

CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
11am – 12pm on Tuesday 24 November 2020, via Microsoft Teams

AGENDA

PART 1: ITEMS FOR DISCUSSION		
1	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
PART 1: ITEMS FOR DISCUSSION		
4 11.00am (5 mins)	Minutes and Matters Arising from the SRG meeting on 23 September 2020	Chair
5. 11.05am (5 mins)	Feedback from Board <i>To highlight key issues from the Board meeting on 24 September</i>	Nikki Foreman Director of Corporate Governance
Deliver Outcomes that Matter to People		
	<i>No items</i>	
Sustainability		
6 11.10am (25 mins)	Update on UHB's Quarters 3 and 4 Service Delivery Plan	Abigail Harris Executive Director of Strategic Planning
7 11.35am (25 mins)	Regional Partnership Board Winter Protection Plan	Cath Doman Director for Health and Social Care Integration
Culture and Values		
	<i>No items</i>	
Our Service Priorities		
	<i>No items</i>	
PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP		
1	Next Meeting of SRG 1.30pm-4pm, Tuesday 26 January 2021	

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 23 SEPTEMBER 2020
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Geoffrey Simpson	One Voice Wales (Chair)
Sam Austin	Llamau
Frank Beamish	Volunteer
Mark Cadman	WAST
Sarah Capstick	Cardiff Third Sector Council
Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Zoe King	Diverse Cymru
Dean Loader	South Wales Fire and Rescue
Tim Morgan	South Wales Police
Linda Pritchard	Glamorgan Voluntary Services
Lani Tucker	Glamorgan Voluntary Services

In Attendance:

Marie Davies	Deputy Director of Strategic Planning, UHB
Katja Empson	Consultant in Emergency Medicine, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Keithley Wilkinson	Equality Manager, UHB

Apologies:

Duncan Azzopardi	Cardiff University
Jason Evans	South Wales Fire and Rescue
Paula Martyn	Independent Care Sector

Secretariat:

Gareth Lloyd, UHB

SRG 20/22 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

The SRG was informed that the Vale of Glamorgan Council had nominated Cllr Janice Charles to replace Cllr Rachel Nugent-Finn as its member on the SRG.

The SRG was also informed that Tricia Griffiths had resigned from the SRG due to health issues and family commitments. Anne Wei and Gareth Lloyd would be seeking a replacement carer member for the Group. On behalf of the SRG the Chair thanked Tricia Griffiths for her contribution to the Group and wished her all the best for the future.

SRG 20/23 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Nikki Foreman, Wendy Orrey and Anne Wei.

SRG 20/24 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 20/25 UPDATE ON CAV24/7

The SRG received an update on the CAV24/7 service from Katja Empson.

The SRG was reminded that the service is a phone first service for all but true emergencies. It had been introduced to ensure that patients receive the right care at the right place at the right time. It also reduced overcrowding in the Emergency Unit which is particularly important during the C-19 pandemic. Since it commenced on 5 August, the service had generally been successful. Significant numbers are using the service and there is no evidence of any patient being harmed as a result of the new model. Some people had self-presented to the Emergency Unit a number of whom had been redirected to other services but they had all been treated with compassion. Staff have been mindful that some individuals might be unable to phone first for a number of reasons including difficulties in communicating, no access to a phone etc. Staff have also been cognisant of safeguarding issues. There have been a few examples of patients being 'ping-ponged' between different elements of the health service and discussions are being held to address this issue.

90-95% of minor injuries are now managed via an appointment. Additional resources have been provided at Barry Minor Injuries Unit and this will continue to be developed. Some Cardiff residents are being referred there and there is an expectation that they make their own travel arrangements.

Mark Cadman reported that Welsh Ambulance Services NHS Trust welcomed CAV24/7. They had received over 300 calls but had only needed to convey 14 patients to the Emergency Department. The only slight area of concern was that where ambulance crews have been called and assessed patients as not needing emergency transport it can sometimes take over 45 minutes to secure an appointment.

In response to an enquiry Katja Empson explained that if individuals turn up at the Emergency Department without an appointment and it is assessed that they do need to be treated there, priority would still be given to those with appointments unless clinical priority dictated otherwise.

Abigail Harris reminded the SRG that CAV24/7 was the pathfinder for Wales and would continue to be developed as lessons are learnt. The Minister for Health and Social Services had published a Winter Protection Plan of which CAV24/7 was an important part. It was interesting to note that in England the national policy was to move towards a similar emergency care model.

The SRG enquired how patient feedback was being obtained. Katja Empson reported that those using the service had received a text message requesting feedback. Although only 12% had responded the replies had been generally very positive with no significant area of concern identified. The Community Health Council had also conducted its own survey outside the Emergency Department and had interviewed staff. Angela Hughes explained that the 12% of respondents equated to circa 750 patients. There was also a robust patient experience programme in place that would include patient stories and work with 'seldom heard' groups.

In response to an enquiry, Katja Empson explained that the UHB was cognisant of the needs of all vulnerable groups including the homeless. The majority of the homeless who attend the Emergency Department arrive via ambulance. Staff are acutely aware of the need to be cautious in redirecting the homeless to alternative service provision.

The SRG enquired whether learning was emerging about the people attending the emergency Department who should have gone elsewhere. Katja Empson explained that information was being collated and the UHB now had more than just anecdotal information on the patients attending.

On behalf of the SRG the Chair congratulated the UHB on the successful introduction of CAV24/7.

SRG 20/26

MINUTES AND MATTERS ARISING FROM
• STAKEHOLDER REFERENCE GROUP
MEETING HELD ON 22 JULY 2020

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

Major Trauma Centre

Marie Davies confirmed that the Major Trauma Network and Major Trauma Centre (MTC) at UHW had gone live on 14 September. The first week had been extremely busy and although there had been a number of 'teething' issues the service was generally working well.

SRG 20/27 FEEDBACK FROM BOARD

The draft minutes of the UHB Board meeting held on 30 July 2020 had been circulated to the SRG for information.

It was agreed that SRG should address any questions relating to them to Anne Wei or Gareth Lloyd.

SRG 20/28 CLINICAL SERVICES PLAN

Marie Davies explained that work was being undertaken with clinical colleagues and stakeholders to develop a Clinical Service Plan (CSP) that articulated the key components that will be necessary to deliver the UHB's Shaping Our Future Wellbeing (SOFW) Strategy. The intention was to produce a document and engagement materials for an engagement programme during the autumn. The UHB was currently reviewing its approach to engagement on the CSP in the context of C-19 which had already stretched the UHB's limited communications and engagement staff resource. There was also the issue of whether it was appropriate to conduct an engagement exercise on strategic change in the midst of a pandemic when the context was continually evolving.

Marie Davies explained that over the next 1-2 years a number of acute services are likely to be regionalised which will ensure that they are sustainable and improve patient outcomes. In addition, a key principle of the CSP will be the provision of non-complex surgery and rehabilitation on a separate site from specialist and complex surgery. It is likely that UHL will become principally an elective site and UHW will become the site for all emergency admissions and specialist and complex work. Formal engagement and public consultation exercises will be required for specific service change proposals. Dr Navroz Masani had been appointed as clinical lead for the programme of clinical change.

The UHB would be seeking people's views on a small number of questions on key components of the Strategic Clinical Services Plan including:

- whether there are any other drivers for change we need to consider in designing future service models;

- the rationale we have put forward for changing the way we deliver acute medicine and planned surgery;
- the emerging models for providing more care closer to home;
- what else should be taken into account as when developing these plans; and
- how would people like to be involved in this work going forward

The SRG suggested that it would be important to ensure that the most deprived communities had a voice in shaping future service provision. It enquired whether the UHB was engaging with Public Health Wales (PHW) to identify need in specific communities. Marie Davies explained that the CSP was not just about reconfiguring acute services, indeed the starting point is what is required within local communities to enable people to remain at home or receive care as close to home as possible.. PHW colleagues undertook comprehensive population needs assessments and this data was used in the planning of future service provision. The UHB was also a member of the Regional Partnership Board which is a collaboration of all public and third sector partners. Cath Doman Programme Director for Integrated Health and Social Care ensures that the UHB's operational and strategic planning is joined up with that of its partners.

The SRG made a number of suggestions about the engagement process:

- Engagement should be a continuous and iterative process and should not be delayed due to C-19.
- A mixture of on- line and off-line engagement methodologies should be adopted e.g. social media, traditional paper leaflets, posters etc.
- ProMo Cymru, EYST and Age Concern might be able to provide advice/assistance.
- Consideration should be given to how to capture the views of the 'seldom heard'
- Clear language must be used. Patient Experience will be able to assist with this.

SRG 20/29 IMPROVING EQUALITY AND INCLUSION

The SRG received a presentation from Keithley Wilkinson on the UHB's initiatives to improve equality and inclusion.

The SRG was reminded of the nine protected characteristics set out in the Equality Act 2010 and informed that each Board member sponsored an individual characteristic including the Welsh language. There was also discussion about the new Socio-Economic Duty the overall aim of which is to deliver better outcomes for those who experience socio-economic

disadvantage. The Socio-Economic Duty will support this by ensuring that those taking strategic decisions understand the views and needs of those impacted by the decisions, as well as driving change in the way that decisions are made and the way that decision makers operate.

The importance of the Welsh Language Standards have also been identified in the UHB's Strategic Equality Plan 2020/24 which the UHB is obliged to publish. The Plan would be published in October and would be circulated to the SRG for information.

Action: Gareth Lloyd

The Plan has been reviewed to identify the key inequalities exacerbated by the C-19 pandemic and the UHB is developing a clear action plan with equality outcomes.

The SRG was informed of the good practices being adopted within the UHB, the principles that will inform the UHB's inclusion work strategy and further recommendations aimed at improving equality and inclusion.

The SRG welcomed the progress being made on equality and inclusion but reminded the UHB not to forget other specific groups not directly referenced including women, the gender fluid, and those with learning disabilities.

It was agreed that in a few meetings' time Keithley Wilkinson would provide the SRG with an update on how the UHB had moved from principles to practice.

SRG 20/30 ANY OTHER BUSINESS

SRG Eligibility

Gareth Lloyd requested that those yet to return their forms could please do so as soon as possible.

Action: All

SRG 20/31 NEXT MEETING OF SRG

Microsoft Teams meeting, 9.30am-12pm, Tuesday 24 November 2020.