

## Bundle Stakeholder Reference Group 24 July 2019

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- 2 Part 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP
- 2.1 Next meeting of SRG: 1.30-4pm, 24 September 2019, Nant Fawr, Woodland House

**CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP**  
**9.30 – 12.00pm on Wednesday 24 July 2019**  
**Nant Fawr 1, ground floor, Woodland House, Maes y Coed Road, Cardiff,**  
**CF14 4HH**

**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 16 May 2019	Chair
5 9.40am (5 mins)	Feedback from Board <i>To receive feedback from the Board meeting of 30 May 2019</i>	Nicola Foreman Director of Corporate Governance
Deliver Outcomes that Matter to People		
6 9.45am (25 mins)	Draft UHB Rehabilitation Strategy <i>To discuss and test the ideas in the emerging Rehabilitation Strategy</i>	Fiona Jenkins Executive Director of Therapies and Health Sciences
7 10.10am (45mins)	Improving the Pathways for Frail Older People <i>To seek views on proposals to transform the Frailty Pathway for Older People</i>	David Allison General Manager Integrated Medicine
10.55am	10 minute COMFORT BREAK	
Culture and Values		
8 11.05am (15 mins)	Draft Strategic Equality Plan <i>To seek views on the draft UHB Strategic Equality Plan</i>	Keithley Wilkinson Equalities Manager
Sustainability		
9 11.20am (35 mins)	Day Surgery at University Hospital Llandough <i>To seek views on proposals to deliver more non-complex surgery at UHL</i>	Alun Tomkinson Director, Surgery Clinical Board
Our Service Priorities		
	No items	
PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP		
1	Next Meeting of SRG 1.30 – 4pm 24 September 2019 Nant Fawr 1, Woodland House	

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE  
GROUP MEETING HELD ON THURSDAY 16 MAY 2019, NANT FAWR 1,  
WOODLAND HOUSE**

**Present:**

Richard Thomas	Care & Repair Cardiff and the Vale (Chair)
Posy Akande	Carer
Sarah Capstick	Cardiff Third Sector Council
Liz Fussell	UHB Volunteer
Iona Gordon	City of Cardiff Council
Linda Pritchard	Glamorgan Voluntary Services
Liz McCarthy	South Wales Police
Geoffrey Simpson	One Voice Wales

**In Attendance:**

Rachael Barlow	National Lead, Enhanced Recovery, Prehabilitation and Optimisation, UHB (item 19/29 only)
Daniela Bridgman	Project Manager, UHB (items 19/24 – 19/29 only)
Abigail Harris	Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Ian Langfield	Corporate Planning Manager, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB

**Apologies:**

Sam Austin	Young Persons
Duncan Azzopardi	Cardiff University
Mark Cadman	WAST
Garry Davies	WAST
Ben Gray	Vale of Glamorgan Council
Shayne Hembrow	Independent Housing Sector
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector

**Secretariat:**

Gareth Lloyd, UHB

**SRG 19/24 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**SRG 19/25 APOLOGIES FOR ABSENCE**

The SRG **NOTED** the apologies.

The Chair informed the SRG that Zoe King had replaced Suzanne Duval as Diverse Cymru's nomination to the Group, providing a third sector Equalities perspective. Abigail Harris reported that Cllr Ben Gray was the new Cabinet member for Social Services within Vale of Glamorgan Council but that he wished to remain a member of the SRG.

It was **NOTED** that although not members of the SRG, apologies had been received from Wendy Orrey and Keithley Wilkinson.

## **SRG 19/26                    DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **SRG 19/27                    MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 27 MARCH 2019**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 27 March 2019.

### **Adult Thoracic Surgery**

Abigail Harris reported that the Community Health Council (CHC) had arranged two public meetings aimed at seeking assurance around the mitigating actions to address the concerns that had been raised during the public consultation. These meetings had been helpful and the CHC had subsequently issued correspondence confirming that it was assured that the issues raised had been addressed.

Abigail Harris took the opportunity to inform the SRG that the UHB Board was seeking assurance around the consultant job plans and rotas to ensure appropriate cover for the Major Trauma Centre, and that the issue was likely to be discussed at the UHB Board meeting in July. The UHB had also appointed a Major Trauma Centre Programme Director who had experience of setting up a Major Trauma Centre in Bristol. It was suggested that an update on the work might be appropriate to bring back to SRG at a future meeting.

### **Sustainable Travel**

It was agreed that the SRG would receive an update on the UHB's Sustainable Travel Plan in September.

### **'Buddying'**

It was noted that the 'buddying' of pharmacy students with UHB volunteers had not taken place this year but was planned for the future.

### **Patient Questionnaires**

Angela Hughes agreed to provide the SRG with feedback on the key themes emerging from the completed patient questionnaires at its meeting in July, and bring issues for discussion.

### **Action: Angela Hughes**

### **BREXIT**

Abigail Harris reported that the 'no deal' BREXIT planning had been stood down. The Welsh Government (WG) BREXIT Leadership Group was now meeting monthly. The current focus was on relationships with the European Union post BREXIT. A decision would be taken in early September whether to reconvene the NHS and Social Services Senior Responsible Officers Group for BREXIT.

### **SRG 19/28                      FEEDBACK FROM BOARD**

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

Abigail Harris reported that the meeting had focussed on performance and governance. There had been a large increase in cancer referrals. The UHB's Cancer performance was not at the desired level and the UHB would be introducing a single 'pathway' for Cancer.

Abigail Harris encouraged the SRG to look at the Annual Report of the Director of Public Health which was an extremely informative interactive document.

Abigail Harris explained that the Cluster Information Governance Framework was about sharing information at GP Cluster level.

### **SRG 19/29                      PREHABILITATION TO REHABILITATION**

The SRG **RECEIVED** a presentation from Rachael Barlow on proposals to improve cancer outcomes through a multi-faceted programme aimed at optimising the health and fitness of patients prior to surgery.

The SRG was informed that it is known that fitness affects outcomes of cancer patients. Less 'fit' patients are more likely to die and are more likely to have a more complicated recovery.

Only 8%-10% of those referred with suspected cancer will receive a cancer diagnosis requiring treatment. Surgery remains the main hope for a cure for people diagnosed with solid cancers.

Prehabilitation is about modifying patients' behaviour prior to surgery to improve outcomes. Cardiff is leading on work looking at the optimal duration of prehabilitation. Previous studies have identified that four weeks is sufficient time to modify behaviour to improve physical function prior to colorectal surgery.

Rachael Barlow agreed to provide the SRG with the transcript of an interview with Philip Jones who had benefitted from prehabilitation.

### **Action: Rachael Barlow**

The SRG was informed that Len Richards, UHB Chief Executive was championing prehabilitation and that the UHB was in advanced talks with WG regarding investment in the service.

The SRG then considered some specific questions.

1. Does the model make sense?
2. What is needed to make the model work?
3. How can we work with partners to make it work?
4. Is there anything missing from the model?
5. What could be the key challenges in implementing the model/

The SRG made a number of observations.

- The model makes perfect sense for all treatments and complements other health improvement information messaging. Rachael Barlow explained that Cancer had been chosen because of the poor outcomes and Cancer performance targets are monitored closely.
- People are likely to be more receptive to changing their lifestyle if they have just had a health scare.
- People will need to receive support. The type of support required will vary e.g. some might be happy to utilise digital platforms whilst others might prefer face to face contact either with individuals or with groups. Angela Hughes and Rachael Barlow agreed to meet to discuss this further.

### **Action: Angela Hughes/Rachael Barlow**

- How does the UHB intend to tackle the problem with smoking which remains a problem even on UHB sites? Rachael Barlow explained that there is a very good Smoking Cessation Service but the difficulty was getting smokers to access this service. Abigail Harris reported that

smoking was not permitted anywhere on UHB sites and she understood that new legislation would shortly make it illegal to do so.

- UHB staff must be educated about the benefits of Prehabilitation and the approach must be adopted systematically.
- The success of the initiative will depend on appropriate investment. Abigail Harris informed the SRG that WG had established a £100m Transformation fund. The UHB had submitted bids totalling circa £7m against this for Health and Social Care in the community many of which were focussed on preventing people requiring admission and making sure that those who are admitted are able to be discharged safely quicker. Unfortunately the bids received by WG totalled £150m. There may however be other pots of funding available from WG. A prehabilitation bid had therefore been submitted direct to WG. Rachael Barlow reported that there had been very positive discussions with WG officials and local politicians. A robust financial model would now be produced for the WG Finance Delivery Unit. Although some 'pump priming' might be required it was anticipated that there would be medium to long term savings from reduced critical care admissions.
- It will be important to capture evidence of the impact of prehabilitation.
- There is a natural link with the existing WG funded 'Wellbeing 4 You' in Cardiff and the Vale of Glamorgan albeit this is not available in every GP Cluster. Rachael Barlow confirmed that this had been referenced in the bid and it was possible that patients given the 'all clear' could be referred onto this service.
- Healthy eating will be a key part of prehabilitation. The service must recognise differences between cultures/communities. The third sector will have a role in communicating with these groups.
- Patients will need to receive accurate and timely information and maintain contact with health professionals. Rachel Barlow confirmed that there would be links to 'Patient Knows Best'. There would also be co-ordinators to guide patients through the Cancer pathway. The ultimate aim was to have a large virtual team with a single budget comprising members from various organisations. Consideration was also being given to establishing 'personal mentors'. These would be previous patients who could 'buddy up' with people going through similar experiences to their own. The SRG suggested that these individuals would have to be subject to Disclosure and Barring Service checks as they would come into contact with vulnerable people. As mentors, they would also need access to support themselves.
- Concern was raised about what would happen at the end of any fixed term funding secured. Rachael Barlow indicated that she sensed a cultural shift and a desire to make the service work.
- Carers will also require support and information.
- It was noted that two GP practices were piloting referrals to Next Bike. It was suggested that it might have been more appropriate to refer

patients to Pedal Power, a charity based in Sophia Gardens. Pedal Power provides an excellent service and its staff are able to provide targeted support for all types of people whatever their abilities. Angela Hughes explained that the UHB had links with Pedal Power which was indeed a very valued charity. Abigail Harris indicated that she could see no reason why the initiative could not be extended to Pedal Power.

It was agreed that the SRG would receive an update on prehabilitation at a future meeting.

## **SRG 19/30                      TERTIARY SERVICES PLAN**

The SRG **RECEIVED** a presentation from Ian Langfield on the development of a UHB Tertiary Services Strategic Plan.

‘Tertiary’ or specialised services, are services provided in a relatively small number of centres serving a large population (greater than 1 million). Most of these services are commissioned at a national level, by Welsh Health Specialised Services Committee (WHSSC), however a significant proportion of these services are directly commissioned by Health Boards. The UHB currently provides over 90 services which meet this criteria.

The aim of the strategic review is to improve the UHBs understanding of the services that it provides, and to facilitate the future planning of these services in line. In order to inform this work, a baseline assessment exercise is currently underway, with 80% completed to date. Ian Langfield explained that ‘Shaping our Future Wellbeing’ provides a firm foundation for developing a strategic plan for tertiary services, and the next stage will be to work with the services to develop a vision.

The SRG was then asked to consider three specific questions

- How should we engage with patients using the UHB tertiary services?
- What questions should we ask?
- Who should lead the engagement?

The SRG then made some observations.

- It is important to understand what really matters to service users. For example, during the Thoracic Surgery public consultation, it became apparent that many people were extremely concerned about transport issues and the provision of accommodation for relatives. There was also a need to ensure that patients understood their pathway and had an opportunity to familiarize themselves with the facilities they would be using. Angela Hughes suggested that virtual visiting might be an option for some.
- We need to know what is possible both now and in the future.



- Two levels of questions might be required i.e. generic questions on tertiary services, and more detailed service specific questions.
- It was noted that engagement with carers is essential, in order to take account of their experience and perspectives – e.g. the provision of accommodation will be a key consideration for some carers.
- A national conversation on priorities will be necessary because is likely that further investment will be required. Ian Langfield acknowledged that consideration would have to be given to which part of the pathway to invest in e.g. tertiary services or prevention.
- The UHB works on a one year Financial Framework yet the financial benefits from proposals could take several years to be realised.

A question was raised about end of life care. Ian Langfield indicated that services should work with patients to understand what outcomes they are looking for. For example, would they prefer to receive palliative care or undergo surgery with a limited chance of success. Abigail Harris explained that both George Thomas Hospice (now City Hospice) and Marie Curie provided an increasing amount of care in patients' own homes. The UHB has a brilliant Palliative Care Consultant working with them and the UHB has also developed a 24-hour pathway to get patients home for the final hours of their life.

In response to an enquiry, Abigail Harris explained that hitherto engagement on tertiary services had been undertaken on an individual service basis as the need had arisen.

The SRG enquired whether there were competitors who might wish to take on some of the UHB's tertiary services. Ian Langfield explained that it would be a challenge for existing providers in NHS England to take work from Wales. There was, however, a need to consider how these services were delivered in future, as it may be necessary to deliver in partnership with another provider, or in some instances there may be tertiary services which can be delivered within a more local setting. The SRG suggested that some people might have reservations about not receiving treatment in a 'specialist' centre. It would not only be important to give patients confidence about service provision but also important to give clinicians the confidence to deliver services.

Abigail Harris suggested that whilst there may be services that the UHB does not have the critical mass to provide, there will need to be transparency in the UHB's decision on whether it should continue to provide individual tertiary services.

It was agreed that the SRG would receive an update on the Tertiary Services Strategy at a future meeting.

**SRG 19/31**

**NEXT MEETING OF SRG**

9.30am-12pm, 24 July 2019. It was agreed that the venue for the meeting be changed to Nant Fawr 1, Woodland House.

# Rehabilitation is Everybody's Business

Stakeholder Reference Group

July, 2019

Care } Trust } Respect } Personal Responsibility } Integrity } Kindness  
Gafal } Ymddiriedaeth } Parch } Cyfofdeb Personol } Uniafdeb } Caredigrwydd

Our  
values  
into action  
Gwerthoedd yn waith



# The journey so far:

- Have had workshops with clinical staff across the UHB and both local authorities.
- Most recent one was 3<sup>rd</sup> July 19.
- Welcome thoughts and ideas from stakeholders to make this real for “Wyn” and the citizens of Cardiff and Vale of Glamorgan
- The draft model ( on slide14,) needs some revisions - can you help us improve it? Have we missed anything?

# Context



# Quadruple aim

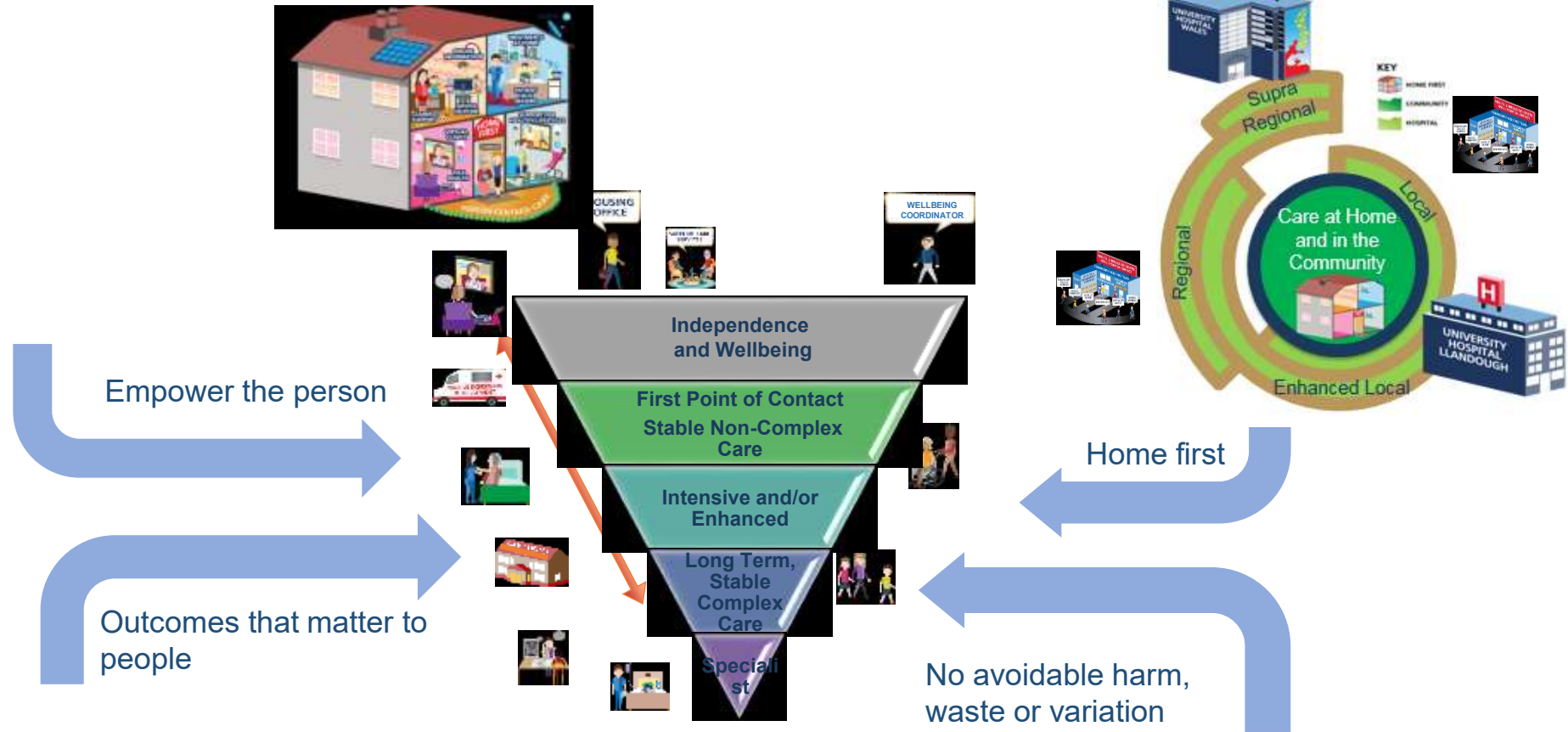
Underpinned by the Quadruple Aim set out in the report of the Parliamentary review, namely:

1. Improved population health and wellbeing
2. Better quality and more accessible health and social care services
3. Higher value health and social care
4. A motivated and sustainable health and social care workforce

# Ten national design principles

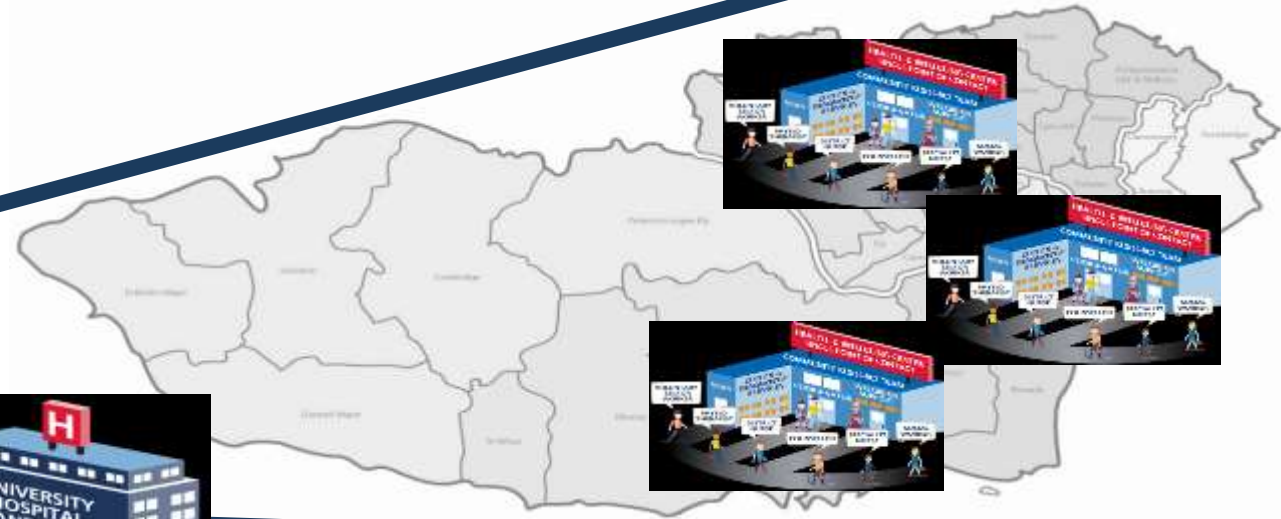
- **Prevention and early intervention** – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing
- **Safety** – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other forms of harm
- **Independence** – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long-term conditions
- **Voice** – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on ‘what matters’ to them, and to contribute to improving our whole system approach to health and care; simple and timely communication and coordinated engagement appropriate to age and level of understanding
- **Personalised** – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes
- **Seamless** – services and information which are less complex and better coordinated for the individual; close professional integration; joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual
- **Higher value** – achieving better outcomes and a better experience for people at a reduced cost; care and treatment which is designed to achieve ‘what matters’ and which is delivered by the right person at the right time; less variation and no harm
- **Evidence driven** – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working
- **Scalable** – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations
- **Transformative** – ensuring new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add a permanent extra layer to what we do now

# Overarching future model of care





# An Integrated Network of Hospital & Community Care and Well-being



Within each of the three Localities (*Cardiff North & West / Cardiff South & East / Vale of Glamorgan*) we are developing a **Health and Well-being Centre**.

Within each of the nine clusters/neighbourhoods we are creating **Well-being Hubs** with partners.



# Our Catchment Population

## Resident Population

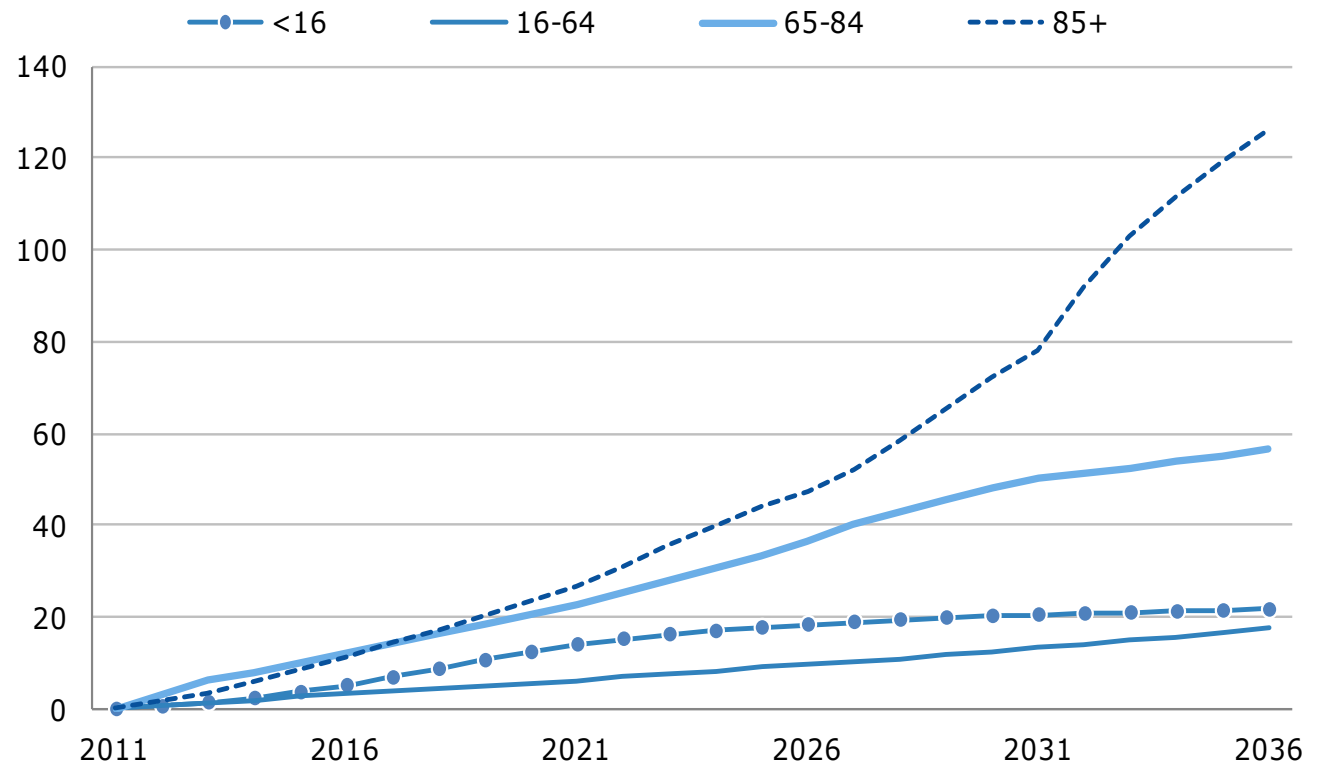
The total population of Cardiff and Vale is almost 500,000 predicted to grow to 555,000 by 2028 and 592,000 by 2026.

The population in Cardiff is rapidly growing, faster than any other city in the UK except London, predicted to increase by 10% between 2017-2027.. Cardiff is also the only part of Wales where there is predicted to be an increase in children under 4 through to 2025

The population age structure of the Vale of Glamorgan is very similar to the Wales average, except for a slightly lower number of young adults (20-24yrs). The population of the Vale will increase modestly over the next 10 years, by around 1% or 1,200 people; however, there will be significant growth in the over-65 and over-85 categories

### Population projections by age group, percentage change since 2011, Cardiff and Vale UHB, 2011-2036

Produced by Public Health Wales Observatory, using 2011-based population projections (WG)



# Definitions of Rehabilitation

- No single agreed definition , but.....
- A Set of Measures that assist individuals who experience or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environment WHO, 2011
- Rehabilitation/enablement is a *continuum of enabling interventions*. These may include early anticipatory interventions, or targeted preventative work such as falls and fracture prevention. It also includes assessment, diagnosis and enablement through specific treatment (e.g. building effort tolerance) as well as support for self management and symptom management of long term conditions. It always involves **maintenance or recovery of function** including social participation and work.

- ‘Rehabilitation attempts to maximise patients ability to function, to promote their independence and to help them adapt to their condition. It offers a major route to improving their quality of life, no matter how long or short the timescale. It aims to maximise dignity and reduce the extent to which cancer interferes with an individuals physical, psychosocial and economic functioning’.
- In addition, the NAHPCAG working definition included the recognition that, ‘Rehabilitation in cancer can be preventive, restorative, supportive and palliative’. NHS Wales 2010 National Standards for Rehabilitation of Adult Cancer Patients

- An educational and problem-solving process Based within the holistic biopsychosocialmodel of illness Focused on minimising disability(aiming to):
- Optimise social role functioning, and
- Minimise distress, risk and discomfort)

Dr Derick T Wade, Professor in Neurological Rehabilitation, Oxford Centre for Enablement ( 2014)

Rehabilitation is a personalised, interactive and collaborative process, reflecting the whole person. It enables an individual to maximise their potential to live a full and active life within their family, social networks, education/training and the workplace where appropriate. Rehabilitation can take place at any time across a life course or in a continuum. *NHSE Commissioning Guidance for Rehabilitation March 2016*

Rehabilitation is a process of assessment, treatment and management by which the individual (and their family/carers) are supported to achieve their maximum potential for physical, cognitive, social and psychological function, participation in society and quality of living. Patient goals for rehabilitation vary according to the trajectory and stage of their condition *BRSM, 2010*

This Allied Health Professional (AHP) Framework sets out the strategic response to A Healthier Wales (2018) from the Allied Health Professions perspective and focuses on 'What Matters' to citizens and their families.

This Allied Health Professional (AHP) Framework sets out the strategic response to A Healthier Wales (2018) from the Allied Health Professions perspective and focuses on 'What Matters' to citizens and their families..... Focussed on maximising recovery through **rehabilitation and reablement, recovery**, in order to enable citizens to live as well as possible for as long as possible

*WG: Allied Health Professionals: Looking Forward Together Toward 2028*

The Vision...

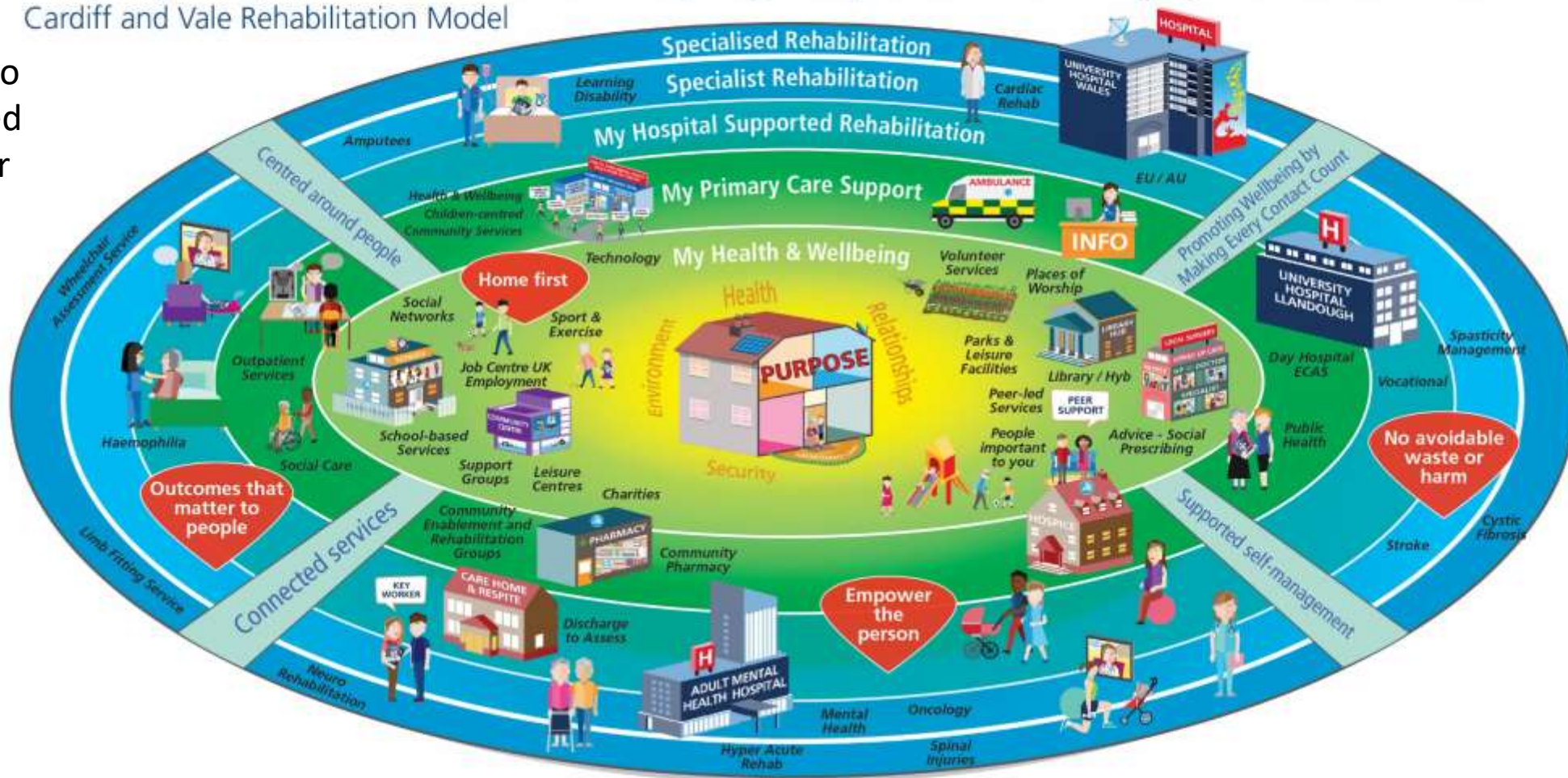
Helping people to live longer, healthier  
lives



# Helping People to Live Well or Helping People to Live Longer, Healthier Lives

Cardiff and Vale Rehabilitation Model

Draft 2, to  
be revised  
with your  
help



## Principles of Rehabilitation

- ▶ Optimise physical, mental and social wellbeing
- ▶ Timely access to care
- ▶ Individual goals based approach that focuses on peoples' roles in society
- ▶ Supporting self management
- ▶ Seamless transition
- ▶ Supporting hope and ambition to maximise independence
- ▶ Balancing risk to maximise outcome and independence
- ▶ Delivering the right level and intensity of rehabilitation
- ▶ Evidence based practice
- ▶ Evaluation, audit and research
- ▶ Technology - using technology to support high quality sustainable services



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board



# Design Principles

- Design Principles (The red triangles on model)
- Developing the detail of what these mean for rehabilitation

# What do you think?

- How do we make this real for “Wyn” and the citizens of Cardiff and Vale of Glamorgan?
  - How can we improve the draft model ( on slide14,)?
  - Have we missed anything?
- 
- Comments & ideas to:  
fiona.jenkins3@wales.nhs.uk

## **Draft Strategic Equality Plan Consultation**

We want your views and comments on our strategic equality plan.

Our current plan is available [here](#).

We have four Objectives impact directly or indirectly on each of the nine protected characteristics as outlined by the Equality Act 2010 (age, disability, gender, race, religion or belief, sexual orientation, trans, pregnancy and maternity, civil partnership), and we have an objective to tackle any gender pay gap.

The objectives are

1. People are and feel respected (this includes patients, carers and family members as well as staff)
  
2. People are communicated with in ways that meet their needs (whether this is through leaflets, face to face, signage, Welsh or other community languages including British Sign Language)
  
3. More people receive care and access services that meet their needs (including those from disadvantaged communities)
  
4. Gender and any other protected characteristic pay gaps are reduced

## Draft Strategic Equality Plan Consultation

1. How much do you agree with our equality objectives?

Strongly agree	
Agree	
Disagree	
Strongly disagree	
Don't know	

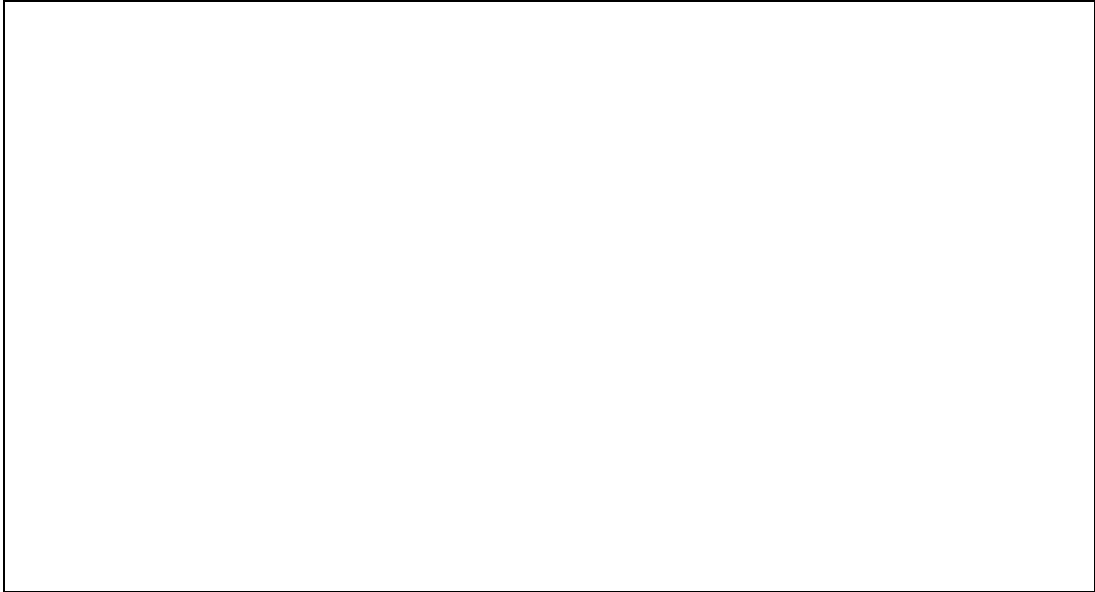
2. Should we have other equality objectives, either instead of or in addition to the ones in our strategic equality plan? If so, what should those objectives be?

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3. Do you have any views about the steps we should take to fulfil each of our proposed equality objectives?

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4. Do you think we should add anything else to our strategic equality plan?

A large, empty rectangular box with a thin black border, intended for users to provide their feedback or suggestions regarding the strategic equality plan.

**Thank you for taking the time to respond; your views will be taken into consideration in the drafting of our next Strategic Equality Plan which will be published by 1 April 2020.**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Our Mission is: (This is why we exist)

**CARING FOR PEOPLE KEEPING PEOPLE WELL**

Our Vision is: (This is what we want to do)

A person's chance of leading a healthy life is the same wherever they live  
and whoever they are

Our Strategy is: (This is our game plan)

Achieve joined up care based on 'home first', avoiding harm, waste and  
variation, empowering people and delivering outcomes that matter to them



## Strategic Equality Plan Fair Care 2016-20

### Accessible Formats

If you would like information in another language or format (large print, Braille, audio, BSL), please ask us.



# Foreword

The UHB always strives to put patients first. Caring for People, Keeping People Well is why we exist as a UHB, and fundamental to this is recognising that we operate in one of the most ethnically and culturally diverse areas in Wales. Stakeholders including the public, patients and members of staff expect the UHB to be proactive about equality, diversity and human rights as well as meeting its obligations under the equality and human rights legislation. The UHB is committed to acting on its social, moral and ethical obligation to promote equality of opportunity and outcome, foster good relations and eliminate discrimination, victimisation and harassment and to uphold human rights principles.

This is our second four year Strategic Equality Plan (SEP) and is closely aligned to our ten year strategy 'Shaping Our Future Well-being' and our Intermediate Medium Term Plan (IMTP 2016/17-18/19) as well as to the organisation's values. Our ambition is that a person's chance of leading a healthy life is the same wherever they live and whoever they are. This SEP sets out as plainly as we can the most important outcomes we want to achieve and some of the ways in which we will deliver improvements between April 2016 and March 2020.

Communication, respect, access, quality of care and equality of pay are at the heart of this plan.

The responsibility for implementing the scheme falls to all employees, Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

SEP actions will be linked to UHB strategic objectives and progress will be monitored through regular reports to the appropriate Board Committees. Every year we will continue to produce an Annual Equality Report which will show how we are doing. Previous reports can be found on the Health Board's website:

<http://www.cardiffandvaleuhb.wales.nhs.uk/equality-diversity-human-rights-policy>

We will also hold workshop events throughout the year so that we can continue to engage with relevant stakeholders, gain their feedback and receive their input into Health Board planning processes

Chair



Maria Battle

Adam Cairns



Chief Executive Officer

## Who we are

Cardiff and Vale University Health Board (UHB) is one of the largest NHS organisations in the UK and was established in 2009. As a Health Board we have a responsibility for the health of around 475,000 people living in Cardiff and the Vale of Glamorgan, including the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres and community health teams. We have the most ethnically and culturally diverse communities in Wales. We employ around 14,000 staff.

Detailed information about the services we provide and the facilities, from which they are run, can be found on the Health Board's website in the section Our Services:

<http://www.cardiffandvaleuhb.wales.nhs.uk/our-services>

## Why we have a Strategic Equality Plan

As a public sector body, Cardiff and Vale University Health Board takes pride in making sure that we continue to improve our services. This is so we can meet better the needs of the people we work with. We are guided by both the 2010 Equality Act (2010) and the Public Sector Equality Duty, which call on us to think ahead and put a Strategic Equality Plan in place. Other legislation that informs this plan include the Human Rights Act (1998), Welsh Language (Wales) Measure 2011, the Social Services and the Well-being (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015. In addition, the United Nations Convention on the Rights of the Child 1989 and the UN Convention on the Rights of Persons with Disabilities 2010 have also been considered.

## What are Strategic Equality Objectives?

As part of our specific duties we are required every four years to develop and publish our strategic equality objectives. These objectives set out the strategic equality priorities of the organisation, focusing on how we can add to a fairer society and move ahead on equality and good relations. The objectives are specific and focus our attention on how we deliver services and employment opportunities in relation to 'protected characteristics'.

## Developing our Equality Objectives

In 2012 we developed our first set of objectives by engaging with patients, staff, partners, equality organisations and other people. We asked them what they thought the equality priorities should be for the Health Board. We also identified what research and information was already available to help in the development of the objectives.

For the refreshed objectives we asked patients, staff, partners, equality and third sector organisations and other people if the previously set objectives should be kept as they are, changed or whether we needed to add new ones. We again identified what research and information, such as the findings of our equality impact assessments<sup>1</sup>, the development of our Shaping Our Future Wellbeing Strategy, Is

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<sup>1</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/equality-diversity-and-human-rights>



Wales Fairer?<sup>2</sup> and Ethnicity and Health in Wales<sup>3</sup>, was already available to help in the development of the objectives. An analysis of complaints letters, patient feedback forms and staff surveys was also considered.

During this engagement, a number of themes emerged and we have translated them into the following outcomes. In other words, if the UHB was being really effective across the equality, diversity and human rights agenda we would see the following:

- People are and feel respected; this includes patients, carers and family members as well as staff.
- We communicate with people in ways that meet their needs (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)
- More people receive care and access services that meet their individual needs.
- Gender and any other protected characteristic pay gaps are reduced

We aim to take these outcomes from our engagement and use them to form our Strategic Equality Objectives for the next 4 years and to develop actions and a delivery plan to ensure these objectives are met. The measures in Year 1 of the below plan will enable us to establish a performance baseline. The delivery plan will take into account demographic and other information available to us. We also aim to take a human rights based approach to all functions, policies and procedures within the organisation. Our impact assessment process will ensure that all decisions on policy development, service provision and other functions take human rights into consideration.

The four outcomes are intended to work together. The following table describes how our service will meet these outcomes. Each outcome includes a number of measurable actions. These are not listed in any priority order and there is some overlap across them. (Please see below).

The role of the Strategic Equality Plan in supporting delivery of our Shaping Our Future Wellbeing Strategy has been mapped out in Working Together Fairly (Please see Appendix 1).

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<sup>2</sup> <http://www.equalityhumanrights.com/publication/wales-fairer>

<sup>3</sup> <http://www.wales.nhs.uk/sitesplus/922/news/37600>

Strategic Equality Plan Fair Care 2016-20

SEP Outcome	Objective	Actions Year 1- 4	Lead	Measures
<b><i>Alignment with 10 year strategy- Shaping our Future Wellbeing (SOFW) and UHB IMTP 2016/17- 2018/19</i></b>				
1.People are and feel respected (this includes patients, carers and family members as well as staff)	To promote and support the Health Board as a great place to work for all	Continued participation in Stonewall's Workplace Equality Index whilst linking the Index to other protected characteristics (Year 1-4)  Continued support for the Rainbow LGBT FFlag Network (Year 1-4)	Equality Manager/ HWOD's/ Clinical Board Directors	Year on year improvement in Workplace Equality Index Ranking currently at 50 in UK
		Successful continuation of current accreditation such as Disability Two Ticks and Mindful Employer whilst working to achieve other equality related accreditation (Year 1-4)	Assistant Director of OD	n/a

		Identify and shape opportunities to engage with staff to understand their experience and respond to feedback to ensure all staff feel valued and involved, and ensure equality of opportunity is UHB wide (Year 1-4)	Assistant Director of OD/ Assistant Director of Comms & Engagement	Engagement feedback from staff survey engagement index score reported by demographic groupings where possible
		Hold a Board Development session on the staff implications of new Welsh Language Standards Framework and the role of EQIAs in planning (Year 1)	Board Secretary	Development session held
	To undertake engagement activities to communicate with stakeholders and obtain views on service delivery for all.	Gain feedback from stakeholders (and disseminate) through involvement in and attendance at partnership equality or related events and activities, including:  Annual Minority Ethnic Communities (MEC) Health Fair (Year 1-4)  Annual Carers' Events (Year 1-4)	Assistant Director of Patient Experience/Assistant Director of OD/Assistant Director of Planning/ Equality	Number of equalities issues raised/ resolved from each event or activity

		Annual Pride event (Year 1-4)  Stakeholders Reference Group (Year 1-4)  Annual third sector engagement (Year 1-4)  Two equality engagement events per year to assess progress against the SEP (Years 1-4)	Manager	
	To ensure that people are respected and free from abuse, harassment, bullying and violence	Disseminate hate crime, abuse and harassment materials whilst making sure that reporting links are clear and well communicated (Year 1-2)	Director of Planning/ Head of Health and Safety/ Equality Manager/ Equality Champions	Number of issues reported/ resolved
		Raise awareness of hate crime, abuse and harassment in Violence and Aggression training (Year 1-2)	Head of Health and Safety	Number of training attendees

		Ensure safeguarding reporting mechanisms are present (Year 2-4)	Director of Nursing	Number of issues reported/ resolved
	To review all equality related training, support and development with a view to creating a more inclusive workplace and more inclusive services	Redesign, develop and roll out a programme of equality and dignity training for all staff (Year 1-2)	Assistant Director of OD/ Equality Manager	% staff who receive training
		Provide additional materials and reference guides for all managers and supervisors (Year 1-2)	Equality Manager	% who are satisfied with induction training  % of staff compliant with equality module

		Continue to support and develop the role of Equality Champions within the organisation	Equality Manager	Number of Equality Champions in the organisation
	To explore the use of positive action employment initiatives with regards to protected characteristics	QUEST learning disabilities placements to be reviewed and continued (Year 1-4)	Assistant Director of OD/Equality Manager	Number of placements
		Review to be undertaken of the Breaking Barriers Programme/work for BAME consultants by September 2016	Equality Manager	Completion of review

	To promote person-centred services that respect people's human rights, and communication, spiritual and cultural needs	Support Clinical Boards to understand and implement Health and Care Standard 6.2 People's Rights (year 1)	Assistant Director Patient Safety/ Equality Manager	Number assessed by Red, Amber and Green rating (Health and Care Standards)
		Assess the Health Board's use and the effectiveness of the Wales Interpretation & Translation service (Year 2)	Director of Nursing	% patient satisfaction
		Identify targeted interventions to ensure patients' communication, cultural and spiritual needs are assessed (Year 1-2)	Assistant Director of Patient Safety	% whose communication needs are assessed  % whose spiritual needs are assessed % whose cultural needs are assessed (Annual Health and Care

				Standards audit)
		Provide screening and educational sessions to meet the needs of patients with cultural, religious dietary requirements (Year 1-4)	Nutrition & Dietetics Manager	% of patients who have undergone screening e.g. WASP  % of patients who attend structured education sessions
		Continue to run the Health Board Spiritual Care Group and implement the Spiritual Care Action Plan	Chair	% Compliance patient/carer family can access religious support



2. People are communicated with in ways that meet their needs (whether this is through leaflets, face to face, signage, Welsh or other community languages including British Sign Language)	To meet the All Wales standard for accessible communication and information for people with sensory e.g. large fonts, Plain English where BSL is first language	Develop and implement a Health Board wide action plan to meet the All Wales Standards for Accessible Information and Communication for People with Sensory Loss (Year 1-2)	Sensory Loss Task and Finish Group/ Clinical Boards/ Assistant Director of Planning/ Assistant Director of Patient Experience	<p>% of frequently used information leaflets which are in accessible format</p> <p>% of appointment letters in accessible format</p> <p>% of identified staff who require training</p> <p>Number of concerns raised about poor communication with persons with sensory</p>
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				<p>loss</p> <p>% patients whose communication needs are assessed</p> <p>Improvement reported in Community Health Council environmental audit</p>
	To comply with the Welsh Language Standards Framework	Implement the Welsh Language Standards Framework including through the continued work of the Welsh Language Steering Group (Year 1-4)	Assistant Director of OD/ Welsh Language Officer	<p>% of frequently used information leaflets which are available in Welsh</p> <p>% of appointment letters available in</p>

				Welsh  % of identified staff who receive training
	To create environments accessible to people with sensory loss, stroke and dementia and which consider lighting, colour, contrast, signage, background noise etc	Through engagement and in partnership with the RNIB, Action on Hearing Loss and other third sector organisations develop a pilot area within each Clinical Board using best practice guidance for accessible environments (Year 1)	Clinical Board Heads of Service/ Assistant Director of Planning/ Equality Manager	Number of issues reported/ resolved  Improved satisfaction rates from people with sensory loss, stroke and dementia accessing our services areas with appropriate communication

				aids
3. More people receive care and access services that meet their needs (including those from disadvantaged communities)	To support the implementation of <i>Addressing Health Inequalities and Access IMTP 2016/17-2018/19</i> including support for people with learning disabilities and for asylum seekers and refugees	Engage with service users to ensure they are involved in service redesign, for example, adults with learning disabilities and asylum seekers and refugees (Year 1-2)	Clinical Boards	Number and quality of Equality and Health Impact Assessments (EHIA)

	To ensure that we have the necessary mechanisms in place to capture and monitor the protected characteristics data	Enter into data sharing arrangements where possible, so as to ensure that those who are identified by other services as being disadvantaged receive the appropriate support (Year 2-4)	Information Management & Technology/Clinical Boards/Head of Information Governance and Assurance Equality Manager	All relevant protected characteristics data available for use
		Regularly review and monitor the data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide. (Year 1-4)	Chief Operating Officer/ Director of WOD	Executive Performance review
	To create combined Equality and Health Impact Assessment (EHIA) process	Establish an internal working group to develop a combined Equality and Health Impact Assessment (EHIA) process (Year 1)	Equality Manager/ Governance Manager	Number of EHIAs completed and published

	To explore the Health literacy needs of patients so as to reduce health inequalities	Establish a working group in partnership with Cardiff University to pilot the Ophelia Approach system that supports the identification of community health literacy needs (Year 1)	Clinical, Diagnostic and Therapies Clinical Board/ Equality Manager	Number of participants with protected characteristics
	To build equality considerations into the organisation's procurement and commissioning processes	Ensure that equality issues are addressed early on in the procurement process, which are relevant to the subject or performance of the contract. (Year 1)	Head of Purchasing E-Business & Capital Development	Number of tenders/contracts complying with procurement equality guidance
4. Gender and any other protected characteristic pay gap	To reduce any gender or other protected characteristic pay gap to promote equality and good practice	Meet the legislative requirements of the gender pay gap information regulations (Year 1-4)	Deputy Workforce & OD Director	Identify any trends and to formulate an action plan to address any unfair differentials that may emerge

## **Acronyms**

CB - Clinical Board  
CBD - Clinical Board Directors  
EDHR - Equality Diversity & Human Rights  
EDHRSC - Equality Diversity & Human Rights Sub Committee  
EHIA - Equality and Health Impact Assessment  
EQIA - Equality Impact Assessment  
HWOD - Head of Workforce and Organisational Development  
IMTP - Integrated Medium Term Plan  
OD - Organisational Development  
RNIB - Royal National Institute for the Blind  
SEP - Strategic Equality Plan  
SOFW - Shaping our Future Wellbeing  
UHB - University Health Board  
WITS - Wales Interpretation and Interpretation Services  
WOD - Workforce Organisational Development

## Cardiff and Vale University Health Board

# Working Fairly for Our Future Wellbeing: Fair Care, Strategic Equality Plan 2016-2020



NHS  
WALES  
GIG  
CYMRU

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Our Mission is: (This is why we exist)

**CARING FOR PEOPLE KEEPING PEOPLE WELL**

Our Vision is: (This is what we want to do)

A person's chance of leading a healthy life is the same wherever they live and whoever they are

Our Strategy is: (This is our game plan)

Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them

The UHB's [Shaping Our Future Wellbeing](#) strategy sets out how we intend to deliver our strategic objectives over the next ten years, the principles underpinning development of NHS services and how we will address local health and wellbeing needs. Fundamental to its delivery is the principle of co-production and a recognition that improvements in population health will only be achievable if the UHB works differently and works more collaboratively with communities and partners.

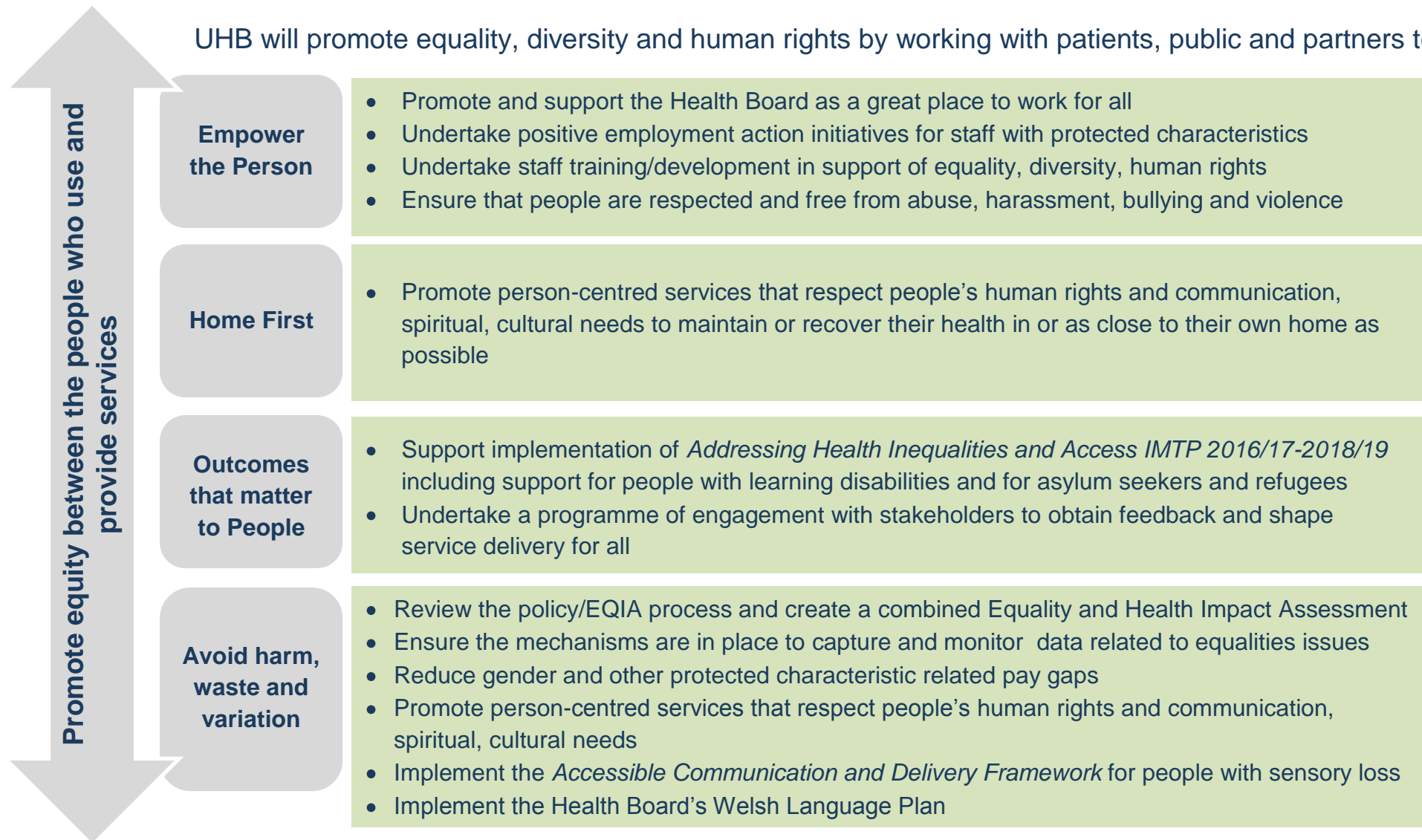
The role of *Fair Care*, the Health Board's Strategic Equality Plan, in supporting delivery of the strategy has been mapped out in the Framework overleaf. This reflects the organisation's values, stakeholder feedback and national policy. It will be supported by an annual Delivery Plan owned and delivered by key stakeholders.





## UHB Strategic Principles: *Fair Care* (Strategic Equality Plan 2016-2020) Contribution to Shaping Our Future Wellbeing Strategy

UHB will promote equality, diversity and human rights by working with patients, public and partners to:



## **Engagement Document**

### **Proposal to increase the range of surgical treatments in the University Hospital of Llandough**

#### **Introduction and aim of this engagement**

The Health Board's emerging plan for the way clinical services are provided in the future identifies University Hospital Llandough (UHL) as continuing to play a crucial role in the delivery of essential healthcare services to our resident population and also for some specialist services. As part of this, UHL will host an expanded range of planned treatment and surgical services.

The provision of planned surgical services is already well developed at UHL. In line with the vision for how we will deliver health services in the future, we propose to start to provide an increased range of non-complex surgical treatments for the population of Cardiff and the Vale of Glamorgan at UHL. The initial focus will be on moving some day case and 23 hour stays for patients who need Ear Nose and Throat (ENT) procedures from University Hospital of Wales (UHW) to UHL.

UHL is perfect for this kind of work as it does not experience the same level of emergency pressures as UHW, thus leading to fewer cancellations or other disruptions to the provision of services to patients. As we begin to reconfigure services across our hospital sites, we will be looking to expand the amount of planned surgery we perform at UHL and ultimately deliver all day case and 23 hour surgery in UHL for non-complex patients, with additional theatres and wards being built in forthcoming years. This would provide future opportunities for any surgical speciality to be able to use the facilities that are developed as part of this initial shift of non-complex surgery. Currently UHL already delivers over 10,000 planned operations per year.

This will be building on the excellent services already established in UHL including Orthopaedics, General Surgery, Vascular and Breast Surgery. Our idea is ultimately to deliver non-complex surgery for many more specialities at UHL including Urology, Ophthalmology, ENT and maxillofacial. These services will be for adult patients; surgery for children will continue to be delivered at the Children's Hospital for Wales.

The aim of this engagement is to share our vision with all relevant stakeholders and ensure they have the opportunity to give us their views on our proposals for moving more non-complex surgery to UHL. This will help to shape what happens next.

### **What is our vision for these services?**

Our overall vision is for patients to have appropriate, timely access to reliable, safe, timely, high quality and sustainable surgical services. The focus in this engagement is on non-complex treatments undertaken as day case or short stay surgery. We want to improve patients' experience of these services by reducing the number of 'on the day' and short notice cancellations and providing a more effective and efficient service for patients. We believe that moving more of our non-complex surgery off the busy UHW site to UHL will help achieve this.

In the first instance we propose to move day case and short stay ENT procedures to UHL but with a future potential of moving more surgical services to benefit from a significant reduction in the cancellation of cases.

### **What progress has already made towards the vision?**

To date a number of services are delivered in UHL including General Surgery, Vascular, Breast Surgery and Orthopaedics. The cancellation rate in UHL is significantly lower than in UHW as there is no emergency surgery undertaken in Llandough and so planned surgery is not disrupted.

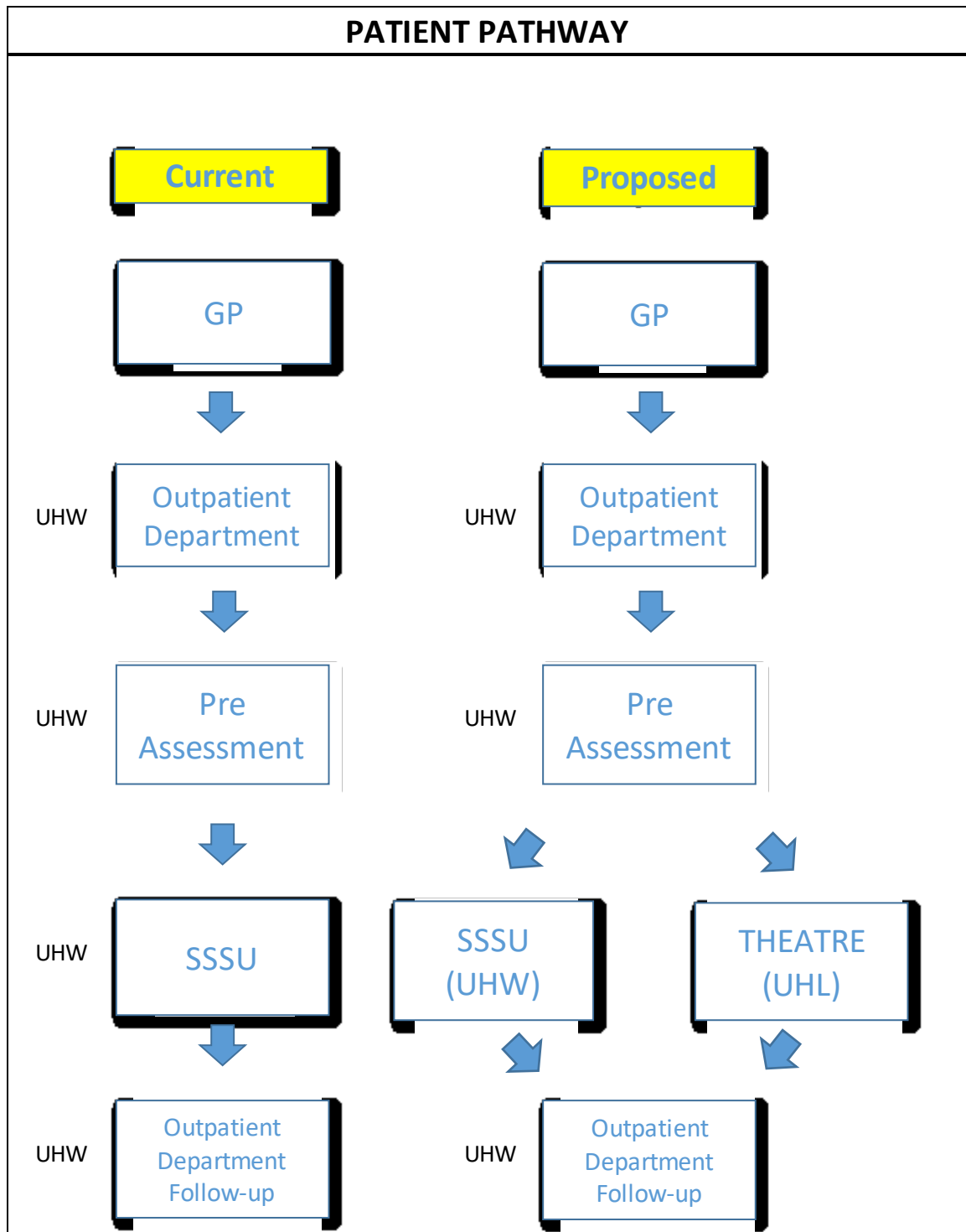
### **What is the current service?**

In the first instance the potential changes would impact on patients who require ENT surgery. This includes tonsillectomies, mastoid surgery, grommets, nasal surgery, cochlear surgery and myringoplasty surgery which are currently delivered in the Surgical Short Stay Unit (SSSU) in UHW. The number of patients accessing this service for surgical intervention are around 1300 patients a year. Unfortunately, around 300 patients have their surgery cancelled per year (more than one per day). This is because surgical teams and theatres booked for this type of non-complex surgery sometimes have to give priority to emergency cases that

come in unexpectedly, or staff are pulled to cover other theatres due to emergency pressures.

Around 65% of patients attending the Surgical Short Stay Unit at UHW come from Cardiff and 35% come from the Vale, which is reflection of the relative size of the general population in the two areas.

Our proposal is only for the actual surgery to change location, to take place in UHL; all the pre and post-surgery appointments would continue to take place at UHW. The diagram below illustrates the typical pathway that most patients who need this type of non-complex surgery would experience (current pathway on the left, proposed pathway on the right).



## **Why do we want to change the current service?**

UHW is a large hospital delivering complex emergency and routine care as a tertiary centre. Due to the pressures in the hospital the care provided for patients needing day case surgery is not optimal with a number of short notice cancellations and other disruptions. By moving some of our non-complex surgery to UHL we will be able to treat more patients and also release space in UHW in anticipation of delivering more complex specialist work for the region.

At the heart of this, we believe that changing the balance of non-complex surgery performed in UHW and UHL, with more of the short stay surgery taking place at UHL, will lead to a much better patient experience, as a result of:

- Reduction of 'on the day' and short notice cancellation for patients (currently around 25% of all cases have to be cancelled due to external pressures)
- Shorter waiting times due to more efficient and effective delivery of services. Waiting times are currently just under 36 weeks however these changes will create both a sustainable service and also improved waiting times.

Regrettably we receive a significant number of complaints about short notice cancellations of surgical procedures and we recognise that this causes a huge amount of distress as well as creating practical problems for patients and their families. Transferring more of our non-complex surgery to UHL will allow for more patients to be operated on in a timely manner leading to a better experience.

## **What have patients and carers told us about our services?**

Based on our patient surveys there is considerable positive feedback from patients who have their surgery in the short stay unit in UHW. This is predominately linked to the professional and caring nature of all staff groups. While patients who receive their treatment are complimentary, the main issue is the level of cancellations which have a detrimental impact on the patient experience. There is similar positive feedback from patients who have their surgery in the short stay unit in UHL. This is again linked to the professional and caring nature of the staff.

## **What options have we considered?**

The options considered were either to remain with the current configuration or to move some of the surgical service offered to the population of Cardiff and the Vale of Glamorgan to UHL as outlined in this proposal. In view of the nature of these surgical services, UHW or UHL are the only hospitals within the Cardiff and Vale area with the appropriate supporting infrastructure to deliver these services.

## **What is the proposed service?**

In the first instance the proposal is for 55% of all ENT patients needing day-case surgery to have their surgical procedure undertaken at UHL instead of UHW. This equates to 600 patients per year. 45% of patients would continue to have their day case or short stay procedure at UHW. The aim would be that there would be no 'on the day' or short notice cancellations thereby increasing the number of patients who will access the service. The treatment will be carried out by the same professional multi-disciplinary team. All other aspects of the patient pathway would remain the same i.e. pre and post-operative outpatient appointments would continue to take place at UHW as at present. Our long term aim is to increase the proportion of planned surgery taking place at UHL in line with our vision for clinical services in Cardiff and the Vale of Glamorgan.

The type of short stay surgery we propose to move to UHL is for patients who are healthy and fit and with no complex needs. This will be building on the services already established in Llandough including Orthopaedics, General Surgery, Vascular and Breast Surgery. Patients who have multiple comorbidities (this is where a patient has multiple diseases) will continue to have their surgery in UHW. Making decisions about the care of such patients can be more difficult with the potential to need careful management by the anaesthetist. In the interest of safety it is best that these patients are operated on in UHW where the full support is available to deal with potential complications in surgery.

## **What are the potential benefits of these new arrangements?**

The main advantage is that patients will receive timely care with minimal disruption and a better experience. Patients will also be able to go home



earlier for some operations as they will be scheduled appropriately. If patients are scheduled earlier in the day there is an increased likelihood that they will recover in enough time to go home on the day of surgery.

The same professional team would be delivering the care - continuity of care is critical for a safe service and this has been built into the new model to maintain high standards. Finally this will create space in UHW to develop highly specialist and regional services going forward.

### **What are the potential disadvantages?**

These services are provided for the whole of the population of Cardiff and the Vale of Glamorgan. A shift in current provision within the Cardiff and Vale area would potentially disadvantage patients who live closer to the current site for these services, at UHW. However patients who live closer to UHL would have less distance to travel if the services were moved to UHL. It is only the surgical intervention that would potentially change location – all outpatient appointments would remain in UHW.

### **Is the proposed way forward affordable?**

This proposal is about treating more patients in a timelier manner, by doing so we will not have to spend money outsourcing patients to private providers thereby saving money to be invested in other areas of our health service. There are capital implications to develop the buildings and facilities to support these proposals; these are being built into the health board infrastructure strategy.

### **What will happen to staff?**

The workforce are aware of these potential changes, and medical and nursing teams are excited about opportunities this creates for improving patient care. We have engaged with the multi-disciplinary teams and as with all change we will ensure staff choice is part of the process to ensure no members of staff are disadvantaged.



## Tell us what you think

We are seeking people's views on the following questions:

1. We would like to know what you think is most important to patients about their experience of day surgery. If applicable, please tick more than one box from the following list:

<i>The quality and safety of the surgery</i>	
<i>The surgery is successful</i>	
<i>Shorter waiting times for surgery</i>	
<i>The surgery is not cancelled</i>	
<i>Where the surgery takes place within Cardiff (UHW) and the Vale of Glamorgan (UHL)</i>	
<i>All care is provided by the same consultant-led team</i>	
<i>Other (please specify)</i>	

2. What is your view on our proposals for delivering more non-complex surgery at UHL?

3. *What else do we need to consider in making any changes?*
  
  
  
  
  
  
  
  
  
  
4. *Please tell us if your comments relate to a specific type of day surgery e.g. ENT, Ophthalmology, Urology and maxillofacial*
  
  
  
  
  
  
  
  
  
  
5. *Please identify your connection to our services e.g. current patient, previous patient, carer of someone who has used the service, member of public, healthcare professional, other*
  
  
  
  
  
  
  
  
  
  
6. *Any other comments?*

## **Equality and Health Impact Assessment**

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender reassignment, disability, race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. An Equality and Health Impact Assessment of the proposed changes has commenced. This highlights that the proposed service change would predominantly impact on adult patients:

- This will impact on male and female adult patients older than 18 years old
- The age and gender profile of patients is in line with the profile of the general population
- There is no specific impact or need due to sexual orientation, pregnancy, race or gender reassignment or disability

It has not to date highlighted any unfair discrimination. We would however, be grateful for any feedback on whether the changes highlighted in this document support our equality principles to help assist with the impact assessment.

### **What happens next?**

We are undertaking a 6 week engagement exercise from xxx to xxx

We have agreed the range and scope of engagement with the South Glamorgan Community Health Council (CHC). Following the closing date on xxx we will:

- Share the responses received with the CHC
- Consider the responses received and write a report summarising the feedback and recommending a way forward that includes actions to address issues raised during the engagement
- The CHC Executive Committee to consider the Health Board report on the outcome of engagement

- The Health Board to make final decision on the way forward informed by CHC views
- Publicise the outcome of engagement exercise

### **Contact details**

Please return your completed questionnaire or direct any queries to the following address:

Mike Bond – Director of Operations Surgery Clinical Board  
[Edwina.shackell@wales.nhs.uk](mailto:Edwina.shackell@wales.nhs.uk) (PA to Mike Bond)

Address:

University Hospital of Wales  
Director Operations Surgery Clinical Board  
Lakeside  
Heath Park  
Cardiff  
CF14 4XW

You can also contact the South Glamorgan Community Health Council for more information:

[CAVOG.Chiefofficer@waleschc.org.uk](mailto:CAVOG.Chiefofficer@waleschc.org.uk)

Pro Copy Business Centre  
Parc Ty Glas  
Llanishen  
Cardiff  
CF14 5DU

## Non-complex surgery at UHL Draft Engagement Plan July 2019

### 1. Purpose

To present a plan to undertake a 6 week engagement on the proposal to deliver more non-complex surgery at University Hospital Llandough (UHL).

### 2. Objectives of Engagement

- **Describe** the vision for the future configuration of elective surgical services in Cardiff and the Vale of Glamorgan
- **Discuss** the case for changing the balance of non-complex surgery performed on the UHW and UHL hospital sites
- **Present** the proposed new arrangements for more day surgery to be performed at UHL
- **Explain** the potential benefits of the proposed shift in location of these surgical interventions
- **Share** what comments have previously been made about current services
- **Ask** some key questions about what is important to you, to inform our thinking
- **Listen** and take into consideration your views and any concerns on the proposed changes

### 3. Key Audiences

Day surgery is currently performed on both UHW and UHL sites. These proposals will affect adult patients of all ages in both Cardiff and the Vale of Glamorgan who currently have day surgery at UHW.

The engagement process will seek the views of the following:

- Patients and carers currently receiving care
- Staff, specifically those working in the affected services, and their Staff Side representatives
- General Public
- Volunteers working in these services
- Third Sector organisations who work with service users potentially affected by the proposals (via Health and Social Care Facilitators and their Networks)
- Over 50s (via 50+ Forums)
- Primary Care/ Cluster Leads
- Local Partnership Forum
- Stakeholder Reference Group

- Healthcare Professionals' Forum
- Local politicians
- Town and Community Councils
- Local Medical Committee

#### 4. Communication and engagement channels

A range of communication and engagement channels will be used to enable effective engagement with key stakeholders. These will include:

- Distribution of a bilingual engagement document to the stakeholders identified above, to include a number of questions and details on how people can share their views
- Presentation to be taken to key stakeholder meetings including the CHC and the UHB statutory advisory groups
- Discussions with current patients and families, using the engagement document and seeking feedback on the engagement questions
- Distribution of the engagement document to staff, with opportunities for further discussion at team and 1:1 meetings for those directly affected by the proposed changes
- Electronic communication using the Health Board and CHC websites, UHB intranet and social media

#### 5. Engagement Questions

The Engagement Document will seek people's views on the following questions:

1. *We would like to know what you think is most important to patients about their experience of day surgery. If applicable, please tick more than one box from the following list:*

<i>The quality and safety of the surgery</i>	
<i>The surgery is successful</i>	
<i>Shorter waiting times for surgery</i>	
<i>The surgery is not cancelled</i>	
<i>Where the surgery takes place within Cardiff (UHW) and the Vale of Glamorgan (UHL)</i>	
<i>All care is provided by the same consultant-led team</i>	
<i>Other (please specify)</i>	

2. *What is your view on our proposals for delivering more non-complex day surgery at UHL?*

3. *What else do we need to consider in making any changes?*
4. *Please tell us if your comments relate to a specific type of day surgery e.g. ENT, Ophthalmology?*
5. *Please identify your connection to our services e.g. current patient, previous patient, carer of someone who has used the service, member of public, healthcare professional, other*
6. *Any other comments?*

## **6. Timescales and Next Steps**

Engagement will run for 6 weeks from..... A summary of engagement responses will be prepared immediately following the end of engagement to be shared for discussion with the UHB Management Executive and the Community Health Council, to inform decision-making on the next steps. The outcome of engagement and proposed way forward will be shared with stakeholders.