Jones	Mr M Theaker Ms G Williams	Mrs S Wright Cllr E Wynne
<b>FLINTSHIRE LOCAL COMMITTEE</b>	Mr M Boyle Mrs D Gill	Mrs S Howard Mr R Jackson	Mrs R Jones Cllr D Mackie
<b>GWYNEDD LOCAL COMMITTEE</b>	Dr A Drake-Lee Mr M Lloyd-Jones	Mrs M Jones Cllr D Roberts	Cllr P Rowlinson Mr M Thornton
<b>WREXHAM LOCAL COMMITTEE</b>	Mrs J Allen Ms E Burnham	Cllr F Hemmings Mrs N Tabern-Price	Mrs J Thomas
<b>YNYS MÔN LOCAL COMMITTEE</b>	Mr A Burgen Dr S Francis	Cllr R Griffiths Miss V Monaghan	Cllr D Rees Mr P Rendle
<b>CO-OPTED MEMBERS</b>	Mrs N Cossey Mrs J Hilton	Mrs L Johnson Mrs P Rannard	Mr N Taylor Mrs V Wilson
<b>Staff</b>	Mrs E Bowen Mrs E Ellis Mrs A Hughes Ms A Hughes Mrs R Hughes Mrs C Jones Mrs D Jones Ms B Perkins Mrs J Scupham Mrs C Williams	Complaints Advocate Administrative Officer Complaints Advocate Advocacy Office Manager Management Officer (part) Management Officer Complaints Advocate Complaints Advocate Administrative Officer Deputy Chief Officer	
<b>IN ATTENDANCE:</b>	Mr G Ryall-Harvey Ms S Irlam Mr H Huws	Chief Officer Secretariat Translator	
<b>APOLOGIES:</b>			
<b>CONWY</b>	Cllr F Bradfield Mr P Edwards	Cllr E Leighton-Hughes	Mrs H Randall
<b>DENBIGHSHIRE</b>	Mrs A Marshall	Mr G Hughes	

<b>FLINTSHIRE</b>	Mrs J Harley	Ms L Harper	
<b>GWYNEDD</b>	Mrs M Buttigieg	Mrs G Jones	Mrs M Williams
<b>WREXHAM</b>	Mrs C Griffiths	Mrs C Hayward	Cllr G Jones
<b>YNYS MÔN</b>	Mr B Griffiths Cllr G Haynes	Mr A Osborne-Taylor	Ms A West
<b>STAFF</b>	Mrs L Barker Mrs B Davies	Mr R Duffield	Mrs D Postle
<b>NOT PRESENT</b>	Mr J Chorlton Mr A Dixon	Mrs D Griffiths Cllr S Jones	Cllr P Prendergast Cllr D Wisinger

MINUTE	ITEM	ACTION
<b>FC19.11</b>	<p><b>CHAIR'S WELCOME AND ANNOUNCEMENTS</b> The Chair welcomed all present to the meeting. The following changes in membership were reported since the meeting held on 22 January 2019:</p> <p><b>Conwy Local Committee</b> Mr Mark Holmes, appointed as a third sector representative Mrs Nerys Cossey end of term of office but appointed as a co-opted member Mrs Lorraine Johnson reappointed as a co-opted member for a further period of 12 months Mrs Sian Ramessur reappointed as a third sector member</p> <p><b>Denbighshire Local Committee</b> Miss Christine Evans end of term of office Ms Gill Williams transferred from Wrexham local committee Mr Gordon Hughes reappointed as a co-opted member for a further period of 12 months</p> <p><b>Flintshire Local Committee</b> Mrs Lynn Pike co-opted member, no further term of office sought</p> <p><b>Gwynedd Local Committee</b> No changes</p> <p><b>Wrexham Local Committee</b> Ms Gill Williams transferred to Denbighshire local committee</p> <p><b>Ynys Môn Local Committee</b> No changes</p>	
<b>FC19.12</b>	<p><b>APOLOGIES FOR ABSENCE</b> Apologies were received and are as recorded</p>	
<b>FC19.13</b>	<p><b>DECLARATION OF INTERESTS</b> There were no declarations of interest in respect of any item on the agenda.</p>	
<b>FC19.14</b>	<p><b>PRESENTATION</b> Mr Mark Wilkinson, BCUHB Executive Director of Planning and Performance was in attendance to speak about the BCUHB Three Year Outlook and the</p>	

Annual Plan for the period 2019-2020. A copy of the presentation is appended to these minutes. The following points in particular were made:

- The Health Board has annual budget of £1.45billion, with a staff cohort of approximately 16,500. The annual budget represents 10% of the Welsh Government resources. North Wales has a population of approximately 700,000; life expectancy for women is 82.5 years and 78 years for men although there is variance of 7 years dependent on the area of residence.
- The strategic context of the Three Year Outlook and the Annual Plan were set out in a Healthier Wales.
- The plan sets out the outcomes the health board is hoping to achieve and notes the importance of partnership work with the 6 Local Authorities and third sector organisations in delivering the plan and achieving the stated outcomes.
- There is range of work being undertaken in partnership with the LAs, via Regional Partnership Boards using one off transformation funding including but not limited to early interventions.
- Delivering healthcare for the patients of North Wales is not without its challenges. The recently appointed Chair has been clear that there will be changes with a focus on accountability.
- Budget challenges need to be addressed, notably the spend on agency and locum staff. It was noted that 90% of the prescriptions issued are for proprietary brands; opportunities for cost savings in respect of repeat prescriptions need to be addressed.
- The Chair of BCUHB has been explicit in saying that it is the responsibility of the whole Board to bring about change. The Chair has also been clear in saying the current performance is not satisfactory as the health board is not delivering but is overspending. He has also challenged the Board to connect with staff and to listen effectively to what staff are saying about the services they deliver.
- There are areas of significant deprivation in North Wales and it is challenging to ensure that the appropriate services are delivered where they are needed.
- There are pockets of excellence and areas where healthcare is delivered well across the health board.
- It was noted that there is a real sense that change will happen and that will bring improvements in the long term.
- The challenges facing the health board are not unique to BCUHB but are also being faced by other healthcare providers.
- Within the plan there are three main care priorities each of which has several strands within. The three main priorities are:
  1. Improving health and improving health inequalities;
  2. Providing care closer to home; and
  3. Providing excellence in health care in both planned and unscheduled care.
- All of the actions as laid out in the plan, can and will be measured against SMART targets
- In delivering planned care the health board will seek to reduce waiting lists by using other initiatives such as the CMATS team for orthopaedic

	<p>patients. Changes will be made to ensure that staff are working efficiently. It will also look at timely discharges so as to free up beds; delays around prescriptions will also be addressed.</p> <ul style="list-style-type: none"> <li>• It was acknowledged that unscheduled care is problematic, with patients experiencing unacceptably long waits. The health board will be using SAFER<sup>1</sup> to ensure earlier and more timely discharge of patients</li> <li>• Acknowledging long waiting lists, concern was noted at the length of time patients are facing for a consultant referral, which has been marked as urgent by the GP, but re-categorised by the Consultant as routine upon reviewing the patient's notes.</li> <li>• BCUHB faces significant workforce challenges which are also replicated across the UK. The cost of bank and agency staff continues to increase. The shortage of staff is more concerning than a lack of funding; more needs to be done to encourage people to train and work in North Wales.</li> <li>• BCUHB also faces significant challenges with the general estate as it is not sustainable in its current state. One quarter of the estate pre-dates the NHS, with the oldest site dating to 1813. The Board has prioritised several capital schemes including Wrexham Maelor, North Denbighshire, Ruthin, the Ablett Unit and Abergele.</li> <li>• Finally there will be significant investment in digital technology which is currently outdated and varies from site to site.</li> </ul> <p>The Vice Chair noted his thanks to Mr Wilkinson for attending and providing an overview of the Annual Plan and the Three Year Outlook. The SMART measurable targets were welcomed and the Vice Chair went on to note it would be useful to share progress in respect of the plan and the targets. Finally the Vice Chair noted that should members have questions which had not been addressed that these should be sent via the CHC office.</p>	
<p><b>FC19.15</b> 19.15(1)</p>	<p><b>BCUHB VASCULAR SERVICES</b></p> <p>To receive an update in respect of Vascular Services at BCUHB Dr Adrian Drake-Lee the CHC appointed representative to the Vascular Task and Finish Group went on to make the following observations:</p> <ul style="list-style-type: none"> <li>• The outcome of the consultation in 2012 and the conclusion thereof in 2013 noted that specialist centre for complex arterial surgery would be sited at YGC. Non-complex surgery would be undertaken across the three DGHs.</li> <li>• To maintain the service consultants undertook a 1 in 4 rota with on call alternating between Wrexham Maelor and Ysbyty Gwynedd.</li> <li>• One high dependency unit bed and a hybrid theatre has been funded. 18 vascular beds were to be provided. This has been reduced to 12 and is considered to be inadequate.</li> <li>• Whilst the specialist centre was under development, anaesthetists were relocated. This has now created a lack of middle grade doctors capable of delivering anaesthesia at YGC.</li> <li>• A vascular scientist has been recruited, but has nowhere to work from;</li> </ul>	

<sup>1</sup> SAFER: Senior Review; All patients will have expected discharge date and clinical criteria for discharge; Flow patients will be moved from assessment ward to an inpatient ward in a timely manner; Early discharge patients to be discharged before midday Review of patients with extended stays.

the number of nurses recruited to run the ward is inadequate. It was noted that a podiatrist has been appointed. As the CHC representative on the Task and Finish Group Dr Drake-Lee has noted his concerns around the staffing for the unit.

- Lower limb salvage should be offered across the 3 DGHs and not just at Ysbyty Gwynedd.
- Patients from the West requiring complex vascular surgery will be faced with excess travelling time to attend YGC.
- It is understood that routine vascular surgery is to be carried out at the three DGHs with the specialist care unit at YGC being an addition to the current provision.
- Whilst this is a positive step, some patients will clearly be disadvantaged due to increased travel times. This has also caused public concern in respect of the perceived gravitation of services to the East.
- The Health Board needs to allay the public concerns that this is not the case.
- The original outcome of the consultation was to centralise services, but a solution was found to ensure the service remained at the three sites, yet it now appears that the service is being centralised.

The following comments were also noted:

- There appears to have been a lack of planning and co-ordination with WAST in respect of demands that will be placed on the ambulance service to convey patients to the specialised centre at YGC.
- The hybrid theatre did not include laminar air flow, meaning that it can only be used for vascular procedures rather than other surgical procedures.

Mr Ryall-Harvey made the following observations

- It would be useful if the Health Board could set out which services are being offered from which sites, so that the public are aware.
- The CHC is very aware of the issues such as rurality and siting such a service so that it meets the needs of the population and also that it meets the professional guidance and recommendations.
- The CHC had previously advised the Chair of the BCUHB and the Chief Executive Officer that further consultation or engagement with the public might be prudent as there are legitimate concerns that a local service is being removed.
- The work being undertaken by the BCUHB communications team to engage with the public was acknowledged; this should continue so as to inform the public.
- It was confirmed that at the current time, vascular services are not robust across North Wales; the evidence to hand suggests that the service is not being provided in the best way; if changes are not made the service will only worsen.
- Professional advice, received at the time of Health Care in North Wales is Changing 2012, was consistent - recommending the centralisation of specialist services; the advice remains the same. It was noted however, that most vascular units are located in an urban setting, therefore the challenge of conveying patients to the specialised unit at YGC within the 1 hour timescale to ensure that best outcome for the patient will be

	<p>challenging.</p> <ul style="list-style-type: none"> <li>Concern was noted that patients may be moved from one hospital to another in the middle of the night should it become apparent that the care needed was more complex than could be undertaken at either Wrexham Maelor and or Ysbyty Gwynedd.</li> <li>It was noted that the CHC would remain vigilant on this matter and would continue to hold regular dialogue with the BCUHB via the Services Planning Committee on this subject.</li> </ul>	
<b>FC19.16</b> 19.16(1)	<p><b>CHAIR AND CHIEF OFFICER UPDATE</b></p> <p>Due to the time constraints the Chief Officer would ensure that an email briefing was prepared and circulated to the wider membership.</p>	<b>CO</b>
<b>FC19.17</b> 19.17(1)	<p><b>MINUTES</b></p> <p><b>Circulated: Minutes of the Full Council Meeting held on 22 January 2019</b></p> <p><b>Resolved: That the minutes of the Full Council meeting held on 22 January 2019 be approve and signed as an accurate records of the meeting.</b></p>	
19.17(2)	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	
<b>FC19.18</b> 19.18(1)	<p><b>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN</b></p> <p>To receive the Equality, Diversity and Human Rights Plan April 2019-March 2020 (Draft)</p> <p>This item had been removed from the agenda and would be considered by the Executive Committee before being presented to the wider membership at the Full Council meeting to be held in July 2019.</p>	
<b>FC19.19</b> 19.19(1)	<p><b>ANY OTHER BUSINESS</b></p> <p><b>COUNTESS OF CHESTER</b></p> <p>Mr Russell Jackson of the Flintshire local committee declared an interest at this stage, noting that he is a publically appointed Stakeholder Governor at the Countess of Chester.</p> <ul style="list-style-type: none"> <li>The NWCHC had been made aware that the Countess of Chester would no longer be accepting new referrals for elective procedures for Welsh Patients.</li> <li>It was noted that discussions around the tariff paid to English healthcare providers had been held at a national level, but the Countess of Chester had acted unilaterally in making the decision to no longer provide services to new Welsh patients for elective procedures. Local tariff agreements are not in place as the tariff paid is agreed nationally and with all healthcare providers.</li> <li>Mr Jackson noted that there had long been issues with the tariff and as such the Countess of Chester can no longer sustain the service which has a discrepancy of £2.5 million. Mr Jackson went on to note that he had personally written to the Minister, the Head of the NHS in Wales and to other key personnel noting his concern in respect of the tariff paid.</li> <li>It was confirmed that BCUHB has adhered to previous tariff arrangements and has fulfilled all current contractual duties.</li> <li>Notwithstanding the fact that the Countess of Chester was built to</li> </ul>	



	<p>provide healthcare for the patients of Chester, Deeside and Flintshire it was confirmed that there are a number of other English Trusts that provide healthcare to Welsh patients, notably for patients from Powys which has no DGH, all of whom continue to treat Welsh patients at the current tariff.</p> <ul style="list-style-type: none"> <li>• The Chief Officer went on to say that the action undertaken by the Countess of Chester could not be condoned as it was putting patients from North Wales at a serious disadvantage. He went on to note the divisive social media comments that had been observed in respect of the actions taken by the Countess of Chester.</li> <li>• The knock on effect for patients from North Wales is of concern. BCUHB may have to seek further providers or it may have to identify capacity from within. The three DGHs in North Wales will face further demand and waiting lists may also increase as patients are treated on clinical need.</li> <li>• Whilst the NWCHC regrets the decision taken and the impact on Welsh patients, it is understood that negotiations between the Minister's office and the various English health providers are on-going. The NWCHC will be actively monitoring the situation to ensure the impact on Welsh patients is minimal.</li> </ul>	
<b>FC19.20</b>	<p><b>DATE OF NEXT MEETING</b> Tuesday 9 July 2019, 10.00am Colwyn Bay Cricket Club, Rhos on Sea, LL28 4LR</p>	
	<p><b>The meeting closed at 12.57pm</b></p>	

**CHAIR** .....

**DATE** .....