

**Minutes of the of North Wales Community Health Council Meeting held Via Zoom  
Tuesday 29 September 2020, 10.00am  
Acting Chair: Mr Andy Burgen to Agenda Item FC20.14  
Chair: Mrs Jackie Allen from Agenda Item FC20.14**

<b>PRESENT:</b>			
<b>CONWY LOCAL COMMITTEE</b>	Joy Baker Frank Bradfield	Phil Capper Sian Ramessur	John Roberts
<b>DENBIGHSHIRE LOCAL COMMITTEE</b>	Karen Bellis Kelly Benton Rhys Davies	Eva Edwards Gordon Hughes	Cheryl Williams Emrys Wynne
<b>FLINTSHIRE LOCAL COMMITTEE</b>	Di Gill Linda Harper	Gladys Healey Stella Howard	David Wisinger Rita Jones
<b>GWYNEDD LOCAL COMMITTEE</b>	Adrian Drake-Lee Vicki Harvey	Michael Lloyd-Jones Dewi-Wyn Roberts	Paul Rowlinson
<b>WREXHAM LOCAL COMMITTEE</b>	Jackie Allen Celia Hayward Frank Hemmings	Gwenfair Jones Adrian Leslie	Niki Tabern-Price Jayne Thomas
<b>YNYS MÔN LOCAL COMMITTEE</b>	Richard Bladon Andy Burgen Sadie Francis	Glyn Haynes Aaron Osborne-Taylor	Dylan Rees
<b>CO-OPTED MEMBERS</b>	Brace Griffiths Garth Higginbotham	Mair Jones Morfudd Jones Christopher Phillips	Mike Theaker Mark Thornton
<b>Staff</b>	Eleri Ellis Rebeca Hughes Cerys Jones Carol Williams	Complaints Advocate Management Officer Management Officer Deputy Chief Officer	
<b>IN ATTENDANCE:</b>	Geoff Ryall-Harvey Sue Irlam John Darlington Gwynfor Owen Mark Wilkinson	Chief Officer Secretariat BCUHB Assistant Director Corporate Planning Translator BCUHB Director of Planning and Performance	
<b>APOLOGIES:</b>			
<b>CONWY</b>	Myfanwy Baines Liz Liddall	Hilary Randall Jo Reeve	Roger Williams
<b>DENBIGHSHIRE</b>	Angela Marshall	Neil Taylor	
<b>FLINTSHIRE</b>	Michael Boyle	David Mackie	
<b>GWYNEDD</b>	John Jones	Vera Wilson	
<b>WREXHAM</b>	Sandra Baughan		

<b>YNYS MÔN</b>	Deborah Chafer	Trefor Lloyd-Hughes	Val Monaghan
<b>STAFF</b>	Lucy Barker Bev Davies Ross Duffield	Allison Hughes Debra Jones Debbie Postle	Jill Scupham Rachel Valentine
<b>NOT PRESENT</b>	Myfanwy Baines Jon Chorlton Dot Griffiths	Russell Jackson Linda Kinani	Gill Williams Menna Williams

MINUTE	ITEM	ACTION
<b>FC20.12</b>	<p><b>WELCOME</b></p> <p>The Acting Chair welcomed all present to the meeting. It was noted that this was the first meeting of the Full Council to be held via Zoom; members were reminded of remote meeting etiquette and that microphones should be muted when not speaking.</p>	
<b>FC20.13</b>	<p><b>CONFIRMATION OF THE RESULTS OF THE ELECTION FOR THE OFFICE OF CHAIR AND VICE CHAIR 2020 - 2021</b></p> <p>The Chief Officer went on to announce the result for the recent postal election for the offices of Chair and Vice Chair.</p> <ul style="list-style-type: none"> <li>• There had been one candidate for the office of Chair; Jackie Allen had stood unopposed. 28 postal ballots had been returned to endorse the appointment of Jackie Allen as Chair of the NWCHC until the Annual General Meeting to be held on 30 March 2021.</li> <li>• There had been two candidates for the office of Vice Chair; Andy Burgen and Celia Hayward. 28 ballot papers had been returned. Andy Burgen received 18 votes; 10 votes were received for Celia Hayward. Accordingly Andy Burgen was appointed Vice Chair of the North Wales CHC until the Annual General Meeting to be held on 30 March 2021.</li> <li>• Jackie Allen, the newly appointed Chair of the NWCHC thanked those members who had endorsed her appointment and went on to note that she would continue to represent the patients of North Wales. Thanks were also extended to Andy Burgen for stepping up as Acting Chair following the resignation of Peter Rendle.</li> <li>• Andy Burgen also noted his thanks to the members who had voted for him. He also extended his thanks for the support he had endured during his short term as Acting Chair.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Before moving on to the agenda proper the translator provided a brief explanation as to how the Welsh Language translation service would work.</li> </ul>	
<b>FC20.14</b>	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies were received and are as recorded</p>	
<b>FC20.15</b>	<p><b>DECLARATION OF INTERESTS</b></p> <p>There were no declarations of interest in respect of any item on the agenda.</p>	
<b>FC20.16</b>	<p><b>PRESENTATION</b></p> <p>Mark Wilkinson, BCUHB Director of Planning and Performance and John Darlington BCUHB Assistant Director of Corporate Planning were in attendance to provide an update in respect of the actions taken to date and planning for</p>	

quarters three and four. A copy of the presentation is appended to these minutes. The following points in particular were made:

- Thanks were extended to the Full Council for the opportunity to present the BCUHB update; it was noted that it was a welcome opportunity to hear and listen to the views and feedback from the members of the NWCHC.
- The pandemic has seen unparalleled changes in health care, social care and third sector services.
- The Health Board has seen significant challenges to the way its services are delivered; these include new services such as test and trace.
- The rapidly changing environment means change is at pace with agile planning to deal with the pace of change to deal with the highly transmissible virus.
- The number of asymptomatic people is higher than initially thought and this is problematic.
- Medical knowledge and advances as regards medication are developing.
- All the temporary field hospitals include the provision of piped oxygen for the treatment of COVID-19 patients; oxygen requirements are not as previously anticipated as the virus has changed and evolved.
- There are challenges as regards testing and diagnostics, with some patients testing positive after swabbing after a previously negative test. Whilst work to develop the vaccination continues at pace, there is no date as to when this will be available.
- Notwithstanding the challenges which the pandemic has brought, there have also been a number of positive changes that the health board wishes to retain and build on.
- There have been advances in digital technology; consult and connect allows primary care practitioners to speak to clinicians remotely, whilst the 'Attend Anywhere' initiative facilitates remote outpatient appointments.
- The health board has also been successful in recruiting 1000 additional staff to the organisation.
- The number of COVID-19 cases in the community is increasing once again; this increase could be attributed to the relaxation in social distancing rules, the re-opening of the hospitality industry and/or pupils and students returning to educational settings.
- The infection per 100,000 of the population remains low in the West of the BCUHB area but is increasing in the Centre and the East.
- Inpatient numbers remain low, as the number of new confirmed cases has not converted to hospital admissions. At the current time there are 30 COVID positive patients in hospitals throughout North Wales.
- The health board is investigating if patients have been harmed as a result of non-COVID related activity. Whilst the number of patients waiting for procedures has increased due to the cessation of non-urgent or non-essential services significant harm has not been evidenced.
- There is evidence that there has been harm caused by the wider societal lockdown such as mental health issues.

- There is a multi-agency Prevention and Response Plan in place across North Wales; this is made up of the health board, local authorities and other partners so as to be able to manage local outbreaks.
- There will be a focus on a robust flu vaccination programme; BCUHB will also be providing support to care homes and will be developing its winter plans to include possible surges in demand due to the increase of COVID-19 cases.
- As part of the plans to deal with the on-going challenges of dealing with COVID-19, Test Trace and Protect (TTP) has been implemented. Whilst this is led by the health board, local authorities also have a crucial role to play.
- To date TTP in North Wales has been successful in contacting 90% of contacts within 24 hours as well as contacting 80% of their contacts.
- In previous years there has been a 60% take up of the flu vaccination across the BCUHB area; it is expected that the take up will be higher this year. Members of the general public who are eligible for the flu vaccine are being encouraged to have their flu vaccination as soon as they can as there has to be a 28 day gap between the having a flu vaccination and any successful COVID-19 vaccination.
- BCUHB are planning to have vaccination plans in place by mid-November for the possibility of a COVID-19 vaccine from the end of November. It is looking at how the programme can be delivered by utilising primary care settings, dedicated vaccination centres and the field hospitals. Any vaccine would be provided to those at high risk and to health and social care staff before being rolled out to the wider population - subject to it being approved safe to use by the regulatory bodies.
- Those over the age of 50 would be in the second tranche of the COVID-19 vaccination programme; this would be challenging due to the number of the population falling in to that category i.e. in excess of 300,000.
- The care sector faced significant challenges during the first wave of the pandemic; to mitigate similar problems in the second wave BCUHB has committed to providing PPE.
- If care homes are forced to close this could delay the discharge of patients needing recuperative care. Discharge pathways may also be disrupted due to the need for patients needing to be COVID-19 clear for 14 days after a COVID test prior to discharge.
- Demand for unscheduled care services dropped considerably at the beginning of the pandemic. Demand for unscheduled care is now increasing but still not to pre-COVID19 levels.
- It has also been evidenced that patients who would ordinarily have presented at ED have not been harmed by non-attendance.
- It is anticipated there will be a similar decline in attendances as and when the second peak occurs.
- Modelling shows the occurrence of seasonal flu may be less than is normal due to the impact of social distancing. The spread of the common cold may also be less due to better hand hygiene practices.
- The 'Phone First' initiative is a priority for the unscheduled care pathway. Patients are required to call ED in advance of them attending; this is being trialled currently in the Cardiff and Vale University Health Board.

- BCUHB will use the lessons learnt from this pilot to roll the initiative out; it was noted that patients would be treated if they presented at the ED without having phoned in advance.
- The temporary field hospitals in the BCUHB area has created 980 additional beds and will form part of the BCUHB 'surge' plans. Staffing these additional beds will be a challenge and demand modelling is currently taking place.
- BCUHB's priorities for the next 6 months are to provide care under "essential services"; to provide safe unscheduled care; to improve mental health services; to provide safe and secure environments for patients and staff; and to use resources effectively.
- BCUHB has restarted its programme of planned care, resuming services as and when it is safe to do so, as so to ensure there is no harm caused; this will be done using the principles of "essential services".
- There will be a clinical approach to the planned care pathway for quarters 3 and 4 to ensure that the plans are fit for purpose; there will also be a focus on delivery care closer to home.
- BCUHB is investigating the possibility of investing in a diagnostic and treatment centre to reduce the number of long waiters for procedures. It is also considering how to address the backlog of patients waiting for CT, MRI and ultrasound by utilising mobile units.
- BCUHB continues to build on its primary care work in respect of GMS, Dental, Ophthalmology and Pharmacy in line with the Welsh Government's plans. Patients will be triaged and treated according to clinical needs; access needs of the patient will also be borne in mind.
- Community services plans will be developed in partnership with the Regional Commissioning Board, the third sector and other stakeholders, to ensure that the services are safe and resilient.
- Support will be given to primary care to manage demand for mental health services; additional support will also be given to ED which may also see an increase in the demand of patients presenting with a mental health condition. The mental health needs of those working in health and care settings will also be considered under the plans for mental health services.
- Work is underway to digitalise patient notes in acute settings.
- Investment in estates will also support the safe delivery of care with the creation of the North Denbighshire hospital, works to the infrastructure at Wrexham Maelor, the development of the Ablett Unit and works to the infrastructure at Ysbyty Gwynedd. Improvements are also to be made to the residential accommodation for staff.
- As the number of COVID-19 positive cases begins to increase again, engagement with the general public remains paramount.
- Following the guidance, as issued by Public Health Wales, is essential so as to minimise future outbreaks.

In response to questions the following comments were received:

- The detail around the resumption of General Dental Services and Community Dental Services will be requested and shared with the membership via the office. Wider dental services are part of the community plans that BCUHB is developing.

**MWIJD**

- More detail as regards the numbers of BCUHB staff who are shielding and those staff who are not redeployed and thus unable to work, will be requested and shared with the attendant BCUHB officers so that this can be addressed. BCUHB have endeavoured to facilitate home working for staff. An 'Agile and Safe' working group has been established to look at how staff are able to work safely.
- The number of planned care referrals are increasing to almost pre-COVID levels. It is challenging to make sure that this planned care can be delivered in a COVID-safe environment. To ensure the environment is safe, beds have been removed and cleaning regimes have been enhanced. Previously, non-recurrent monies could have been secured from WG to address patient backlogs; due to the global pandemic the availability of funding from WG is less certain. It was noted that work to reduce patient backlogs will be a multi-year endeavour rather than a multi-month endeavour.
- Bangor University has its own testing programme for those students returning or arriving on campus for the first time. It is not known if Glyndwr University will also be undertaking its own testing programme. Mark Wilkinson and John Darlington undertook to confirm testing arrangements at Glyndwr University and report back. Prevention and response plans are also in place for universities.
- Should students become ill they should seek medical advice via their GP as the first point of call.
- Welsh Government has issued guidance around who should be tested.
- COVID-19 Testing Centres are located in the community, should testing be needed; it is acknowledged that some needing a COVID test may have to travel
- Noting the likely increase in the demand for flu vaccinations it was confirmed that the health board has planned for a higher uptake of the vaccination.
- It is not known if the flu vaccination also affords some protection against COVID-19 as the virus is evolving constantly.
- Due to the demand for the flu vaccination, members of the general public in the 50 – 65 age bracket, may have to wait until those over the age of 65 and those with underlying health conditions have had the flu vaccination. At this stage it is not known if BCUHB will bring forward the flu vaccination programme for those in the 50 – 65 age range.
- Before the 'Phone First' initiative is rolled out in North Wales, BCUHB would ensure the public is fully aware how to access the service and BCUHB would look to the NWCHC to possibly help share the information and access details.
- It was confirmed that the same swab is used for both the nose and throat when undertaking a COVID test.
- Whilst it is only patient records in an acute setting that will be digitalised at the current time, the system should allow GPs a 'read only' access to these records.
- There is an element of interoperability with the digitalised patient records so these should be available at tertiary sites accessed by Welsh patients such as the Walton Centre.

**BM/MW/  
JD**

**MW/JD**

	<ul style="list-style-type: none"> <li>The BCUHB plans in respect of COVID-19 are available publically on the BCUHB website and are discussed at public meetings.</li> </ul> <p>The Chair thanked Mark Wilkinson and John Darlington for attending. Should members have further questions these can be sent to the NWCHC office for onward transmission to BCUHB for response.</p>	
<p><b>FC20.17</b> 20.17(1)</p>	<p><b>UPDATE ON PROGRESS ON THE BILL TO ESTABLISH A NEW CITIZENS VOICE ORGANISATION</b></p> <p>To receive an update in respect of progress on the Bill; the following points in particular were made:</p> <ul style="list-style-type: none"> <li>Briefings issued by the Board of CHCs had been shared with the wider NWCHC membership and with NWCHC staff.</li> <li>CHCs had previously stated that support would not be given to the Bill without the right to visit health premises. The Bill had been passed without this right, however a statutory code of practice to include the right to visit health premises had been assured and CHCs had agreed to move forward on this basis.</li> <li>Whilst the statutory code of practice is a powerful tool, it is disappointing to note that there appears to have been little progress in the preparation of this code of practice.</li> <li>The Vice Chair reported that there had been no discussions about the code of practice at the recent Board of CHCs Development Day.</li> <li>The Chair and Chief Officer agreed to speak about the progress outside of the meeting in readiness for the next Board of CHCs meeting.</li> </ul>	<p><b>JA/CO</b></p>
<p><b>FC20.18</b> 20.18(1)</p> <p>20.18(2)</p>	<p><b>CHAIR AND CHIEF OFFICER UPDATE</b></p> <p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>Chief Officer referred the members to the enclosed Mental Health and Learning Disabilities Division (MHLD) update report which had been presented to the BCUHB Quality, Safety and Experience Committee on 28 August 2020.</li> <li>Chief Officer explained that the document had been prepared by Mike Smith, BCUHB Interim Director of Nursing MHLD, following a tour of the mental health estate, shortly after he commenced in the role</li> <li>It should be noted that the report sets out the personal thoughts of Mike Smith as regards the MHLD.</li> <li>It is considered by the NWCHC that the report is both insightful and useful; it also confirms the concerns that the NWCHC has had for a number of years in respect of MHLD and the lack of progress therein.</li> <li>It was reported that some senior staff in the BCUHB MHLD Division refute the contents of the report.</li> <li>It was suggested that it might be useful for the exercise to be repeated after a period of time, so as to track any progress.</li> <li>It was reported that there have been some changes to the management structure of the MHLD Division; Lesley Singleton is no longer the Interim Director of MHLD and will be taking up an opportunity outside of the health board.</li> <li>Teresa Owen has assumed executive responsibility for the MHLD Division and will combine this portfolio with her work as Executive Director of Public Health and Interim Deputy Chief Executive.</li> </ul> <p><b>Vascular Services</b></p>	

	<ul style="list-style-type: none"> <li>• The NWCHC is represented on the BCUHB Vascular Task and Finish Group by Adrian Drake –Lee and Richard Bladon.</li> <li>• Whilst adequate progress has been made it is felt that the progress to date is also slow.</li> <li>• A number of patient groups have been lobbying the NWCHC for faster progress and more action; at the current time there is very little that the NWCHC can do as the health board continues to work through the actions.</li> <li>• The invited review analysis work has been completed and agreed; it is due to be submitted.</li> <li>• Abdominal aortic aneurysm (AAA) screening has been affected by the pandemic; screening has now recommenced. There have been a number of referrals for surgery but it is reported that patients are reluctant to attend as they are worried they may catch COVID-19.</li> <li>• Arteriovenous (AV) fistula procedures appear to have increased with the numbers on the waiting list decreasing.</li> <li>• The number of available vascular beds remains problematic; there are no dedicated vascular beds at Ysbyty Gwynedd. There are challenges to staff the 18 vascular beds at Ysbyty Glan Clwyd due to the number of vacancies.</li> <li>• The pathway for diabetic foot problems will remain at a community level.</li> <li>• Groin abscesses were previously treated at a local vascular level in North Wales; these are now to be undertaken via general surgery.</li> <li>• NWCHC will be undertaking a patient experience survey with vascular service patients so as to provide a level of independence in enabling patients to provide feedback. This survey will be undertaken when the BCUHB is satisfied that the Vascular Service is in the position that it had planned to be in 2 years ago.</li> <li>• As always NWCHC remains committed to receiving feedback from patients who have used the vascular service in North Wales, which will be used to further validate the patient experience and shared with the BCUHB review team.</li> </ul>	
<p><b>FC20.19</b> 20.19(1)</p>	<p><b>MINUTES</b> To receive and approve the minutes of the Full Council held 28 January 2020</p> <ul style="list-style-type: none"> <li>• <b>Resolved that the minutes of the meeting held on 28 January 2020 be approved as an accurate record of the meeting.</b></li> </ul>	
<p>20.19(2)</p>	<p><b>Matters Arising not on the Agenda</b> There were no matters arising.</p>	
<p><b>FC20.20</b></p>	<p><b>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN</b> Linda Harper provided the following update making the following observations:</p> <ul style="list-style-type: none"> <li>• The latest EDHR briefing in respect of the NWCHC Equality, Diversity and Human Rights action plan had been shared with the wider membership; the next update would be provided in November 2020.</li> <li>• There had been discussions around the process of obtaining a ‘gender recognition certificate’; the process will be made easier.</li> </ul>	



	<ul style="list-style-type: none"> <li>Board of CHC's National EDHR training is being held remotely for NWCHC members; Linda Harper questioned some of the information that was being asked for on the course enrolment form, noting that she would be reporting back following the training.</li> </ul>	<b>LH</b>
<b>FC20.21</b> 20.21(1)	<p><b>WELSH LANGUAGE</b> <b>Welsh Language Standards</b></p> <ul style="list-style-type: none"> <li>NWCHC remains fully compliant with the 110 Welsh Language Standards. The 6 other CHCs and the Board of CHC's in Wales office have received a formal derogation in respect of some of the standards from the Welsh Language Commissioner</li> <li>NWCHC has prepared and submitted its annual report on its compliance with the Welsh Language Standards for the period 1 April 2019 – 31 March 2020. The report also notes developments in the NWCHC organisation during the year to strengthen its Welsh language services. The report will be published on the website to meet the requirement as laid down by the Welsh Language Commissioner.</li> <li>A telephone answer system had been introduced to ensure that callers to the NWCHC offices wishing to speak Welsh were not treated any less favourably than those calling through the medium of English.</li> <li>There had been a small number of complaints at the offset of this system; 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.</li> <li>With many NWCHC staff working from home it was noted that the answer machine messages can be checked remotely; messages are relayed to the correct member of staff with callers receiving a call within a relatively short period of time.</li> </ul>	
<b>FC20.22</b> 20.22(1)	<p><b>ANY OTHER BUSINESS</b> There was no other business transacted.</p>	
<b>FC20.23</b>	<p><b>DATE OF NEXT MEETING</b> The date and arrangements for the next Full Council meeting will be advised.</p>	
	<p>All were thanked for attending the meeting <b>The meeting closed at 12.01pm.</b></p>	

**CHAIR** .....

**DATE** .....