



**Minutes of the Meeting of the North Wales Community Health Full Council held
Via Zoom
Tuesday 13 July 2021 at 10.00am
Chair: Mrs Jackie Allen**

PRESENT:			
CONWY LOCAL COMMITTEE	Myfanwy Baines Joy Baker	Frank Bradfield	Sian Ramessur
DENBIGHSHIRE LOCAL COMMITTEE	Eva Edwards	Gordon Hughes	Cheryl Williams
FLINTSHIRE LOCAL COMMITTEE	Michael Boyle Di Gill Linda Harper	Stella Howard Russell Jackson	Rita Jones David Mackie
GWYNEDD LOCAL COMMITTEE	Adrian Drake-Lee	Michael Lloyd-Jones	Paul Rowlinson
WREXHAM LOCAL COMMITTEE	Jackie Allen	Niki Tabern-Price	
YNYS MÔN LOCAL COMMITTEE	Andy Burgen Glyn Haynes	Trefor Lloyd-Hughes	Val Monaghan
CO-OPTED MEMBERS	Brace Griffiths Dot Griffiths John Jones	Mair Jones Christopher Phillips Peter Rendle	Mike Theaker Mark Thornton Vera Wilson
Staff	Eleri Ellis Rebeca Hughes Cerys Jones Jill Scupham Carol Williams	Complaints Advocate Management Officer Management Officer Administrative Officer Deputy Chief Officer	
IN ATTENDANCE:	Alan Prosser Geoff Ryall-Harvey Sue Irlam Gwynfor Owen (part) Delyth Davies (part)	Director, Welsh Blood Service Chief Officer Secretariat Translator Translator	
MEMBERS OF THE PUBLIC	Moira Owen		



APOLOGIES:			
CONWY	Phil Capper Melanie Davies	Carina Edwards Liz Liddall	Hilary Randall
DENBIGHSHIRE	Angela Marshall	Neil Taylor	Gill Williams
GWYNEDD	Vicki Harvey		
WREXHAM	Celia Hayward Frank Hemmings	Adrian Leslie	Jayne Thomas
YNYS MÔN	Richard Bladon Sadie Francis	Aaron Osborne -Taylor	Dylan Rees
STAFF	Lucy Barker Allison Hughes	Debra Jones	Bethan Perkins
NOT PRESENT MEMBERS	Karen Bellis Jon Chorlton Gladys Healey Derek Holmes	Gwenfair Jones Linda Kinani Dewi Wyn Roberts	Menna Williams Emrys Wynne
NOT PRESENT STAFF	Bev Davies	Debbie Postle	Rachel Valentine

MINUTE	ITEM	ACTION
FC21.28	<p>WELCOME</p> <p>The Chair welcomed all present to the meeting. Members were reminded that simultaneous translation was available and members were welcome to use their language of choice. The translator explained how the simultaneous translation service could be accessed. The Chair also reminded members to keep themselves on mute other than when speaking so as to avoid interference and echoing.</p> <p>The Chair also extended a warm welcome to Alan Prosser, Director of Welsh Blood Services who was the guest speaker for the meeting.</p>	
FC21.29	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were received and are as recorded</p>	
FC21.30	<p>DECLARATION OF INTERESTS</p> <p>There were no declarations of interest recorded.</p>	
FC21.31	<p>PRESENTATION</p> <p>Alan Prosser, Director of the Welsh Blood Service, was in attendance to provide an update on blood collection service provision during the Covid-19</p>	



pandemic. A copy of the presentation is appended to these minutes; the following points in particular were made:

- The Welsh Blood Service, (WBS), is a small national service with a staff cohort of 475. It operates 365 days of the year, 24 hours a day, 7 days a week and is considered to be the fourth emergency service.
- WBS has two sites in North Wales; one in Wrexham and one in Bangor. There is also a stockholding facility in Bangor which is used to hold and supply blood to North Wales, rather than this being transferred from South Wales.
- WBS has three sites in South Wales; the processing site is to be found at Talbot Green which is currently undergoing refurbishment.
- WBS is a division of the Velindre NHS Trust; oversight of operational activity is undertaken by Velindre. WBS is also the subject of rigorous regulation; a recent inspection undertaken by the Medicines and Healthcare products Regulatory Agency concluded that the service was working to a high standard in respect of quality management and patient safety.
- Before the pandemic WBS had 1382 donation clinics at 360 venues; 92,000 donations were taken from 95,000 active donors over a 12 month period, 11,00 of those were new donors and 19 hospitals received deliveries. There are now 20 hospitals receiving deliveries since the opening of The Grange University hospital in the Aneurin Bevan Health Board area.
- In March 2020, when the pandemic was announced the previous service model employed by WBS was turned upside down; venues were removed due to the need for social distancing and over 70s were precluded from giving blood. Blood buses were decommissioned as social distancing was not possible and some staff needed to self-isolate. By April 2020 the WBS was using a regional hub model, meaning that all donations were by appointment only and donors needed to travel to the venue. At the time giving blood was not considered essential travel; this was later changed after lobbying the Welsh Government.
- Between April 2020 and March 2021 WBS saw a 14% reduction in the number of donor sessions; a 62% reduction in the number of unique sessions and a 23% reduction in capacity due in part to the need for social distancing regulations and all donor sessions being done by appointment.
- In North Wales between April 2020 and March 2021 WBS saw a 6% reduction in the number of sessions; a 49% in the number of unique venues and a 9% drop in capacity.



- The blood requirements for BCUHB fell by 5% for the period April 2020 – March 2021; this is lower than the other Health Boards in Wales as BCUHB managed to retain essential services.
- WBS made a number of adjustments to its operational model to ensure that the service was still delivered. The adjustments made included: consolidation of teams whilst retaining the two teams in North Wales; socially distanced donation clinics all of which were appointment only; PPE for staff; and working with Welsh Government to ensure that blood donation was deemed essential travel.
- WBS received many commendations and positive feedback from blood donors in respect of the adjustments made so that donations could continue.
- On 14 July 2021 the eligibility rules as to who could donate blood were changed to allow LGBTQ+ people to donate blood due to a new and fairer eligibility criteria. This is seen as a positive and transparent service development which was brought about in the midst of a global pandemic.
- WBS continues to look and address challenges that the service faces and will continue to evolve. Blended blood buses will be reintroduced albeit with a reduced capacity so as to allow for social distancing. There will be a focus on staff well-being and the long term effects of the pandemic on them both professionally and personally. A bid is being prepared to seek funding for an additional collection team, as demand for blood supplies is expected to increase by some 10% as the health boards across Wales implement waiting list initiatives. Donor award events will be postponed until it is possible to hold face to face events.
- A number of community partnerships have been formed across Wales increasing the number of donors and blood donations.
- There are a number of ways CHCs nationally and locally can support WBS as it moves forward, this includes promoting the service along with possible public engagement exercises as the WBS develops and evolves its service model.
- Donation of plasma has now been safe after it was previously prevented due to CJD. WBS is keen to increase plasma for fractionation donations as blood medications are facing a global shortage and are a finite resource. WBS is working with the Welsh Government in this respect; the ambition for Wales is to have fixed sites, possibly on Health Board sites, for the collection of blood plasma and blood platelets.

In response to questions received the following observations were made:



	<ul style="list-style-type: none"> • The over 70s are now able to donate blood once again; when the decision was taken to exclude over 70s from donating blood the impact on the service was considerable. • The decision not to hold on-line donor award events was welcomed; it was felt that donors would be happy to wait until the event could be held face to face. • The requirements for donating blood have changed, therefore people previously rejected as donors may now be eligible. WBS has undertaken an awareness campaign via its various social media platform. New donors are encouraged to check their eligibility prior to making an appointment to donate blood so as to make sure the appointment time is not lost should they be unable to donate. A number of donors who may have donated for a period of time have returned. • At this stage it is not known where the fixed centre would be located; the centre would need to be located in an area of high footfall and work is being done with Welsh Government to see where this would be best located. • There are a number of requirements that would need to be met for a fixed centre i.e.: the building would need to be licensed; the heating and humidity within the building would need to be regulated and controlled by WBS; and rapid freezing facilities would be needed otherwise the donated blood could be rendered invalid. • Texts sent to donors giving the details of the hub centre, do not currently include the postcode; it was felt that this would be both useful and helpful. Alan Prosser agreed to take this back and speak to the communications team to see if this information could be included. <p>The Chair thanked Alan Prosser for attending and for providing an interesting and informative presentation. The Chair also extended an invitation to attend a future meeting to provide an update in respect of the service developments as outlined in the presentation.</p>	
<p>FC21.32</p> <p>21.32(1)</p>	<p>UPDATE ON PROGRESS TO ESTABLISH THE CITIZEN VOICE BODY</p> <p>To receive an update in respect of the Citizen Voice Body</p> <p>The Chief Officer spoke to this item and made the following observations:</p> <ul style="list-style-type: none"> • The Code of Practice which was to set out the rights and responsibilities in respect of visiting and other aspects of the work to be undertaken by the Citizen Voice Body (CVB) is still not drafted. • It is unlikely that the Code of Practice will be drafted before the shadow board of the CVB is established. • A summary of the work being done by the workstreams has been shared with both staff and members for their information. The CHC 	



	<p>workstreams mirror those set up by Welsh Government and will inform Welsh Government.</p> <ul style="list-style-type: none"> • The workstreams are led by a Chief Officer; attendees include the Chief Officer from the Board Office, a Deputy Chief Officer, Full Council Chairs, Vice Chairs and Independent Members of the Board. • Attendance at the workstream meetings is patchy at best; the recent communications workstream had been attended by just two members, other meetings had been cancelled due to non-attendance. • SMT has discussed how attendance can be improved. • At the outset of the workstream meetings it had been advised that the meetings would not be onerous; Chief Officer has been asked to prepare a communications strategy for the new CVB in addition to his existing workload. This cannot be prepared in isolation due to the interdependencies with the other workstreams. • Chief Officer has been asked to respond to the list of questions received from staff and members about the new CVB; it was felt that these should be answered by the Chair of the Board of CHCs, the Chief Executive Officer and the Board Chief Officer as they are in regular dialogue with Welsh Government and should have the information to hand. • The Chair went on to report that that 'People' workstream had last met in May; the dates for subsequent meetings have been rearranged. The Chair also reported that much of the information such as structure, location, work to be undertaken was lacking making progress and discussions difficult. • The Chair noted that morale was low with staff and members due to the unknown. The Chair went on to suggest that NWCHC should have a positive focus on the work being done to improve health care for patients in North Wales. There is much to be done where NWCHC can make a real lasting impact and demonstrate the worth and value of NWCHC. 	
<p>FC 21.33 21.33(1)</p>	<p>BCUHB GENERAL PRACTICE AND PRIMARY CARE To receive a report on current discussions with General Practice and BCUHB and to receive feedback from members The Deputy Chief Officer spoke to this item making the following observations:</p> <ul style="list-style-type: none"> • NWCHC continues to receive unprecedented levels of enquiries in respect of General Practice and primary care which have been reported to both the Services Planning and the Executive Committee • It is concerning that a number of temporary branch surgery closures are now subject to applications to make the closures permanent. • NWCHC has been approached directly by a number of practice managers wishing to make changes to services and as a result 	



	<p>NWCHC is supporting many practices in respect of the engagement and consultation that they need to undertake with their patients.</p> <ul style="list-style-type: none"> • NWCHC has also been made aware of differing approaches being taken by Health Board staff in the regional teams; meetings with the primary care teams are to be arranged so as to discuss the concerns about the disjointed approach to service change. • Changes to Health Board managed practices are also being seen; the particular issues regarding Holyhead were discussed with the Shadow Minister for Health recently and have been taken up by the Ynys Môn local committee. • It was also noted that the number of concerns about access to GP appointments, either face to face, via VC or over the phone is increasing. This is not just pertinent to North Wales, but is a national issue. The Welsh Government is very concerned about the apparent lack of access to GPs and is looking at how this can be addressed. The Board of CHCs is preparing a national report using local data to show the extent of the problem. • Cllr Trefor Lloyd Hughes of the Ynys Môn local committee went on to describe the problems in respect of the merger between the Longford Road surgery and the Cambria Surgery. • A meeting had been held on 9 June where access issues such as lack of appointments, lack of call backs from GPs were discussed as it was felt that the lack of access is having a detrimental effect on patients' health. • GPs have been drafted in to assist in the short term with a further GP taking up post in January; it was felt that a long term solution to the problem needed to be found as the situation is of great concern. • It was noted that there is a national shortage of GPs which has been flagged by NWCHC for a number of years. Notwithstanding lobbying the former Health Minister to remove the requirement for GPs from over the border to –re-register on the Performers List prior to them being able to work in Wales, the requirement remains. • It is hoped that the new medical school to be located in Bangor would bring about improvements as students often remain in the area where they studied. • The Chief Officer thanked Trefor Lloyd Hughes and the members of the Ynys Môn local committee for raising the issues affecting patients in the area. 	
21.33(2)	<p>Robotic Assisted Surgery</p> <ul style="list-style-type: none"> • The Chief Officer went on to inform the members about the delays to the procurement of the robot to be used for robotic assisted surgery. 	



	<ul style="list-style-type: none"> NWCHC had been previously advised in September 2020 that patients would be treated with the robot by Christmas 2020 as the tender and procurement process was underway; BCUHB has recently advised that the business case is due to be submitted by September 2021. It was noted that the procurement of a robot would have significant financial and recruitment advantages, it would also mean that patients could be treated in North Wales, rather than been treated in England. It was also noted that when choosing placements or applying for positions students and doctors look for a post with the most up to date equipment and research opportunities. NWCHC would continue to monitor progress; the concern and lack of progress will be raised with the BCUHB Chair and Chief Executive Officer at the recent Chair to Chair meeting. 	
FC21.34 21.34(1)	<p>MINUTES</p> <p>To receive and approve the minutes of the Full Council meeting held 20 April 2021</p> <ul style="list-style-type: none"> Resolved that the minutes of the meeting held on 20 April 2021 be approved as an accurate record of the meeting. 	
21.34(2) 21.34(2.1)	<p>Matters Arising Not on the Agenda</p> <p>BCUHB Additional Funding</p> <ul style="list-style-type: none"> BCUHB will receive the sum of £20 million to address waiting lists caused by the global pandemic. It was felt that this is not enough but it will allow BCUHB to purchase procedures in North West England and from private providers. It is understood that a number of cataract procedures are being purchased as the patient outcomes and the benefit to patients provide a boost to the quality of life of the patient. Chief Officer also reported that NWCHC has seen a huge increase in complaints regarding delay to cataract procedures. 	
21.34(2.2)	<p>Targeted Interventions</p> <ul style="list-style-type: none"> Following discussions it has been agreed that the better way for the NWCHC to monitor the progress against the targeted interventions framework would be to seek NWCHC representation on the various workstreams. It is hoped that NWCHC would have <i>observer with speaking rights</i> status on the workstreams. The appointments to the workstreams are in train; the representatives would report back to the Executive Committee 	
21.34(3)	<p>To receive and approve the minutes of the Special Full Council meeting held 16 June 2021</p>	



	<ul style="list-style-type: none"> Resolved that the minutes of the special meeting held on 16 June 2021 be approved as an accurate record of the meeting. List of apologies to be amended to include Myfanwy Baines. 	
21.34(4)	<p>Actions Arising from the Special Full Council Meeting held on 16 June 2021</p> <p>The Chief Officer spoke to this item and went on to make the following observations:</p> <ul style="list-style-type: none"> At a meeting held on 5 July 2021, the Executive Committee confirmed the decision of the North Wales CHC Special Full Council meeting held on 16th June 2021. The Chief Officer would write to the BCUHB Project Lead confirming NWCHC's support for the redevelopment of the Ablett Unit on the new proposed site, on the basis that the current unit is no longer fit for purpose and the proposed new build and related changes should considerably enhance and improve the patient experience. The NWCHC support for the business case will be predicated on an assurance that the previous toxic mix is not allowed to prevail and that this will not happen in the future. NWCHC representation has been invited to sit on both the steering group and the project management committee; it is hoped NWCHC would have <i>observer with speaking rights</i> status on the steering group and the project management committee. The project will not come to fruition before the abolition of CHCs but representation on these groups would provide support and scrutiny 	
FC21.35 21.35(1)	<p>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN</p> <p>To receive a progress report in respect of the Equality Diversity and Human Rights Action Plan for the period April 2021 – March 2022</p> <p>Linda Harper spoke to this item and went on to make the following comments:</p> <ul style="list-style-type: none"> It was reported that there had been little action in respect of EDHR since the previous Full Council meeting. The first briefing for the 2021 – 2022 financial year had been prepared and shared with the membership and the staff for their information. The next briefing would be prepared in autumn 2021 with a formal update being presented to the Full Council meeting to be held in October 2021. 	



	<ul style="list-style-type: none"> • Welsh Government were undertaking a consultation in respect of racism; a response is being prepared. • A consultation in respect of disability is also underway. • Work is underway to consider how characteristics can be monitored by GP practices in respect of the successor to the My Health Online website. • Reports had been received locally that some LGBTQ+ patients had expressed their concerns at being treated at a small GP practice where they were known to staff and had expressed a wish to be treated at a GP Practice out of the area. • The planned cultural competence training programme for BCUHB staff has been put on hold due to additional work needed to be done by Diverse Cymru. • The easy read version of the Mental Health Safe Space Report is yet to be received; Deputy Chief Officer would liaise with BCUHB in this respect. 	DCO
FC21.36 21.36(1)	<p>WELSH LANGUAGE</p> <p>Welsh Language Standards</p> <ul style="list-style-type: none"> • NWCHC remains compliant with all the 110 standards as set out by the Welsh Language Commissioner; the other CHCs in Wales are compliant but with a number of exemptions in place. • It was noted that the Board of CHCs in Wales is pressing ahead with a Wales-wide telephony system; calls to the Welsh line would be answered by a dedicated member of staff. NWCHC has previously raised its concerns about this in respect of how this will be managed during annual leave and/or sickness. • NWCHC has some serious concerns as to how this will work in practice and what assurances would be provided by the Chief Executive of the Board of CHCs in Wales that any fine handed out by the Welsh Language Commissioner would be paid by the Board Office and not NWCHC. • NWCHC current system for dealing with inbound calls is effective and has been validated by the Welsh Language Commissioner as being compliant in respect of the standard for answering telephone calls. It was further noted that this had been possible even with staff working from home due to being able to check the answer machine remotely. • Noting the concerns as outlined, the Full Council mandated the Chief Officer to raise the concerns with the Chief Officer of the Board of CHCs. 	CO
FC21.37	ANY OTHER BUSINESS	
21.37(1)	Process for Raising Items of Any Other Business	



	<ul style="list-style-type: none"> • In response to Sian Ramessur the Chair outlined the process for raising items of any other business • A query previously received from Sian Ramessur would be dealt with using the established escalation process. 	CO/DCO
FC21.38	DATE OF NEXT MEETING	
	Tuesday 12 October 2021, 10.00am subject to WG COVID regulations this may be a 'blended' meeting.	
	All were thanked for attending the meeting The meeting closed at 11.43am	

CHAIR **DATE**.....