

Stakeholder Reference Group

Tue 25 May 2021, 14:45 - 16:45

Via MS Teams



Agenda

14:45 - 14:45 **1. Welcome and Introductions**

0 min

Chair

14:45 - 14:45 **2. Apologies for Absence**

0 min

Chair

14:45 - 14:45 **3. Declarations of Interest**

0 min

Chair

14:45 - 14:45 **4. Minutes and Matters Arising from the SRG meeting on 23 March 2021**

0 min

Including feedback from the Shaping Our Future Clinical Services and Vascular Engagement Programmes

Abigail Harris

 Item 4 - Unconfirmed Minutes of SRG Meeting 23 March 2021.pdf (8 pages)

14:45 - 14:45 **5. Feedback from Board**

0 min

To highlight key issues from the Board meetings held on 25 March and 29 April 2021.


Nicola Foreman

14:45 - 14:45 **6. Recovery Planning**

0 min

To seek the SRG's view on the UHB's current thinking on its recovery planning

Steve Curry

 Item 6 - Recovery Planning Questions.pdf (1 pages)

14:45 - 14:45 **7. Development of Acute Cancer Services in South East Wales and Implications for Cardiff and Vale**

0 min

Meriel Jenny

 Item 7 - Acute Cancer Services Question.pdf (1 pages)

14:45 - 14:45 **8. Next Meeting of SRG**

0 min

9.30am-12pm Thursday 22 July 2021

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**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON TUESDAY 23 MARCH 2021
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Janice Charles	Vale of Glamorgan Council
Iona Gordon	Cardiff Council
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector
Linda Pritchard	Glamorgan Voluntary Services
Anna Ros-Wodstra	Cardiff Third Sector Council
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons
Lani Tucker	Glamorgan Voluntary Services

In Attendance:

Cath Doman	Director for Health and Social Care Integration, UHB
Nikki Foreman	Director of Corporate Governance, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Vicky Le Grys	Programme Director, Strategic Clinical Redesign, UHB
Navroz Masani	Associate Medical Director, Clinical Redesign, UHB

Apologies:

Mark Cadman	WAST
Jason Evans	South Wales Fire and Rescue
Shayne Hembrow	Wales and West Housing Association
Tom Hurlock-Norton	Carers Trust
Duncan Innes	Cardiff Third Sector Council
Tim Morgan	South Wales Police

Secretariat:

Gareth Lloyd, UHB

SRG 21/11 WELCOME AND INTRODUCTIONS

Anna Ros-Woudstra was welcomed and introduced to the Group.

SRG 21/12 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from the Community Health Council, Anne Wei and Keithley Wilkinson.

SRG 21/13 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/14 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 26 JANUARY 2021

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 26 January 2021.

SRG 21/15 FEEDBACK FROM BOARD

Nikki Foreman drew the SRG's attention to some specific items discussed at the UHB Board meetings held on 28 January and 25 February 2021.

January

- Patient Story - Concerned a member of staff who had been moved around during the C-19 pandemic. It had demonstrated the flexibility of staff.
- Condolences were passed to the family of Andrew Woodhouse a porter who had sadly passed away after contracting C-19.
- The Vale of Glamorgan Public Services Board Climate Change Charter
- The approach to equality and diversity within the UHB.
- Executive Team changes – Martin Driscoll would be leaving the UHB. Dr Stuart Walker would replace him as Deputy Chief Executive and Rachel Gidman as Interim Executive Director of Workforce and Organisational Development. They would be starting their new roles in March.
- Joint statement from Cardiff and Vale UHB and Velindre University NHS Trust welcoming the recent Nuffield Trust Report regarding the delivery of non-surgical cancer services in South East Wales and the development of the new Velindre Cancer Centre.
- Update on the mass vaccination programme
- Regular C-19 Report

- Board Assurance Framework – there had been 6 ‘never events’ which would be reported to the UHB’s Health and Safety Committee.
- Urgent Service changes to support oesophageal and gastric cancer surgery for Swansea Bay UHB
- Business Justification Case for improving the Engineering Infrastructure at UHL

February

- The focus of the meeting was on C-19
- Two new Independent Board members had been recruited: Mike Jones, Independent Member, Trade Union and David Edwards, Independent Member Information and Communications Technology. They would commence on 1 April.
- The UHB had signed a Memorandum of understanding with British Association of Physicians of Indian Origin

A link to the papers for these meetings would be sent to the SRG

Action: Gareth Lloyd

The SRG enquired whether the UHB provided the Health Minister with regular reports. The SRG was informed that the Minister does not attend Board meetings but keeps a close eye on the Board papers which are all posted on the UHB’s website. The UHB Chair has regular meetings with the Minister and the UHB also has regular Quality Planning and Delivery meetings with Welsh Government officials.

SRG 21/16 SHAPING OUR FUTURE CLINICAL SERVICES ENGAGEMENT

The SRG was informed that the Shaping Our Future Clinical Services engagement process had commenced on 1 March and would conclude on 19 April 2021. The UHB wanted to start a conversation about the need to transform clinical services in Cardiff and the Vale of Glamorgan, and explore what is most important to people about the way services are delivered in the future.

The SRG received a presentation from Nav Masani and Vicky Le Grys on the UHB’s proposed changes to make the healthcare it provides sustainable and efficient for better patient outcomes.

The SRG was then asked to consider:

- The challenges and opportunities we have described
- The case we have made for the need to transform some of our clinical services

- The principles we have set out to transform:
 - Emergency and Urgent Care
 - Elective Care
 - Specialised Care
- The most important things we need to consider in making any changes, to limit any negative impacts.
- How we can enable more services to be delivered at home
- What to consider in the design of our hospitals for the future

The SRG raised a number of questions and made several observations.

- The direction of travel is welcome and exciting.
- The pandemic has resulted in a backlog of activity and created a tired workforce which might make it difficult to move forward with transformational changes to the way services are provided. Abigail Harris acknowledged this challenge but indicated that it was clear that the UHB could not simply revert to providing services in the same way that they had been provided prior to the pandemic. If it did it could take up to ten years to clear the backlog. There must instead be greater emphasis on prevention and early intervention and improved clinical pathways. The proposals that the UHB was developing were very much in line with the National Clinical Framework that had been published that week. Staff were certainly exhausted but it had been encouraging that they had come forward in large number to engage in clinical workshops on the future of clinical services.
- If the volume of patients/visitors to UHL is to increase, car parking facilities and access to UHL will have to be improved. The SRG was informed that there would always be a constraint on the amount of parking that could be provided on hospital sites which was why the UHB was committed to active travel. The UHB was hoping to recommence the UHL/Toys R Us park and ride and was also looking into the feasibility of a park and ride facility in the western Vale of Glamorgan. Abigail Harris explained that a significant amount of footfall on hospital sites was accounted for by outpatients. Many outpatient consultations can now be conducted virtually. The UHB has made increasing use of this capability during the pandemic and feedback from both patients and staff has generally been very positive. The UHB has an Outpatient Modernisation Programme and it is anticipated that within the next few years 50% of outpatient consultations will be virtual and that this will increase to 75% once UHW2 opens.
- Concern was expressed that some people, frequently with serious conditions, are presenting too late to primary care. Access to a wide range of different practitioners, not just GPs, must be improved. Abigail Harris acknowledged that access to primary care had been a problem for some time and primary care would be a key component of the service redesign work. Many GP practices had introduced new arrangements for consultations in response to the pandemic but there

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remains a need to ensure people can easily access the most appropriate support whether this be provided by the NHS or third sector.

- Do the other Health Boards have a similar clinical service redesign programme? The SRG was informed that all Welsh Health Boards had developed clinical service strategies but they were all at different stages. Cardiff and Vale were talking with the other Health Boards and sharing learning.
- Concern was raised that the elderly have less access to technology and could therefore be disadvantaged by some of the proposed changes. Abigail Harris explained that face to face consultations would remain available for those who preferred it or who could not access or use the technology. Generally people would prefer to avoid having to attend hospital wherever possible. One option might be to provide access to technology at Wellbeing Hubs, Health and Wellbeing Centres and local authority Hybs where there would be people who could assist with using the technology.
- Health inequality is an issue and the UHB must be mindful of the recently published Race Equality Action Plan. Vicky Le Grys explained that an Equality Health Impact Assessment had been undertaken and would continue to be updated throughout the programme. It was vitally important to engage with all communities and a comprehensive engagement programme had been devised. She had presented to third sector partners the previous day and equity of access to services had been raised. Third sector partners had agreed to be involved in the process of developing new patient pathways.
- The development of Wellbeing Hubs, Health and Wellbeing Centres was welcomed. It is pleasing to note that Cardiff Royal Infirmary is being developed as a Health and Wellbeing Centre and the success of the local campaign to keep it open should be recognised. Abigail Harris explained that it was extraordinarily expensive to redevelop the CRI site as much of it was Listed. The Chapel had however recently been renovated into a fantastic facility.
- Active travel must be encouraged and cycle parking needs to be improved at CRI, Riverside Health Centre and Canna Surgery. Abigail Harris explained that there was £100k in the UHB's Discretionary Capital Programme to improve cycle parking.
- Where were the population growth figures obtained? Abigail Harris confirmed that the figures had been obtained from official statistics.

The SRG was informed that the feedback obtained during the engagement process would be shared with the Community Health Council (CHC). This feedback and the views of the CHC would then be used to make a recommendation to the UHB Board in May on the way forward. As plans develop the UHB would continue to engage to obtain stakeholder views on

more detailed proposals. Some of these proposals would potentially also require formal public consultation.

It was agreed that members of the SRG would help publicise the engagement process within their organisations and networks and encourage people to participate.

Action: All

SRG 21/17 SOUTH EAST WALES VASCULAR SERVICES ENGAGEMENT

The SRG received a presentation from Vicky Le Grys.

The SRG was informed that the purpose of the engagement was to begin a conversation with citizens across South East Wales about how Vascular services are organised in the future. It is jointly led by all of the Health Boards that secure Vascular services for their populations i.e. Aneurin Bevan UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB and Powys Teaching Health Board. Vascular disease is any condition that affects the network of an individual's blood vessels. The main aim of vascular services is to reconstruct, unblock or bypass arteries to restore blood flow to organs. These are often one off procedures, in the main, to reduce the risk of sudden death. Prevent stroke, reduce the risk of amputation and improve function. Vascular services in South East Wales are provided from UHW, Grange University Hospital and Royal Glamorgan Hospital. At present, however, there is an urgent temporary arrangement in place for Cwm Taf residents. The service in Cwm Taf UHB became undeliverable at the end of 2020 and these patients are currently being seen in either Aneurin Bevan UHB or Cardiff and Vale UHB.

There are lots of challenges facing Vascular services which make it difficult to provide them from all the hospitals that currently provide them. The challenges include a growing need for the services as the population grows and ages, an inability to meet all the quality standards required and difficulty in recruiting and retaining the workforce required. Clinicians have been discussing how Vascular services could be reconfigured. They have reached a collective agreement that the best way to provide Vascular services would be via a hub and spoke model. This would mean all major Vascular operations would be done in one hospital but patients would still attend their local hospital for work/advice prior to their operation and for rehabilitation after their operation. This model would make the best use of skill and staff and would result in better outcomes for patients. A number of things were considered when identifying where the 'hub' should be including the need for a range of other services to be on the same site such as Major Trauma

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services. Taking these requirements into account, UHW is considered the 'best fit' for the 'hub'. 'Spoke' hospitals will be retained at Royal Gwent Hospital, Grange University Hospital, Royal Glamorgan Hospital and UHL.

The SRG was then asked to consider:

- The recommendation that a hub and spoke model will improve patient outcomes
- The proposal for UHW in Cardiff to be the Hub
- The suggested Spoke arrangements
- Any other information we should consider in deciding the future of vascular services
- The process undertaken to reconfigure services
- Any alternative view on the proposals put forward

The SRG raised a number of questions and made several observations.

- Is population the main reason for selecting UHW as the Hub and if there were more people in South East Wales would there be more than one Hub? Vicky Le Grys explained that one hub was required as this would then provide the critical mass of operations required to enable clinicians to develop and maintain their skills. UHW was selected due to the other specialties on the site.
- Is recruitment an issue? Vicky Le Grys explained that there are insufficient Vascular surgeons which has driven the development of Hub and Spoke models for Vascular services across the UK including the other parts of Wales.

The SRG was informed that the engagement would end on 16 April. Members of the SRG would help publicise the engagement process within their organisations and networks and encourage people to participate.

Action: All

SRG 21/18 @ HOME LOCALITY BASED INTEGRATED CARE MODEL

The SRG received a brief presentation from Cath Doman on the development of an @ hpme locality-based integrated care model.

The SRG was informed that the development of the model is based on keeping people well, healthy, independent and at home. This will require an extensive range of support and expertise. Specialist care and support e.g. hospital care and specialist children's services must be there when required

but the default position must be to provide care in peoples' homes or as close to it as possible.

The SRG raised a number of questions and made several observations

- The @ home concept was welcomed.
- Education/information and early intervention will be key to the success of the model
- The SRG enquired how health and social care budgets would be integrated. Cath Doman explained that although there were a lot of pots of funding available to the Regional Partnership Board this was separate funding and did not challenge the traditional 'siloing' of budgets. There was a need to consider where resources should be brought together to enable improved quality of care and better outcomes for people.
- The SRG enquired what the UHB was doing with regards to falls prevention. Cath Doman explained that falls were a huge factor in long term disability and dependency. Primary care, community health and social care colleagues were often aware of the signals that could indicate that individuals might be at increased risk of falls. Earlier intervention is key. If someone does fall admission to hospital might not necessarily be the best course of action and instead there needs to be support to allow them to remain at home safely.

It was agreed that Cath Doman would return to a future meeting of the SRG to provide more detail of the development of the model.

SRG 21/19 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm Tuesday 25 May 2021.

Recovery Planning

Questions for Cardiff and Vale Stakeholder Reference Group, Meeting 25 May 2021

1. How, as a wider system do we support patients who will inevitably wait longer to access non urgent care? Is there a role beyond health and care?
2. How do we embrace new ways of working in order to re-set service provision as part of the recovery?

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Development of Acute Cancer Services

Questions for Cardiff and Vale Stakeholder Reference Group, Meeting 25 May 2021

The aim of this cancer service development is to improve the pathway for those patients with cancer who requiring acute/ emergency care for the management of their cancer or complications of the cancer treatment. Is there a role for organisations beyond Health and Social care in this work or indeed is there anything we have yet to consider that would further improve outcomes for the people of Cardiff and the Vale of Glamorgan with cancer who require urgent care?

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