

# Cardiff and Vale Stakeholder Reference Group

Mon 10 June 2024, 09:30 - 11:15

## 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 26 March 2024**

5 min

*Lani Tucker*

 Item 4 Unconfirmed Minutes of SRG Meeting 26 March 2024.pdf (5 pages)

---

**09:40 - 09:45 5. To Approve Amended Minutes of the Meetings Held on 26 September 2023 and 28 November 2023**

5 min

*Matt Phillips*

 Item 5a Amended Minutes of SRG Meeting 26 September 2023 v. 3.pdf (8 pages)

 Item 5b Amended Minutes of SRG Meeting 28 November 2023 v.3.pdf (7 pages)

---

**09:45 - 09:55 6. Feedback from Board**

10 min

*Matt Phillips*

---

**09:55 - 10:05 7. Partnership Work**

10 min

*Sarah Tipping*

---

**10:05 - 10:30 8. Public Transport and Planning of Health Services**

25 min

*Marie Davies/Geoff Walsh*

---

**10:30 - 11:00 9. Liais**

30 min

*Jessica Mannings*

Lloyd Gareth  
28/05/2024 13:18:24

---

**11:00 - 11:10 10. Community Diagnostic Centre**

10 min

*Sarah Tipping*

---

**11:10 - 11:10 11. Next Meeting of SRG**

0 min

Lloyd Gareth  
28/05/2024 13:18:12

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE  
GROUP MEETING HELD ON TUESDAY 26 MARCH 2024  
MEETING HELD VIA MICROSOFT TEAMS**

**Present:**

Lani Tucker	Glamorgan Voluntary Services (Chair)
Richard Cox	One Voice Wales
Duncan Innes	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Siva Sivapalan	Third Sector Older Persons

**In Attendance:**

Marie Davies	Deputy Director of Strategy & Planning, UHB
Vicky Le Gry	Programme Director, Shaping Our Future Clinical Services, UHB
Calum Shaw	Environmental Sustainability Improvement Manager, UHB
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB
Claire Whiles	Assistant Director, Organisational Development, Workforce and Culture, UHB

**Apologies:**

Sam Austin	Llamau
Frank Beamish	NHS Volunteer
Rhys Burton	South Wales Police

**SRG 24/10 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**SRG 24/11 APOLOGIES FOR ABSENCE**

Although not members of the SRG, apologies had been received from Abigail Harris, Angela Hughes, Jessica Mannings and Matt Phillips.

**SRG 24/12 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**SRG 24/13 MINUTES AND MATTERS ARISING FROM  
STAKEHOLDER REFERENCE GROUP MEETING**

1

Lloyd Gareth  
28/05/2024 13:18:12

## HELD ON 5 FEBRUARY 2024

The minutes were received and approved as an accurate record.

### **SRG 24/14          CLINICAL SERVICES PLAN**

The SRG received a presentation from Vicky Le Grys on the development of the Health Board's Clinical Services Plan (CSP) which will be one of several more detailed plans underpinning the Health Board's recently refreshed Strategy.

The SRG was reminded that engagement on the Health Board's Clinical Strategy had been undertaken during 2021 when principles of service redesign had been tested with a wide range of stakeholders. The work of developing the CSP will begin in earnest over the next three months and to support this an engagement plan is being developed in collaboration with Llais.

The focus of the CSP will be on transforming models of care taking a complete patient pathway approach. Some long-term planning assumptions will be identified and a key part of developing the plan will be 'horizon scanning'. There will be greater clarity about what care closer to home means in practice and what services will continue to be provided in a hospital setting.

The SRG raised some questions and made a number of observations

- Members would welcome the opportunity for them and their organisations to be involved in the engagement events. The SRG was informed that the detail of the engagement plan was being plotted out and consideration was being given on how best to involve stakeholders including Glamorgan Voluntary Services and Cardiff Third Sector Council in the engagement process. The intention is to hold a number of engagement workshops during the summer details of which will be circulated to the SRG in due course.
- It would be helpful to compare new proposals to current service provision.
- What form will the 'horizon scanning' take? Vicky Le Grys explained that there are a number of factors that will impact on future health care provision. Population health needs will change, there will be changes to availability of workforce and there will continue to be significant digital transformation and introduction of new technologies. The 'horizon scanning' will include a literature review and discussions with a wide range of stakeholders including other public sector bodies, Health Boards and neighbouring Health Boards to consider how health services might need to adapt to reflect these changes.

- Primary care is currently having to deal with a significant number of people who are waiting for outpatient appointments. Will consideration be given to an intermediate stage between primary and secondary care? Vicky Le Grys explained that in developing the CSP the focus will be on the whole patient pathway and it will be imperative for primary, secondary and tertiary care to work together to develop solutions. The Health Board would like secondary care physicians to undertake more outreach work closer to peoples' homes. An Integral part of the development of a long term CSP will be the identification of the workforce requirements.
- Will the Health Board be able to secure the funding necessary to implement the CSP or will the funding restrictions inevitably mean that the Health Board will have to introduce emergency clinical plans? The SRG was advised that funding would be an issue but this should not prevent the Health Board developing its long-term CSP whilst acknowledging that there will be need to address short-term issues.

Marie Davies explained that the CSP would continue to evolve and continuous engagement will be required. It will be important to identify what is most important to the communities served by the Health Board and work in partnership with other public and third sector providers including public transport providers at an early stage rather than as an afterthought. Engagement must be timely and proportionate striking a balance between meaningful engagement and avoiding duplication. Sarah Tipping agreed that engagement 'fatigue' was a real concern. The initial phase of engagement would be to look at the results of past engagement exercises to prevent going out and asking the same questions to the same communities. The Health Board was also working with the Regional Partnership Board on the establishment of a public service engagement group.

It was agreed that Vicky Le Grys would return to the SRG later in the year as part of the ongoing CSP engagement process.

## **SRG 24/15            DECARBONISATION PLAN**

The SRG received a presentation from Calum Shaw on the Health Board's draft Decarbonisation Action Plan a copy of which had been sent to SRG members for information.

The SRG was advised that the Action Plan was in its fourth iteration. It had been through the Health Board's internal governance process and would be considered by the UHB Board at its meeting on 28 March. It was an evolving three year plan and any suggestions on how it could be improved would be welcomed.

Lloyd Gareth  
28/05/2024 13:18:12

The 2024/25 Action Plan seeks to build on our successes but will also focus on the following new areas:

- Prevention – what carbon can be saved through a diabetes avoidance programme?
- Recognise the carbon contribution of our operational and financial priorities
- Adaptation – how does Cardiff & Vale need to adapt to account for hotter summers, milder and wet winters etc.

NHS Wales has set a target of reducing carbon emissions by 16% by 2025 and 34% by 2030. However, the Health Board's Shaping Our Future Wellbeing Strategy includes an ambition to reduce the emissions it controls by 40% by 2027.

The SRG raised the following questions.

- Will the Health Board look at carbon reductions through avoidance programmes for conditions other than diabetes? Marie Davies explained that the initial focus would be on diabetes because there is an opportunity to transform peoples' health through early intervention which will deliver both personal and economic benefits. Once a methodology has been agreed it would be rolled out to other health condition pathways.
- Are there a particularly high number of people within Cardiff and the Vale population with diabetes and what conditions will the Health Board target next? The SRG was informed that there are pockets of higher incidence within the area. The Health Board's Public Health team are working on identifying the next biggest opportunities. It was agreed that Public Health leads would be invited to a future SRG meeting to explain how this would be done.

#### **Action: Sarah Tipping/Gareth Lloyd**

- What procurement initiatives can be introduced to reduce carbon emissions and should consideration be given to only procuring from suppliers with a good decarbonisation record? The SRG was informed that the NHS Wales Shared Services Partnership manages procurement for NHS Wales and it was in the process of developing decarbonisation criteria for suppliers. The Health Board is looking to reduce waste in the supply chain and deliver services in a more carbon responsible way and this is the subject of ongoing dialogue between clinicians and the Procurement team. Communications on decarbonisation will be enhanced with the aim of increasing staff awareness and knowledge of the subject.
- How achievable is the Health Board's target of reducing carbon emissions by 40% by 2027? Calum Shaw re-iterated that this was only on the emissions that the Health Board could control and it had already

4

Lloyd Gareth  
28/05/2024 13:18:12

achieved a reduction of circa 7%. Marie Davies accepted that the target was extremely ambitious but the Board had deliberately set a difficult target in order to maintain the pressure and focus on decarbonisation.

## **SRG 24/16                      STRATEGIC EQUALITY OBJECTIVES**

The SRG received a presentation from Claire Whiles on the Health Board's draft Strategic Equality Objectives.

The SRG was informed that the Health Board is required to develop and publish its Strategic Equality Objectives every four years. During 2023/24 it had undertaken a comprehensive programme of engagement with patients, staff, statutory partners and other key stakeholders with over 300 individuals participating in this process. Members of the SRG were thanked for their contribution to this process.

The refreshed Strategic Equality Objectives are aligned with the Health Board's Shaping Our Future Wellbeing Strategy and can be grouped into four themes: respect; communication and engagement; accessibility; and data. They will be considered by the UHB Board at its meeting on 28 March. Once approved they will be published bi-lingually on the Health Board's website and will be communicated throughout the Health Board and to its local communities. Progress against the Objectives will be monitored on an ongoing basis.

The SRG commended the Objectives and agreed that it would be important to ensure that everyone within the UHB is aware of and understands them. It highlighted the importance of data collection in addressing health inequities. Claire Whiles concurred and acknowledged that there were issues with the accuracy of some of the Health Board's demographic data. The SRG was assured that changes to policies and procedures would be introduced only following a comprehensive equality health impact assessment.

## **SRG 24/17                      NEXT MEETING OF SRG**

9.30am-12pm Monday 10 June 2024, Nant Fawr 1, Woodland House.

**MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP  
MEETING HELD ON TUESDAY 26 SEPTEMBER 2023  
HELD IN NANT FAWR 1, WOODLAND HOUSE, MAES Y COED ROAD, LLANISHEN,  
CARDIFF**

**Present:**

Sam Austin	Llamau (Chair)
Frank Beamish	NHS Volunteer
Rhys Burton	South Wales Police
Richard Cox	One Voice Wales
Duncan Innes	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Siva Sivapalan	Third Sector, Older Persons
Lani Tucker	Glamorgan Voluntary Services

**In Attendance:**

Marie Davies	Deputy Director of Strategy Planning, UHB
Abigail Harris	Director of Strategy & Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Colin McMillan	Head of Transport and Sustainable Travel, UHB
Tom Porter	Consultant in Public Health Medicine, UHB
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB
Mel Wilkey	Deputy Director of Commissioning, UHB
Benji Williams	Regional Stroke Programme Manager, UHB

**Apologies:**

Dic Jones	South Wales Fire and Rescue
Zoe King	Diverse Cymru
Christopher Willis	WAST

**SRG 23/29 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**SRG 23/30 APOLOGIES FOR ABSENCE**

Although not members of the SRG apologies had been received from Llais.

**SRG 23/31 DECLARATIONS OF INTEREST**

There were no declarations of interest.



**SRG 23/32                    MINUTES AND MATTERS ARISING FROM  
STAKEHOLDER REFERENCE GROUP MEETING  
HELD ON 23 MAY 2023**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 23 May 2023.

**Llais**

Angela Hughes confirmed that the Patient Experience Team had monthly meetings with Llais.

Marie Davies confirmed that Stephen Allen had been invited to attend a meeting of the All Wales Engagement Leads.

**SRG 23/33                    FEEDBACK FROM BOARD**

Abigail Harris drew the SRG's attention to some specific items discussed at the UHB Board meeting held on July 2023.

- There had been a big focus on the Integrated Performance Report which remains a work in progress. The general picture was that Cardiff and Vale UHB was performing relatively well compared to other Welsh Health Boards. The Chief Operating Officer was leading on a major piece of work looking at how services are delivered and the UHB was gearing up for the winter vaccination programme.
- Finance – The UHB continues to operate in an extremely challenging environment. At the start of the year there had been an underlying deficit and even with a cost improvement plan of £32m worth of savings the planned deficit at the end of 2023/24 is £88.4m. Welsh Government (WG) expected the Health Board to better its £32m savings plan but at the end of quarter 1, the UHB along with most Health Boards was adrift of its planned end of year deficit. This was due in part to there not being the usual easing of demand on services that is usually experienced during the summer.
- Haematology/Blood and Marrow Transplantation, Cancer Research and Complex Specialist Oncology Strategic Outline Case. The business case is for investment to future proof and co-locate essential specialist cancer services on the UHW site in a modular building. It will enable the UHB to meet accreditation requirements and fulfil its research commitments.
- South Wales Thrombectomy Full Business Case - The business case presents the required investment to implement, in a phased approach, the Mechanical Thrombectomy (MT) service for South Wales.

Lloyd Gareth  
28/05/2024 13:18:12

- The Board had approved the refreshed Shaping Our Future Wellbeing Strategy.

The SRG enquired how WG's budget deficit was likely impact on the provision of health services. Abigail Harris informed the SRG that the UHB would do everything it could to ensure that there was no diminution of the quality of its services. The UHB would seek to improve efficiency. The UHB was currently very reliant on bank and agency staffing and was developing a workforce plan to make it less reliant on these staff. The UHB was also seeking to agree standardised overtime rates across Wales. Abigail Harris acknowledged that some unpalatable decisions might have to be taken. For example, consideration could be given to the re-introduction of car parking charges. At present there had been no decision on stopping any specific services.

Mat Phillips reported that the previous day the Executives had agreed a Quality Impact Assessment for all service changes.

There was a suggestion from one member of the SRG that politicians should accept that demand for health services and therefore running costs would continue to increase. The re-introduction of car parking charges would penalise patients unnecessarily.

Abigail Harris explained that Social Services were also under a tremendous amount of pressure. Too many people were being admitted to hospital who could remain in their communities if appropriate social care was available to them.

SRG members were invited to join the live stream of the UHB Board meeting on 28 September.

## **SRG 23/34                      TRANSPORT AND SUSTAINABLE TRAVEL INITIATIVES**

Marie Davies explained that the purpose of the item was to discuss the link between sustainable travel and health and how to ensure that consideration of this is built into the planning processes for designing and planning new health care services and facilities.

The SRG **RECEIVED** a presentation from Tom Porter on sustainable travel and health. The SRG was informed that car usage had increased by 700% over the past 50 years and most housing and commercial developments during that time had been designed around car use. The impact of this on health and the environment and ways of supporting active travel and public transport were then described.

Lloyd Gareth  
28/05/2024 13:18:12

The SRG then **RECEIVED** a presentation from Colin McMillan on the Non-Emergency Patient Transport Service (NEPTS) and the Healthcare Travel Costs Scheme (HTCS).

SRG then discussed the presentations and raised a number of questions and made several observations

- Angela Hughes explained that there were other options for those who are ineligible for NEPTS and HTCS for example third sector transport provision. If we are asking people to use cars less there must be alternatives to which they can be signposted.
- How are patient made aware of the NEPTS and HTCS schemes? Abigail Harris indicated that appointment letters direct people to the UHB website where the details can be found but noted that not everyone had access to the internet.
- Does the NEPTS needs assessment take account of whether the patient or their carer has access to a car? Colin McMillan explained that the needs assessment is used to determine whether there is a medical need for transport. When patients book NEPTS they are talked through the needs assessment. This includes determining whether the patient has a 'mobility car'. Patients who automatically qualify for NEPTS (cancer/renal) can also use their own transport and claim back.
- The problem is that people have to pay for their transport before they are able to seek re-imburement through HTCS which many are unable to afford.
- Is the UHL park and ride still operational? Colin McMillan explained that the service had been suspended earlier that month due to poor usage.
- Changing the locations of park and rides doesn't help with encouraging usage.
- Patients are frequently extremely distressed as a result of missing or being late for their appointments due to difficulties in parking. Those who are able should be encouraged to use the park and ride service and additional disabled spaces should be provided for those who cannot.
- The UHW park and ride is quick and reliable and should be better promoted.
- Planning regulations mean it will not be possible to provide sufficient parking spaces to meet current demand therefore people should be educated and encouraged to use alternatives to their cars when travelling to health care premises.
- Cardiff Council has a plan to provide a park and ride off Junction 33 of the M4.
- Outpatient appointment letters are not consistent across the Health Board and contain different information. Angela Hughes explained that

about 80% of appointment letters are generated by the Patient Management System but acknowledged that some departments issued their own letters. The UHB is looking to introduce a standard appointment letter across the organisation.

- The economic crisis means that the proportion of people with access to a car is likely to decrease. Public transport services to health care premises is patchy and recent service cuts have increased the difficulties.
- A co-ordinated comprehensive multi-agency transport strategy is required. Tom Porter explained that Cardiff Council have produced a detailed transport strategy: Cardiff's Transport White Paper: Transport Vision to 2030. The strategy includes the Metro and additional bus services. Consideration will also be given to some form of road user charge which would generate income to contribute towards funding the other proposals. Any such charges would have to be fair and equitable. There are also new regional corporate joint committees (CJCs) across Wales, including both Cardiff and the Vale of Glamorgan local authorities that must produce a regional transport plan for each area.
- To increase the societal appetite for public transport, consideration should be given to introducing free or minimal charge public transport.
- Third sector providers must be part of a co-ordinated approach to transport. Cardiff Third Sector Council and Glamorgan Voluntary Services had jointly produced a briefing paper on transport in Cardiff and the Vale.
- Future models of care should be designed to reduce the need for patients to attend healthcare premises where appropriate.
- The UHB should provide leadership and encourage staff to use sustainable travel options and discourage them from driving to sites where it is appropriate and alternatives are available. Consideration could be given to using 'sticks' as well as 'carrots' whilst recognising the potential impact of such measures on staff morale and recruitment/retention etc.
- The UHB has signed the Health Travel Charter.
- The SRG called on the UHB to ensure channels of communication are set up to maintain its awareness of changes to those public transport services that serve the various locations where care is provided and to discuss how improvements to those services could be achieved.

It was agreed that the following would be issued to SRG for information:

- the presentations;
- the Welsh Government Circular establishing the HTCS
- a link to Cardiff Council's White Paper,
- the Voluntary Sector Briefing on Transport in Cardiff and the Vale; and

- South Glamorgan Community Health Council's Transport to Health Services report produced in September 2022.

**Action: Gareth Lloyd**

It was agreed that transport and sustainable travel would be an annual item on SRG agendas.

**Action: Gareth Lloyd**

**SRG 23/35 UHB STRATEGY REFRESH**

The SRG was informed that the Strategy had been launched at the Health Board's Annual General Meeting on 21 September.

The SRG **RECEIVED** a presentation from Marie Davies highlighting the changes that had been made since the last iteration that had been shared with them.

Marie Davies explained that the SRG would be asked to help develop the framework to deliver the Strategy. Marie Davies would provide an update on the framework at the next meeting.

It was agreed that a copy of the Strategy be issued with the minutes from the meeting and that SRG members send any questions to Gareth Lloyd.

**Action: Gareth Lloyd/All**

It was agreed progress with delivery of the Strategy would be an annual item on SRG agendas.

**Action: Gareth Lloyd**

**SRG 23/36 SOUTH CENTRAL WALES STROKE DELIVERY NETWORK**

The SRG **RECEIVED** a presentation from Benji Williams on the development of the South Central Wales Stroke Delivery Network (SCWSDN).

The SRG was informed that Cardiff and Vale and Cwm Taf Morgannwg Health Boards together with other key stakeholders, had agreed to work collaboratively to deliver the SCWSDN in order to address key challenges across current services. There is evidence that comprehensive regional Stroke centres improve clinical outcomes. The aim of the Network is to

Lloyd Gareth  
28/05/2024 13:18:12

transform stroke outcomes for our population by working in partnership to deliver evidence based, innovative and sustainable care that is 'best in class' at every stage of the pathway.

The first phase of public engagement commenced in August and would end on 29 September. This will be followed by a gap analysis and options appraisal before a second phase of public engagement and a stakeholder co-design workshop. Formal public consultation is scheduled to commence in December 2023 and the aim is to produce a Full Business case by March 2024.

The SRG was asked to consider some specific issues:

- How do we address the challenges of access to care, distance and travel times whilst recognising the benefits of specialist care?
- The potential impact on at risk groups identified through the Equality Health Impact Assessment
- Given that 90% of strokes are preventable, how do we amplify primary and secondary care?

The SRG discussed the presentation and raised a number of questions and made several observations

- The establishment of the SCWSDN is a potentially big service change which will improve access to specialist services and clinical outcomes however there will be access issues. It will be important therefore to get the message out that it will prolong and improve quality of life.
- Most people with the possible exception of the older elderly have begun to accept travelling further to access specialist care.
- The message that 90% of strokes are preventable needs to be better publicised.
- 'Good news' stories of people who have benefitted from treatment in regional specialist would help to promote the proposals.
- Are the number of people admitted with strokes per year increasing? Benji Williams confirmed that this was the case across all the sites in the Network and the expectation is that this trend would continue.
- There is a need to engage with seldom heard groups and to get the message out by using advocates in their communities and families.
- There is a need to be mindful of mixed messaging as television advertising emphasises the importance of accessing help in a timely manner. Benji Williams explained that new clinical guidance had extended the timescale within which patients can receive effective thrombolysis to sixty minutes. WAST will be a key partner and the number of patients who can get to hospital within this timescale must be maximised.
- Are individual genetically disposed to suffering a stroke and if so should there be a screening programme? Angela Hughes explained

that familial hypertension increased an individual's risk. Community pharmacies had a role in advertising risk factors and providing advice.

### **SRG 23/37                      STAKEHOLDER REFERENCE GROUP CHAIR**

The Chair informed the SRG that it would be her last meeting in the role as her term of office as Chair would come to end on 31 October. There had been two expressions of interest in sharing the role. The UHB would therefore be checking if this would comply with Standing Orders.

The Chair requested that if anyone else was interested in assuming the role, they should inform Gareth Lloyd no later than Tuesday 3 October. Gareth Lloyd would write to SRG members informing them of this deadline.

#### **Action: Gareth Lloyd/All**

On behalf of the SRG Abigail Harris thanked the Chair for her commitment to the role over the past three years and for fulfilling her responsibilities in such an organised and constructive way.

The Chair then thanked colleagues for their input and support during her tenure.

It was agreed that Vice Chair Siva Sivapalan would chair the SRG's next meeting and that the nomination of a Chair would be the first substantive item on the agenda.

### **SRG 23/38                      NEXT MEETING OF SRG**

9.30am - 12pm, Tuesday 28 November 2023, Nant Fawr 1, Woodland House.



**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
Matt Phillips	Director of Corporate Governance, UHB
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.

1

Lloyd Gareth  
28/05/2024 13:18:12



**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.

Lloyd Gareth  
28/05/2024 13:18:12

- 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  
HELD ON 26 SEPTEMBER 2023**

The SRG **RECEIVED** the minutes of the SRG meeting held on 26 September 2023. The SRG agreed that Richard Cox be afforded the opportunity to review the minutes in particular item SRG 23/34, Transport and Sustainable Travel Initiatives.

**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 21<sup>st</sup> 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

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

- 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.