

Cardiff and Vale Stakeholder Reference Group

Mon 05 February 2024, 09:30 - 11:30

Agenda

09:30 - 09:30 1. Welcome and Introductions

0 min

Lani Tucker

09:30 - 09:30 2. Apologies for Absence

0 min

Lani Tucker

09:30 - 09:35 3. Declarations of Interest

5 min

Lani Tucker

09:35 - 09:40 4. Minutes and Matters Arising from the SRG Meeting on 28 November 2023

5 min

Lani Tucker

 Item 4 Unconfirmed Minutes of SRG Meeting 28 November 2023.pdf (7 pages)

09:40 - 09:50 5. Feedback from Board

10 min

Matt Phillips

To highlight key issues from the UHB Board meeting held on 25 January 2024

09:50 - 10:10 6. Strategic Equality Objectives

20 min

Mitchell Jones

10:10 - 10:40 7. Annual Plan

30 min

Ashleigh O'Callaghan

10:40 - 10:40 8. Emergency Medical Retrieval and Transfer Service (EMRTS)

0 min

Sarah Tipping

10:40 - 10:40 9. Next Meeting of SRG

0 min

13.30-16.00, Tuesday 26 March 2024

Lloyd Gareth
23/01/2024 10:59:37

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON TUESDAY 28 NOVEMBER 2023
HELD IN NANT FAWR 1, WOODLAND HOUSE, MAES Y COED ROAD, LLANISHEN,
CARDIFF**

Present:

Siva Sivapalan	Third Sector, Older Persons (Vice Chair)
Sam Austin	Llamau
Richard Cox	One Voice Wales
Duncan Innes	Cardiff Third Sector Council
Lani Tucker	Glamorgan Voluntary Services

In Attendance:

Chris Dawson-Morris	Aneurin Bevan UHB
Abigail Harris	Director of Strategy & Planning, UHB
Michaela John	All Wales Medical Genomics Service
Jessica Mannings	Llais
Clive Morgan	All Wales Medical Genomics Service
Suzanne Rankin	Chief Executive (item SRG23/43 only)
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB

Apologies:

Frank Beamish	NHS Volunteer
Rhys Burton	South Wales Police
Joanna Davoile	Registered Social Landlords
Paula Martyn	Independent Care Sector
Christopher Willis	WAST

SRG 23/39 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 23/40 APOLOGIES FOR ABSENCE

Although not members of the SRG apologies had been received from Stephen Allen, Marie Davies and Angela Hughes.

SRG 23/41 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 23/42 NOMINATION OF STAKEHOLDER REFERENCE GROUP CHAIR

The Vice Chair reported that there was only one remaining expression of interest in becoming Chair of the SRG. This expression of interest had been received from Lani Tucker.

The SRG approved Lani Tucker as its nomination for Chair.

Matt Phillips explained that a paper confirming this nomination would be considered by the UHB Board at its meeting on 30 November. If the Board supports the nomination it will be sent to the Minister to make a final decision.

Action: Matt Phillips

SRG 23/43 REFLECTIONS OF THE CHIEF EXECUTIVE

The Vice Chair welcomed Suzanne Rankin back to the SRG.

Suzanne Rankin stated that the Health Board was operating in a particularly challenging environment at present. Public sector finances are extremely restricted, there is an ongoing cost of living crisis and the country is still recovering from a pandemic. The UHB was performing reasonably well considering this context and the commitment, positivity and resilience of its staff remained remarkable.

Suzanne Rankin highlighted some specific achievements/issues.

- The UHB had launched its refreshed Strategy that contains four very clear strategic objectives.
- The first NHS Wales Staff Survey since the pandemic has just closed for responses. The results will be shared widely in due course
- The UHB's recruitment and retention rates are improving and vacancy rates are stabilising. It is imperative that staff are able to work in an inclusive, respectful, kind and emotionally and physically safe environment. The UHB has succeeded in reducing its use of agency staff by almost a half.
- The UHB has 300-400 more staff than it did in 2019. The UHB is reviewing these posts are in the right areas and provide the correct skill mix.
- The NHS Wales has a current deficit of circa £1 billion. Cardiff and Vale UHB's financial position is not amongst the worst of the Welsh Health Boards. The UHB has a planned deficit of £88m but has received an additional £63m from Welsh Government (WG) conditional on it delivering a controlled deficit of £16m.

- The UHB has sustained its planned care activity recovery without additional theatre lists.
- The Safer at Home Programme enables people to access rapid community support thus preventing the need for them to be admitted to hospital.
- The UHB is undertaking a considerable amount of work with other Health Boards to assess potential regional solutions.
- The condition of the estate is the UHB's biggest risk and there have been some critical infrastructure failures. A detailed survey of its sites is being undertaken to identify the critical risks. Abigail Harris explained the Royal College of Physicians had visited the UHB a few weeks ago and had highlighted the poor condition of much of the estate and the immaturity of the UHB's digital systems.
- Abigail Harris informed the SRG that infections were still tracking relatively high and the level of infections had not returned back to pre-pandemic levels.

SRG raised a number of questions and made several observations

- Given that the UHB has such a key role in providing tertiary/specialist services and undertakes such a high percentage of the health research in Wales, could the UHB legitimately make the case that it is a special case in terms of requiring funding to address deficiencies with its estate? Suzanne Rankin explained that the UHB always emphasised that UHB was the University Hospital 'for' Wales. Abigail Harris reported that it had been agreed with WG that a thorough survey of the UHB site be undertaken.
- Is Cardiff and Vale UHB comfortable with the quality control mechanisms for those services it procures from other Health Boards and can it put things right if/when things go wrong? Suzanne Rankin explained that the UHB was both a provider and commissioner of health care services. In England there are extremely detailed service specifications and quality assurance mechanisms. In Wales there are insufficient staff to undertake such a sophisticated level of contract monitoring. Service providers would usually respond to any complaints about their service but the UHB as a commissioner would review frequency of complaints

SRG members agreed to send any further questions for Suzanne Rankin to Gareth Lloyd to co-ordinate a response

Action: All/Gareth Lloyd

SRG 23/44

**MINUTES AND MATTERS ARISING FROM
STAKEHOLDER REFERENCE GROUP MEETING**

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HELD ON 26 SEPTEMBER 2023

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 26 September 2023 subject to an additional bullet point being inserted on page 4 under item SRG 23/34, Transport and Sustainable Travel Initiatives. The additional bullet point should refer to the importance of the UHB working in partnership with other organisations to implement changes to public transport to improve the patient experience.

Action: Gareth Lloyd

SRG 23/45 FEEDBACK FROM BOARD

Matt Phillips reminded the SRG that UHB Board meetings were held in public and full recordings of these meetings were available on the UHB's website.

Matt Phillips then drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 28 September 2023.

- Reinforced Structures and Condition within Cardiff and Vale UHB Estate - Reinforced Autoclave Aerated Concrete (RAAC) – The broad message was that the presence of RAAC was 'unlikely' in the vast majority of the UHB's buildings. Only one building on the UHL site was 'likely' to contain RACC and this building was used for storage.
- Neonatal Care – Countess of Chester Hospital NHS Foundation Trust – The UHBs response to 'Speaking Up Safely'.
- The Board approved the Winter Plan.

Abigail Harris reported that the UHB Board had been informed that UHB representatives had attended a recent meeting of the WG Infrastructure Investment Board to set out the case for change at UHW and to discuss a way forward. It had been agreed that a comprehensive survey of UHW be undertaken to assess what was required to make it appropriate for provision of health care in the 21st Century and a phased approach to redevelopment of the UHW site had been agreed in principle. A more detailed report setting out what WG had committed to would be presented to the UHB Board in January

SRG 23/46 CO-PRODUCTION, ENGAGEMENT AND CONSULTATION FRAMEWORK AND TOOLKIT

The SRG **RECEIVED** a presentation from Sarah Tipping on the Health Board's Co-production, Engagement and Consultation Framework and Toolkit.

The Framework and Toolkit had been approved by the UHB's Senior Leadership Board and had been submitted to the UHB Board for approval at its meeting on 30 November.

Jessica Mannings informed the SRG that the Llais national team was looking to develop an all-Wales approach to co-production, engagement and consultation and would be developing a similar framework and toolkit which she would share with the UHB in due course. It was anticipated that these documents would be complementary

SRG made several observations

- The UHB and Local Authorities must have a consistent approach
- There is a danger of 'engagement fatigue'.
- It would be helpful to have an online central register of engagement activities to identify where engagement had already taken place .

It was agreed that a copy of the Framework and Toolkit be issued to members of the SRG for information.

Action: Sarah Tipping/Gareth Lloyd.

SRG 23/47 REGIONAL OPHTHALMOLOGY SERVICES

The SRG **RECEIVED** a presentation from Chris Dawson-Morris on future Regional Ophthalmology services as part of the engagement process for Phase 2 of the Regional Ophthalmology proposals.

The SRG was informed that the Regional Ophthalmology Programme Board had agreed there should be a phased approach to delivering sustainable cataract services in the region. Phase 1 objectives were set out in a business case that was approved by WG. A number of workstreams have been established to implement these proposals. The focus is on additional cataract capacity in the north and south of the region. Additional capacity is being delivered from the Vanguard theatres on the UHW site and from the end of December there will be additional capacity at Nevill Hall Hospital. There will also be an element of outsourcing to private providers. Prior to implementation of these proposals an engagement exercise had been undertaken to obtain views on accessibility. 3 year waits for cataract surgery have now been eliminated and it is anticipated that there will shortly be no-one in the region who has been waiting for two years or more for cataract surgery.

Phase 2 is the development of a sustainable staffing and clinical model for the longer term. The engagement process commenced on 13 November and will run until 2 February 2024. The purpose of the engagement is to understand

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the views and priorities of the public and stakeholders before proposals are developed and a business case produced. The SRG was informed that there would continue to be some local provision but high volume low complexity activity would be undertaken at a regional level.

SRG raised a number of questions and made several observations.

- Could mobile units be used? Chris Dawson-Morris explained that they could not as there is an issue with stability of their bases as eye surgery is an incredibly delicate procedure.
- What has been the feedback on phase 1? Chris Dawson-Morris explained that feedback had been very positive because waiting times had been reduced. There had been some issues with car parking at UHW.
- Adequate transport services must be available to patients and this is particularly important for people with sight issues. Chris Dawson-Morris concurred and explained that in developing proposals discussions had been held with WAST and voluntary transport providers.
- There has been a suggestion that optometrists can predict cataracts and that some are making pre-emptive referrals for surgery. Chris Dawson-Morris agreed that cataracts can be diagnosed early and the earlier they are diagnosed the simpler the surgery. Ophthalmology specialists discuss referral pathways with optometrists. It is more efficient and better from a patient experience perspective to have surgery on both eyes at the same time and this should be a consideration.

Members of the SRG were encouraged to complete the engagement survey a link to which would be sent to them.

Action: Gareth Lloyd/All

SRG 23/48 ALL WALES MEDICAL GENOMICS SERVICE

The SRG **RECEIVED** a presentation from Michaela John and Clive Morgan on the relocation of the All Wales Medical Genomics Service from the Institute of Medical Genetics at UHW to the Canolfan Iechyd Genomig Cymru (Wales Genomic Health Centre), at Cardiff Edge Business Park.

The SRG was informed that the benefits of moving were:

- State of the art purpose built clinic space
- Integration of services
- Improved sustainability of clinical services
- Improved accessibility

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- More flexibility to meet patient needs and increase choice around accessing the service.

The SRG raised several questions.

- Is Cardiff Edge a potential site for the UHW replacement? Abigail Harris explained that the site was not large enough and furthermore due to the lack of capital across NHS Wales, it had been agreed with WG that a phased redevelopment of the UHW site be considered.
- Are there any plans for the vacated accommodation at UHW? Clive Morgan explained that there is very limited scope for re-purposing the accommodation. Some services will continue to be provided at UHW but this will be reviewed.

SRG 23/49

NEXT MEETING OF SRG

To be confirmed.