

CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
9.30am – 11.30am on Wednesday 22 July 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 29 January 2020	Chair
5 9.40am (5 mins)	Feedback from Board <i>To highlight key issues from the Board meetings held 26 March and 28 May</i>	Nikki Foreman Director of Corporate Governance
Deliver Outcomes that Matter to People		
	<i>No items</i>	
Sustainability		
6 9.45am (30 mins)	Service Delivery Plan 2020/21 <i>To receive an update on the UHB's Service Delivery Plan</i>	Abigail Harris Executive Director of Strategic Planning
7 10.15 (30 mins)	Phoenix Programme <i>To receive a presentation on the UHB's 'Reset Roadmap' – how we are moving beyond the Covid-19 Emergency Response</i>	Abigail Harris Executive Director of Strategic Planning
5 minute comfort break		
8 10.50am (30 mins)	Transforming Urgent Care CAV 24/7 <i>To discuss plans to introduce a Phone First service for urgent care</i>	Dr Sherard Lemaitre Clinical Director for Urgent Primary Care
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, 23 September 2020	
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**This document is available in Welsh / Mae'r ddogfen hon ar gael yn
Gymraeg**

**GRŴP CYFEIRIO RHANDDEILIAID BWRDD IECHYD PRIFYSGOL
CAERDYDD A'R FRO**
9.30 am – 11.30 am ddydd Mercher 22 Gorffennaf 2020 drwy Microsoft
Teams

AGENDA

RHAN 1: EITEMAU I'W TRAFOD		
1 9.30am	Croeso a Chyflwyniadau	Cadeirydd
2	Ymddiheuriadau am Absenoldeb	Cadeirydd
3	Datgan Buddiannau	Cadeirydd
RHAN 1: EITEMAU I'W TRAFOD		
4 9.35am (5 mun)	Cofnodion a Materion yn Codi o Gyfarfod y GCRh ar 29 Ionawr 2020	Cadeirydd
5 9.40am (5 mun)	Adborth gan y Bwrdd <i>Tynnu sylw at faterion allweddol o gyfarfodydd y Bwrdd a gynhaliwyd ar 26 Mawrth a 28 Mai</i>	Nikki Foreman Cyfarwyddwr Llywodraethu Corfforaethol
Cyflawni Canlyniadau sy'n Bwysig i Bobl		
	<i>Dim eitemau</i>	
Cynaliadwyedd		
6 9.45am (30 munud)	Cynllun Cyflenwi Gwasanaethau <i>To receive an update on the UHB's Service Delivery Plan</i>	Abigail Harris Cyfarwyddwr Gweithredol Cynllunio Strategol
7 10.15 (30 munud)	Rhaglen Phoenix <i>Cael cyflwyniad i 'Map Ffordd Adfer' y Bwrdd lechyd – sut rydym yn symud y tu hwnt i'r ymateb brys i Covid-19</i>	Abigail Harris Cyfarwyddwr Gweithredol Cynllunio Strategol
egwyl 5 munud		
8 10.50am (30 munud)	Trawsnewid Gofal Brys CAV 24/7 <i>I drafod cynlluniau i gyflwyno gwasanaeth Ffonio'n Gyntaf ar gyfer gofal brys</i>	Dr Sherard Lemaitre Cyfarwyddwr Clinigol ar gyfer Gofal Sylfaenol Brys
Diwylliant a Gwerthoedd		
	<i>Dim eitemau</i>	
Blaenoriaethau'r Gwasanaeth		
	<i>Dim eitemau</i>	
RHAN 2: EITEMAU I'W DERBYN A'U NODI ER GWYBODAETH GAN Y GRŴP CYFEIRIO RHANDDEILIAID		

1	Dyddiad Cyfarfod Nesaf y GCRh 1.30pm-4pm, 23 Medi 2020	
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Mae'r ddogfen hon ar gael yn Saesneg / This document is available in English

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON WEDNESDAY 29 JANUARY 2020, NANT FAWR 1,
WOODLAND HOUSE**

Present:

Richard Thomas
Sam Austin
Sarah Capstick
Liz Fussell
Iona Gordon
Tricia Griffiths
Zoe King
Dean Loader
Paula Martyn
Linda Pritchard
Geoffrey Simpson

Care and Repair Cardiff and the Vale (Chair)
Llamau
Cardiff Third Sector Council
UHB Volunteer
Cardiff Council
Carer
Diverse Cymru
South Wales Fire and Rescue
Independent Care Sector
Glamorgan Voluntary Services
One Voice Wales

In Attendance:

Federica Faggian

Consultant Microbiologist, Public Health Wales
(items 20/01-20/06)

Aaron Fowler
Abigail Harris
Ann Jones

Head of Corporate Governance, UHB
Executive Director of Strategic Planning, UHB
Patient Safety & Quality Assurance Manager, UHB
(item 20/09)

Vicky LeGrys

Programme Director, Major Trauma Centre, UHB
(item 20/08)

Anne Wei
Harriet Whitaker
Keithley Wilkinson

Strategic Partnership and Planning Manager, UHB
Antimicrobial Pharmacist (items 20/01-20/06)
Equality Manager, UHB

Apologies:

Duncan Azzopardi
Mark Cadman
Shayne Hembrow
Steve Murray
Rachel Nugent-Finn

Cardiff University
WAST
Wales and West Housing Association
South Wales Police
Vale of Glamorgan Council

Secretariat:

Gareth Lloyd, UHB

SRG 20/01

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and Tricia Griffiths was introduced as the new member providing a carers' perspective.

SRG 20/02 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, Angela Hughes and Wendy Orrey.

SRG 20/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 20/04 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 27 NOVEMBER 2019

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 27 November 2019 subject to amending the spelling of Sarah Capstick's name in the list of those present.

Draft Sustainable Travel Plan

Anne Wei provided an update from Colin McMillan. The Sustainable Transport and Travel Group had met earlier that month and received a presentation on the initial draft Travel Plan. Although well received, the Group had expressed concerns that the staff survey response had been low and that no patient/visitor survey had been undertaken. The transport consultants had therefore been asked to undertake further survey work. The comments made by the SRG had been noted by the Group as well as its offer to assist with any further engagement exercise.

Draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023

Anne Wei reported that the Plan was being finalised and would be launched in March 2020 following sign off by the Public Services Boards. Welsh Government had allocated £7m for prevention to Health Boards via the Regional Partnership Boards with £881k being provided to Cardiff and Vale. Plans for how this would be spent were aligned to delivery of the Move More, Eat Well partnership plan.

SRG 20/05 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agenda and draft minutes of the Board meeting held on 28 November 2019.

SRG 20/06 ANTI-MICROBIAL STEWARDSHIP

The SRG **RECEIVED** a presentation from Federica Faggian on initiatives to change prescribing practice to prevent the development of resistance to antibiotics.

The SRG was informed that antibiotics are drugs used to treat bacteria. Certain bacteria are inherently resistant to particular antibiotics. Some bacteria undergo genetic modifications which may be random or occur through the acquisition of genetic material from other bacteria. These processes can lead to antimicrobial resistance. Antimicrobial resistance is increasing at a faster rate than antibiotic development and in the relatively near future it may not be possible to treat even simple infections with antibiotics. The consequence is that the risks of infection associated with surgery may render elective surgery such as organ transplants prohibitively dangerous and emergency surgery such as Caesarean sections could become life threatening. It is estimated that there may be 10 million deaths per year attributable to antimicrobial resistance by 2050 which would be more than from cancer.

The National Institute for Health and Care Excellence describes antimicrobial stewardship as 'an organisational or healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness.' The UHB has an Antimicrobial Management Group that has managed to influence antibiotic use through the years but is struggling to maintain an appropriate level of activity because of resource constraints. The SRG was informed of the different strategies that have been used including the removal of some antibiotics from guidelines, the creation of an antimicrobial App to store antimicrobial guidelines for primary and secondary care, collection of data through audits and usage surveys and public engagement events. Clinical pathways are also being developed to ensure there is consistency in the way illnesses and conditions are treated.

The SRG was then asked for its views on ways to engage with the public and other stakeholders to support this work. The SRG made a number of observations.

- Patients often present to their GPs and expect to leave with a prescription. Federica Faggian explained that delayed prescriptions are one possible tool. Patients could be issued with a prescription but be told how their symptoms were likely to progress and advised to only obtain their medication if their conditions deteriorate.
- Prescribers need to be empowered with the confidence not to prescribe.
- There is a pressure to go to GPs for 'sick notes' to authenticate absences from work or school.
- The SRG could help with getting messages out to the public via third sector and other networks.

- Increasing awareness of the issues and the need for behavioural change could be promoted through training of front line staff e.g. school nurses, district nurses and staff from partner organisations
- Everyone has the responsibility for promoting the antimicrobial stewardship messages but it would be particularly helpful if social influencers were to become involved.

SRG members were encouraged to advise Federica Faggian should they think of any further suggestions after the meeting.

Action: All

SRG 20/07 DRAFT CLINICAL SERVICES PLAN

The SRG **RECEIVED** a presentation from Abigail Harris on the draft Clinical Services Plan (CSP) that was currently being tested internally within the UHB. The UHB was working with the Consultation Institute on the development of a comprehensive external engagement programme but this was an opportunity to keep the SRG updated on progress and seek its early views.

The SRG was reminded of the background to the Plan and informed of the key proposals over the next ten years. Arguably the biggest proposed change would be that all Medical admissions would go to UHW with UHL becoming the centre of excellence for planned surgery. The CSP should articulate clearly the fact that the changes are proposed on the basis of anticipated improved clinical outcomes.

The SRG was asked for its views on the draft plan and the 'Plan on a Page' and made the following observations.

- The UHB should pre-empt criticism and the potential reasons people may give for opposing the proposals and consider how it would respond.
- Access and parking to UHL is likely to be a big issue. Abigail Harris explained that it had been acknowledged that the current Park and Ride service to UHL would have to be improved. There might also be an opportunity to look at increasing voluntary transport provision. She suggested it may be a trade off with people having to accept travelling further but with a much reduced chance of their procedures being cancelled.
- The public transport infrastructure needs to be improved and working with both local authorities to provide a more co-ordinated plan for sustainable travel across the region was important.
- The development of the UHB's sustainable travel plan is an opportunity to get the views from stakeholders including patients and carers, on

- barriers to using more sustainable travel options and to promote messages about alternative ways to access services.
- The CSP will have to be more public facing once the external engagement commences e.g. it should use storytelling and examples to illustrate simple, tangible benefits to 'Wyn'. Abigail Harris indicated that consideration was being given to describing how 'Wyn' would travel through different clinical pathways.
 - The 'plan on a page' is too focussed on buildings.
 - There is a lot of information to digest and it may be better to find ways to bite-size key messages.
 - It may be difficult to convince people of the benefits of the provision of GP beds as in the past health providers have closed similar facilities citing patient safety. Abigail Harris explained that this would be a different type of GP bed providing urgent treatment rather than rehabilitation.
 - The focus on enabling patients to remain in their own homes for as long as possible is welcomed but there will inevitably be some people who will require admission to a residential home. Is the UHB working with care homes to ensure patients receive the care they need whilst they are there and that their changing needs can be met without having to move? Abigail Harris confirmed that there was a desire to work with residential homes but their registrations would have to change to enable them to be more flexible in the nature of care that they can provide.

SRG 20/08 MAJOR TRAUMA CENTRE

The SRG **RECEIVED** a presentation from Vicky LeGrys on the roll-out of the Major Trauma Network and the establishment of the Major Trauma Centre at UHW.

The SRG was informed that the South, Mid and West region of Wales was currently the last area of the UK to have a formal Major Trauma Network but that the South Wales Major Trauma Network would go live in April 2020. The SRG was reminded of the patient benefits of establishing a Network and why UHW had been chosen as the location of the Major Trauma Centre (MTC).

The UHB had recruited approximately 200 additional staff (70% of the additional staff required) only 6% of whom have come from other Health Boards. The UHB was continuing to work with the other Health Boards on developing the patient pathways a key component of which would be the repatriation of patients back to their home Health Board area once they no longer need to be treated in the MTC. Patients referred to the MTC would be admitted via the current Emergency Unit (EU). An additional resuscitation bay was being created and a replacement CT scanner being commissioned.

The SRG was asked what it thought the public and other stakeholders would be most interested in to inform the UHB's communication plan as it nears the launch of the Network.

The SRG made several observations.

- An update was requested on the provision of accommodation at UHW for relatives. Vicky LeGrys explained that there was limited physical space on the UHW site and it would not be possible to provide specific overnight accommodation for relatives. There are already facilities for relatives of patients in Critical Care and the UHB was working with patients and their families to see how to improve facilities on the new Polytrauma ward. The UHB has worked with other Major Trauma Centres to see how they address this need. A key worker has also been appointed who will be able to liaise with patients and their families to help support them with their accommodation requirements.
- It might be difficult to explain what constitutes Major Trauma to the general public and how the service will differ from what people expect to be available already. Vicky LeGrys explained that the Major Trauma Network was producing a Communications plan and list of frequently asked questions that would address issues such as the type of patient that would be sent straight to UHW and why.
- Communications should focus on the improved patient outcomes and compliance with the 98 standards for a MTC.

SRG 20/09 ANNUAL QUALITY STATEMENT

The SRG **RECEIVED** a presentation from Ann Jones on the development of the UHB's Annual Quality Statement (AQS) 2019/20. The AQS would be published on 29 May 2020 in English and Welsh alongside the Annual Report and Annual Accounts. It was likely to be the last time that a physical AQS would be published in this way as a new NHS Quality Bill was being published which would introduce different requirements.

The SRG was then asked to consider these specific questions.

- Are there any specific items you feel should be included in this year's AQS?
- Was there the correct balance of words, photographs and infographs in last year's AQS?
- Was there a good balance of what went well and what did not go so well.
- Is it written in an open way?
- Does the SRG have any other comments?

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

- The AQS was visually impressive
- The AQS was too focussed on Cardiff with insufficient information on initiatives in the Vale of Glamorgan. It was agreed examples relevant to the Vale should be sent to Ann Jones

Action: Linda Pritchard

- How is evidence obtained? The SRG was informed that validated data is obtained from Clinical Boards and Corporate teams. Information is also obtained through direct conversations with staff and patients.
- Are third sector commissioned services included? The SRG was informed that this year's document would have a special focus on community mental health services and that third sector services were very much part of this
- 'Show Me Where' resource might be useful for volunteers, perhaps in an adapted format. Ann Jones agreed to discuss with Angela Hughes.

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Action: Ann Jones

SRG members agreed to email Ann Jones any further comments.

Action: All

SRG 20/10 UPDATING SRG TERMS OF REFERENCE

Anne Wei informed the SRG that Health Boards had been issued with revised Model Standing Orders by Welsh Government. The new Standing Orders confirm that SRG members must not serve more than five years consecutively. This means that Liz Fussell and Richard Thomas would both be attending their final SRG meeting in March. The process of recruiting new members and a selecting a new Chair would begin immediately. It was agreed that an interim Chair would be appointed on the basis that new members might wish to be considered for the role of Chair.

Two other changes are that SRG agendas will henceforth also be published in Welsh and SRG members will have to confirm their eligibility to continue as members in writing on an annual basis. A simple form has been produced for this purpose.

SRG 20/11 NEXT MEETING OF SRG

9.30am-12pm, 24 March 2020, Nant Fawr 1, Woodland House.

