

CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
9.30am – 12pm on Wednesday 23 September 2020, via Microsoft Teams

AGENDA

PART 1: ITEMS FOR DISCUSSION

1 9.30am	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair

PART 1: ITEMS FOR DISCUSSION

4 9.35am (5 mins)	Minutes and Matters Arising from the SRG meeting on 22 July 2020	Chair
5 9.40am (5 mins)	Feedback from Board <i>To highlight key issues from the Board meeting on 30 July</i>	Nikki Foreman Director of Corporate Governance

Deliver Outcomes that Matter to People

	<i>No items</i>	
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Sustainability

6 9.45am (15 mins)	Update on CAV24/7 <i>To receive an update on the UHB's CAV 24/7 service</i>	Katja Empson Consultant Emergency Unit
7 10.00 (30 mins)	Clinical Services Plan <i>To outline the UHB's approach to engagement</i>	Marie Davies Deputy Director of Strategy & Planning

5 minute comfort break

Culture and Values

8 10.35am (60 mins)	Improving Equality and Inclusion <i>To receive a presentation on the UHB's initiatives to improve equality and inclusion</i>	Keithley Wilkinson Equality Manager
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Our Service Priorities

	<i>No items</i>	
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PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP

1	Next Meeting of SRG 9.30am-12pm, 24 November 2020	
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**This document is available in Welsh / Mae'r ddogfen hon ar gael yn
Gymraeg**

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON WEDNESDAY 22 JULY 2020
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Geoffrey Simpson
Sam Austin
Frank Beamish
Sarah Capstick
Zoe King
Tim Morgan
Lani Tucker

One Voice Wales (Chair)
Llamau (items 20/12-20/18)
Volunteer
Cardiff Third Sector Council
Diverse Cymru
South Wales Police
Glamorgan Voluntary Services

In Attendance:

Nikki Foreman
Abigail Harris
Angela Hughes

Director of Corporate Governance, UHB
Executive Director of Strategic Planning, UHB
Assistant Director of Patient Experience, UHB (item 20/19 onwards)
Clinical Director for Urgent Primary Care, UHB
South Glamorgan Community Health Council
Strategic Partnership and Planning Manager, UHB
Equality Manager, UHB

Sherard Lemaitre
Wendy Orrey
Anne Wei
Keithley Wilkinson

Apologies:

Mark Cadman
Jason Evans
Iona Gordon
Tricia Griffiths
Shayne Hembrow
Paula Martyn

WAST
South Wales Fire and Rescue Service
Cardiff Council
Carer
Wales and West Housing Association
Independent Care Sector

Secretariat:

Gareth Lloyd, UHB

SRG 20/12

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. Frank Beamish, Tim Morgan and Lani Tucker were introduced as new members. It was noted that Jason Evans would be the new South Wales Fire and Rescue Service member of the SRG but had tendered his apologies for today's meeting.

The Chair took the opportunity to thank the UHB for sending the SRG the regular C-19 Stakeholder Briefs.

SRG 20/13 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

SRG 20/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 20/15 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 29 JANUARY 2020

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 22 January 2020.

Draft Clinical Services Plan

Abigail Harris explained that the Clinical Services Plan engagement process had been delayed due to the UHB's response to the COVID-19 (C-19) pandemic. There was a need to review and refresh the Plan in light of C-19. Many of the elements have been accelerated in response to the pandemic, for example the transfer of more surgery from the UHW to the UHL site, the use of digital technology for remote consultations and the CAV 24/7 service which would be launched on 5 August. The intention was to undertake a comprehensive virtual engagement process during autumn 2020 with subsequent formal public consultations on specific elements of the Plan as necessary. Abigail Harris and Anne Wei would be meeting with the Consultation Institute on 29 July to discuss what good engagement would look like. The engagement process proposals would be shared with the SRG at its September meeting.

Major Trauma Centre

Abigail Harris reported that until the C-19 pandemic, the Health Boards had been on course to commence the Major Trauma Network and Major Trauma Centre at UHW from April. The Network had, however, taken the collective decision to pause the implementation process due to C-19. It was now anticipated that the Major Trauma Network and Major Trauma Centre would go live in September 2020. This would dovetail nicely with the imminent commencement of a 24/7 Emergency Medical Retrieval and Transfer Service which would be supplemented by a helicopter service from the autumn. The Network has acknowledged the need to respond to C-19 pressures and consideration might have to be given to Major Trauma triage and where patients are diverted.

Nikki Foreman provided a brief verbal report on the key items discussed at the UHB Board meetings held on 26 March and 28 May 2020.

March

- The country had just entered lockdown and much of the discussion had centred on C-19. A reasonable worst case scenario of requiring an additional 600-2,000 beds for Cardiff and the Vale of Glamorgan had been identified. It had therefore been decided to create a temporary hospital at the Principality stadium which was subsequently named Dragon's Heart Hospital. Personal protective equipment, testing and self-isolation guidance had also been discussed.
- Routine Patient Safety and Performance Reports and the end of year Board Assurance Framework was discussed.
- The Strategic Outline Case for theatres at UHL had been approved.
- The Board Annual Work Plan was approved.
- The Move More Eat Well Plan was approved but its launch had been delayed until week commencing 27 July due to C-19. Anne Wei asked SRG members to help promote the Plan via their networks.

Action: All**May**

- Tributes were paid to staff lost to C-19.
- The re-establishment of non C0-19 activity was discussed.
- Test Trace Protect was discussed.
- Lessons learned during the pandemic were discussed.
- Board Assurance Framework was discussed one with routine risks and a separate one with C-19 risks. These had now been amalgamated into a single document.
- Patient Quality and Safety Report – Serious Incidents had decreased due to a decrease in activity
- The Medical Director presented a report assuring the Board that deaths were being reported correctly.
- Staff resources and wellbeing
- Nurse staffing levels
- The Service Delivery Plan for 2020/21 was signed off and subsequently submitted to Welsh Government.
- Executive Director of Finance had reported a £38m deficit at month one, £33m due to Dragon's Heart Hospital.

It was agreed minutes of the Board meetings would be sent to the SRG.

Action: Gareth Lloyd

Abigail Harris explained that the Quarter 2 Plan had been produced and submitted to Welsh Government. It covered the period July-September 2020 and was the UHB's operational plan for the quarter. There was a need to ensure that services are C-19 ready. A suite of local indicators which overlap with national indicators, had been developed. These were monitored weekly and gave an early indication if C-19 cases are beginning to increase. The UHB is therefore better placed to understand the spread of C-19 in the community and make a quick appropriate response to any increase. It should however be remembered that many people with C-19 are asymptomatic which is why there remains a strong focus on hand hygiene and maintaining 2 metres distancing.

Another potential risk associated with the pandemic is delays to access to emergency or urgent care. The UHB has developed a plan to bring back as much of its pre-C-19 activity as possible whilst remaining C-19 ready. To facilitate this it has created green non C-19 zones and red C-19 zones on its sites with very strict segregation of areas. It was inevitable however that there would be a backlog of cases e.g. in cataract surgery.

The SRG was informed that at the beginning of the pandemic there had been a huge decrease in activity in Emergency Departments. There had also been an increase in non C-19 related death rate compared with recent years possibly due to people being reluctant to present at Emergency Departments or seek other medical advice. Physical distancing would make it impossible to maintain pre C-19 activity in the Emergency Department which is why the UHB would be launching the CAV 24/7 service.

Abigail Harris reported that the UHB and local authorities were working with care homes to make sure they have all the PPE, training and support they require. Welsh Government has launched a rapid review of C-19 in care homes and the UHB has met with the person leading the review and submitted evidence.

There has been considerable concern regarding deterioration of mental health during lockdown. The UHB has introduced a digital platform for many of its Mental Health and Child and Adolescent Mental Health services many of which would continue post pandemic. The majority of GP appointments are also now virtual or telephone consultations. The UHB is mindful of the need to ensure that people are not disadvantaged by digital exclusion and non-digital options for accessing services would therefore be maintained.

Abigail Harris highlighted the size of the achievement in commissioning the Dragon's Heart Hospital in such a short period of time. The Hospital had

been designed to be able to operate with reduced staffing levels. The UHB had decided to open a small number of beds at the Hospital to ensure that the operational policies and staffing levels were appropriate. The patients admitted were very carefully selected and the feedback from them regarding their experiences in the Hospital was overwhelmingly positive.

The UHB would need to retain some C-19 surge capacity and it was clear that the Dragon's Heart Hospital cannot remain at the Principality Stadium indefinitely. In discussion with Welsh Government it had been agreed that approximately 400 additional beds would be required in a reasonable worst case scenario. It was proposed that these would be provided on the UHW site in the area that had been earmarked for a sustainable travel hub. The funding was yet to be agreed.

The SRG enquired whether the UHB had a plan for managing the backlog and whether Welsh Government would provide additional resources to support this. Abigail Harris explained that it was estimated that it would take 2-3 years to address the backlog. There was no full plan as to how this would be achieved but the UHB was working with other Health Boards and regional solutions might be the answer in many cases e.g. a regional cataract surgery service capable of providing high volume activity. Additional resources would be required including staffing. Fortunately the UHB was quite successful with its recruitment and had managed to recruit an additional 200 staff for the Major Trauma Centre. Recruitment of some staff groups such as Radiologists would undoubtedly be difficult as there were national recruitment difficulties. The UHB had signalled to Welsh Government the importance of continuing to use the Spire Hospital for NHS work until the end of the year. This would have to be funded but to date Welsh Government had made quick funding decisions during the C-19 pandemic.

The SRG enquired whether Equality Health Impact Assessments (EHIA's) would be undertaken for new methods of service delivery e.g. digital appointments. Abigail Harris confirmed that EHIA's would be undertaken. The UHB acknowledged that not everyone had access to digital technology or was comfortable using it and Abigail Harris re-iterated that face to face contacts would continue to be an option. The UHB had also engaged in discussions with the digital inclusion programme.

It was agreed that the Quarter 2 Plan be circulated to the SRG

Action: Gareth Lloyd

SRG 20/18

TRANSFORMING URGENT CARE CAV 24/7

The SRG received a presentation from Sherard Lemaitre on the CAV 24/7 service that would commence on 5 August.

The SRG was informed that although the number of attendances at Emergency Departments had fallen since the start of the C-19 pandemic, the majority of this reduction was in the category of cases that could be more appropriately dealt with in another setting. The new service would be a phone first service for all but true emergencies such as cardiac arrests or strokes. The intention is for 95% of calls to be answered within one minute. Callers would receive a return triage/assessment call from a Band 6 who would have medical support on shift usually a GP but there would also be two consultants in the service. Once patients have been assessed they will be directed to the right place first time which could be a booked appointment at the Emergency Department or signposting to a community service. This would result in a much better patient experience.

Abigail Harris reported that the Health and Social Services Minister had indicated that he expected all Welsh Emergency Departments to consider introducing a similar model. The UHB had been liaising with the Community Health Council (CHC) regarding the service and had agreed that it needed to be introduced as soon as possible. The service would be very much a pathfinder and it was likely to be adapted as lessons were learned. Rapid feedback from patients and staff would be an integral part of this process and there would continue to be regular discussion with the CHC.

Abigail Harris informed the SRG that there was usually a spike in non-emergency Emergency Department attendances during September and October. This was due to students returning to the area but not registering with local GPs. The UHB was working with local Universities to encourage students to register with GPs as soon as possible.

The SRG generally supported the introduction of CAV 24/7 but made some observations.

- It may be difficult for some groups such as the homeless, vulnerable or victims of domestic abuse or violence to access the service. Sherard Lemaitre assured the SRG that this had been taken into consideration. The UHB was liaising with the IRIS service and call handlers would be undergoing training the following week. A meeting had been arranged with third sector organisations working in the mental health field to discuss how patients would be streamed. There would always be someone at the front door of the Emergency Department and no-one would be turned away although they might be advised that there was a better way to access help.
- Successful communications with the public would be critical to the success of the service. Sherard Lemaitre reported that there was a comprehensive communications plan. Resource packs were being

produced for partner organisations, posters would be put up in high footfall areas and the UHB was liaising with local community groups, schools, religious organisations, sensory loss charities etc. and a meeting was being arranged with South Wales Police. A Facebook live session has been arranged and it was hoped that there would be further publicity on the BBC.

- How will the service interface with NHS Direct? The SRG was informed that there had been discussion with the 111 Programme Director and senior managers within NHS Direct. There were two separate IT systems but a solution has now been identified and would be implemented as soon as practically possible.
- An EHIA would be required to ensure mitigating actions were identified to address any negative impact on any groups.
- Currently if patients in the western Vale of Glamorgan contact the Out of Hours service and a need to attend an Emergency Department is identified, they are currently referred to the Emergency Department in Princess of Wales Hospital. Sherard Lemaitre explained that the existing Service Level Agreement with Cwm Taf Morgannwg UHB would continue but patients would be have the choice of where to receive their treatment.

It was agreed that the SRG would receive an update on the CAV24/7 service at its meeting in September. In the meantime, the UHB would be grateful if SRG members could help to promote the service through their own networks.

SRG 20/19 PHOENIX PROGRAMME

The SRG received a presentation from Abigail Harris on how the UHB was moving beyond the C-19 emergency response

Abigail Harris began by explaining that there were ongoing discussions within the UHB regarding a more appropriate name for the programme. The programme had three phases: emergency response, restart and recovery and rebuilding and renewal although it was important to understand that this was not a linear process.

A number of the changes introduced in response to C-19 had been extremely positive. A comprehensive learning programme has been established which would help identify those which should be maintained. One of the key national findings has been that the 'just in time' supply principle is not always appropriate and some stockpiling of items will be required.

Abigail Harris informed the SRG that winter planning presented a real challenge. It was anticipated that more people than usual would want to receive the flu vaccine and the UHB was also gearing up for a C-19

vaccination programme from September-April should a vaccine become available.

A reset roadmap would be considered by the UHB Board. The Executives would have oversight with sponsorship of key workstreams using the 'alliancing' approach whereby a wide range of different staff not just senior managers will be part of the decision making process.

The SRG suggested that in developing services it would be important to engage with the third sector to ensure seamless services. Abigail Harris acknowledged the importance of this relationship and confirmed that an internal meeting had been arranged to discuss the interface with the third sector.

Angela Hughes suggested that the virtual editorial panel could advise on how best to describe the programme.

SRG 20/20 ANY OTHER BUSINESS

SRG Chair

Anne Wei reminded the SRG that the cancelled March meeting would have been Richard Thomas' last as Chair and member of the SRG. Geoff Simpson had kindly agreed to assume the Chair on an interim basis pending the appointment of a substantive Chair. Anne Wei would be writing to SRG members seeking expressions of interest in the role of Chair

Action: Anne Wei

SRG Eligibility

Gareth Lloyd reported that he had written to all SRG members asking them to complete and return a form confirming their continued eligibility for the Group. He requested that those yet to return their forms could please do so as soon as possible.

Action: All

SRG 20/21 NEXT MEETING OF SRG

Microsoft Teams meeting, 9.30am-12.00pm on Wednesday 23 September.

On behalf of the SRG the Chair concluded the meeting by thanking all NHS, Social Care and Third Sector staff for their efforts during the C-19 pandemic.

IMPROVEMENT THROUGH INCLUSION



Rachel Gidman Assistant Director of OD

Keithley Wilkinson Equality Manager



If Diversity is being invited to the party,

Inclusion is more than being asked to dance – it's dancing; choosing the music; it's being part of the party planning."

In other words, it's about a sense of belonging



Equality Act 2010Nine protected Characteristics

1. Age
2. Disability
3. Gender identity - Trans / non binary
4. Maternity and pregnancy
5. Marriage and civil partnership
6. Religion or Belief
7. Sexual orientation.
8. Race
9. Sex

Socio-Economic Duty 2021

Welsh Language



Equality Act & Strategic Equality Plan



Legally obliged to have a Strategic Equality Plan for 2020-2024:

- Published by 1st October 2020
- Laying out UHB commitment to equality and diversity – Eliminate discrimination; Advance equality; Foster Good Relations
- Laying out our Equality Objectives – Communication; respect; access; quality of care and equality of pay are at the heart of this plan.



Landscape changed as we were changing

- In-light of the pandemic the Commission has advised the health board that we should review our SEP to identify the key inequalities exacerbated by the Coronavirus pandemic and create a clear action plan with equality outcomes to build a more equal and fair Wales as we recover from the crisis.
- The disproportionate impact of coronavirus on particular protected groups, both in terms of peoples' health and their experiences of discrimination and the challenges raised by the Black Lives Matter movement means that equality and human rights must continue to be central to decision making going forward.



Good Practices

- **CEO to lead on issues of race-e.g.Staff conversations/expert panel**
- **Each Exec to sponsor other individual protected characteristics/Welsh**
- **Leading through Inclusion'** - Innovative 6 month project to support the development of managers around all aspects related to **inclusion**.
- **Include Me In** drama-based training into the organisation to promote our inclusion, education and wellbeing agenda.
- A number of **equality related policies**
- **Stonewall Diversity Champion** – Pride & Welsh Gender Service
- **Disability Confident Employer** – Project Search



Choices and Voices

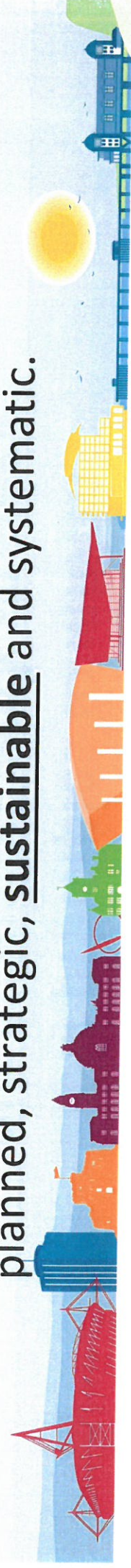
There is now a call for us to be proactive –to create a MORE inclusive workplace.

The choice to 'do nothing' in response to Covid 19 and the Black Lives Matter movement is actually a choice to continue with the same behaviours and even accelerate worsening inequalities.



What does proactive look like?

Our actions, from top to bottom, need to be well planned, strategic, **sustainable** and systematic.



Six principles to inform our inclusion work strategy

- **Commit** to sustained long-term planned action through visible senior leadership and a willingness to change.
- **Clarify** the organisation's stance and values: unacceptability of racism.
- **Co-create** a systemic approach for practical action by working across the organisation: Scrutinise all operational processes, ways of working and people management policies.
- **Critically** appraise our people management approach from end to end.
- **Connect** our people by creating safe spaces, systems and times to talk, share experiences and learn from each other: Our plan to be informed by employee voice, and bring in experts where necessary.
- **Communicate** our messages consistently and ensure the conversation is two-way: Leave our workforce and wider stakeholders in no doubt about our key messages. Ensure they are reflected in people's behaviour, in the organisation's operations, and in the organisation's interactions with stakeholders.



Further Recommendations

- Each member of the Senior Leadership Team to continue to actively support this agenda.
- Equality Strategy & Welsh Language Standards Steering Group senior leadership representation from each Clinical Board established by 30 September 2020.
- Participate in a Executive management Development Session on race equality in October 2020 with the creation of an action plan
- Make an innovative bid triangulating inclusion/ wellbeing and education to the Health Charity



Questions

- What do think of what you heard?
- What more could/should we doing?
- How would you like to be involved in future work?

