

CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
9.30 – 12.00pm on Wednesday 27 March 2019
Seminar Room, Hafan Y Coed, University Hospital Llandough

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 9.40am (5 mins)	Minutes and Matters Arising from the SRG meeting on 24 January 2019	Chair
5 9.45am (10 mins)	Feedback from Board <i>To receive feedback from the Board meeting of 31 January 2019</i>	Nicola Foreman, Director of Corporate Governance
Our Service Priorities		
6 9.55am (30 mins)	Mid-point review: Shaping our Future Wellbeing <i>To seek SRG views on our approach to reviewing progress on implementing the UHB Strategy</i>	Abigail Harris Director of Strategic Planning
10 minute COMFORT BREAK		
Deliver Outcomes that Matter to People		
7 10.35am (70 mins)	Patient Knows Best <i>To receive a demonstration of the Patient Knows Best portal and UHB plans for roll-out, and to discuss how we encourage patient sign up including the approach to communications and identifying the questions patients will ask</i> https://www.patientsknowbest.com/	Mike Bailey Digital Transformation Lead
Sustainability		
8 11.45am (10 mins)	Brexit <i>Update on impact and planning for Brexit</i>	Abigail Harris Director of Strategic Planning
Culture and Values		
	<i>No items</i>	

PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP

1	Next Meeting of SRG 9.30 – 12pm 22 May 2019 Seminar Room, Hafan Y Coed, University Hospital of Llandough	
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**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON THURSDAY 24 JANUARY 2019, CARDIFF
COMMUNITY HOUSING ASSOCIATION OFFICES**

Present:

Richard Thomas	Care & Repair Cardiff and the Vale (Chair)
Posy Akande	Carer
Sarah Capstick	Cardiff Third Sector Council
Garry Davies	South Wales Fire and Rescue
Liz Fussell	UHB Volunteer
Paula Martyn	
Liz McCarthy	South Wales Police
Linda Pritchard	Glamorgan Voluntary Services
Geoffrey Simpson	One Voice Wales

In Attendance:

Hannah Brayford	Head of Programme Management, UHB (Item SRG 19/07)
Nikki Foreman	Director of Corporate Governance
Abigail Harris	Director of Planning, UHB
Wendy Orrey	Cardiff and Vale Community Health Council
Alex Scott	Patient Safety and Quality Assurance Manager, UHB (Item SRG19/09)
Katie Sheppard	Service Improvement Programme Manager (Item SRG 19/07)
Anne Wei	Strategic Partnership and Planning Manager, UHB
Keithley Wilkinson	Equality Manager, UHB
Suzanne Wood	Consultant in Public Health Medicine, UHB (Item SRG 19/08)

Apologies:

Mark Cadman	WAST
Suzanne Duval	Diverse Cymru
Ben Gray	Vale of Glamorgan Council
Stephen Murray	South Wales Police

Secretariat:

Gareth Lloyd

SRG 19/01 WELCOME AND INTRODUCTIONS

The Chair introduced and welcomed Liz McCarthy to the Group.

SRG 19/02 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Marie Davies and Angela Hughes.

SRG 19/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 19/04 CONFIRMATION OF SRG CHAIR ELECT

Richard Thomas was endorsed as Chair of the SRG noting that he would be unable to attend UHB Board meetings on a regular basis.

Geoffrey Simpson was nominated and endorsed as Vice Chair.

SRG 19/05 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 27 NOVEMBER 2018

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 27 November 2018.

SRG 19/06 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 29 November 2018.

Nikki Foreman and Abigail Harris drew the SRG's attention to some specific items.

Adult Thoracic Surgery

The Board had approved the recommendations around the site of the single centre, with caveats around ensuring that the workforce model to support the Major Trauma Centre are put in place. The Board will continue to review progress to ensure that this work is on track. The Community Health Council (CHC) had been unable to support the recommendation because the responses from residents of Cardiff and the Vale had been broadly unsupportive of the recommendation. The UHB understood the CHC's stance. The report to the Board had contained Welsh Health Specialised Services Committee's (WHSSC) mitigating actions in response to the

concerns raised during the public consultation. The CHC would be organising a series of local community events to see if the public were re-assured by these mitigating actions. The outcome of this would be brought to the Board alongside the work on the workforce model. The public consultation would not, however, be re-opened.

Board Assurance Framework

The Framework details a number of key risks

- Workforce – an issue for the NHS across the UK.
- Finance – the UHB remained under Welsh Government (WG) Targeted Intervention.
- Capital – estate, IT and equipment.
- Making sure the organisation's culture can change sustainably.
- Sustainable primary and community care.

Sustainable Travel and Clean Air

Proposals would be presented to the UHB Board on 31 January

Brexit

A contingency plan in the event of a 'no deal' would be presented to the Board at its meeting on 31 January.

Staff Survey Results

There had been a disappointing response rate of 23%. The results had also been disappointing and a working group will be established to look at approximately six of the key issues that had emerged from the responses.

The Chair enquired about the UHB's financial sustainability. Abigail Harris explained that the UHB's Integrated Medium Term Plan (IMTP) would be considered by the Board on 31 January. Although WG IMTP Guidance is extremely prescriptive, the UHB had managed to produce a much more concise document than in previous years with the details focussed on specific areas. The IMTP is a 60 page document with links to a suite of other documents that sit underneath the main document.

At the end of 2018/19 the UHB will have a deficit of £9.9m which is the figure that it has been reporting to WG. The IMTP indicates that the UHB will have a balanced budget at the end of 2019/20 with £30m savings identified during next financial year. This is extremely challenging but there is confidence within the organisation that it is achievable although it is recognised that its Transformation Programme will be key to its success. On the basis that activity performance is holding up reasonably well compared to other UHBs, the UHB remains hopeful that WG will approve the IMTP.

The SRG **RECEIVED** a presentation from Hannah Brayford on work to transform the delivery of Outpatients services.

There are four key design principles.

1. Enable people to maintain their health in their own home – ‘Patient Knows Best’ an online portal that gives patients access to their records and helps them to manage their care at home has been developed and is currently being trialled in the Ear, Nose and Throat (ENT) specialty.
2. Primary care supported to retain patients in primary care settings – ‘HealthPathways’ an online repository for GPs launching on 14 February which outlines pathways into secondary care thus helping with standardisation.
3. Specialist services delivered to the most urgent cases first – Will require a flexible workforce design ensuring the workforce can meet the challenge.
4. Patients manage their own follow up care at home with easy access to support and review. – Links with the patient portal so that patients have a clear route back into secondary care should they require it.

The SRG was then asked some specific questions.

- Is this the experience we want in the future? What is the most important and what are the gaps?
- Do you broadly agree with the design principles?
- What do you think the public’s view on the principles would be?
- Are there any particular areas of work that the SRG would like to see at a future meeting?

The SRG made a number of observations.

- The principles were supported.
- The needs of and impact on carers should be considered. Some patients will be unable to manage their care themselves and will be dependent on their carers
- Support for patients is often required attending outpatient clinics e.g. when their carers are looking for parking spaces.
- Those who care for the elderly and children with complex needs spend a considerable amount of their time taking people to outpatient clinics. Increased use of telemedicine and local community based clinics could reduce this.
- Consideration should be given to whether attendance at clinics is actually required for ‘routine’ follow ups. Could these be managed in a different way e.g. a phone call or Skype etc?

- Some individuals will require more support and motivation to manage their own health. Community peer support groups are extremely helpful but more are required especially for younger people with long term conditions such as Multiple Sclerosis and Motor Neurone Disease.
- The Wellbeing Hubs and Health and Wellbeing Centres being developed will also play a key role in helping people with managing their own care.
- The online portal must be accessible to people with physical disabilities and learning and language needs e.g. use of audio, larger print and images rather than words
- The proposals represent a huge operational change that will require the support of staff.
- Many of the proposals are extremely dependent on information technology (IT). Will the IT systems across NHS Wales be able to support these developments? Hannah Brayford acknowledged that developments in IT would be key to the success of the new Outpatients model and confirmed that IT colleagues had been fully involved in the development of the proposals.
- It was noted that although there were already pockets of good practice e.g. Skype clinics in some specialties, greater use should be made of IT. In recognition of this the UHB has recently appointed to a new role Director of Digital Health Intelligence.
- New systems must be compatible with all of the devices used by patients regardless of manufacturer.
- How will progress be measured and will there be targets and timescales? Hannah Brayford explained that the new model was in the early stages of design. A detailed plan would be developed together with a structured programme of public communications.
- Care needs to be taken with communications about the programme of work. There was a comment that while the title 'Shaping Our Future Outpatients' makes sense internally, it sounds a bit like a piece of work about genetic engineering to those who aren't familiar with the UHB strategy.

It was **AGREED** that

- the SRG would assist in reviewing any draft public documents to ensure they were appropriate; and
- the 'Patient Knows Best ' work would be brought to the SRG before its wider roll-out.

Hannah thanked the Group for the time they had spent reviewing the work in advance of the meeting and for the very helpful comments at the meeting.

SRG 19/08

CARDIFF AND VALE OF GLAMORGAN HEALTHY WEIGHT FRAMEWORK

The SRG **RECEIVED** a presentation from Suzanne Wood on creating a Healthy Weight Strategic Action Plan for Cardiff and the Vale of Glamorgan.

WG published 'Healthy Weight: Healthy Wales' on 17 January which sets out its ambitions to reduce and prevent obesity. It has four key themes:

- Leadership and enabling change
- Healthy environments
- Healthy settings
- Healthy people

The consultation period runs until 12 April and SRG members were encouraged to respond.

Action: All

The UHB's recommended approach to tackling obesity was briefly outlined

The SRG then engaged in a workshop session during which it considered two specific questions.

Question 1 - What more can we do collectively to ensure our population moves more and eats well?

Suggestions/comments

- Tackling schools - develop the correct culture/enhance environment.
- Target areas of higher deprivation – get the correct balance between support/judgement/imposition – subsidise healthy food
- Our standard on what we see as 'normal' has changed, clothes sizes have increased.
- Have to be sensitive when talking to children about their weight.
- Revisit school menus – less sugar.
- Schools could do more e.g. a school in Bridgend has an 'Enrichment Programme' - Wednesday afternoons focus on physical activity involving Fire and Rescue Service.
- Schools to work collaboratively e.g. cooking classes for parents on school site.
- Think about how our working days are arranged: build in an expectation/permission for a period of physical activity so it becomes part of the work culture.
- Action must be culturally appropriate.
- Work place role models.

- Support, promote and signpost people to food co-operatives.
- Greater publicity of services that are available to support obese people

Question 2 – What pledge can you make personally or organisationally to ensure that our population moves more and eats well?

Suggestions/comments

- Positive messaging to encourage people to talk to their GP.
- United Nations Sustainable Food Plan – look at what we are eating e.g. eat less meat and dairy products and eat more plant based food.
- The UHB and other employers should be role models/exemplars.
- Individuals build in more time to travel differently and be more active.
- Encourage people to get out into natural environment e.g. using existing or creating new paths which would also help create natural fire breaks.
- Promote easier physical activity e.g. walking.
- Include breaks in meeting agendas to allow people to get up and move about

Action: Gareth Lloyd

The SRG was informed that there would be healthy weight events on 12 and 13 March. Suzanne offered to circulate the details to members. The draft Action Plan would be signed off April/May 2019 followed by a period of consultation. The final Action Plan would be published during October 2019.

Action: Suzanne Wood/Gareth Lloyd

SRG 19/09 ANNUAL QUALITY STATEMENT (AQS)

The SRG **RECEIVED** and **NOTED** the AQS 2017/2018.

Alex Scott explained that the AQS is a very transparent document that contains not only information on its achievements but also the challenges. It is designed first and foremost as an electronic document but hard copies are produced for all GP and Dental Practices in Cardiff and the Vale.

The format of the AQS has been revised to reflect comments received including the suggestions made by the SRG. It is now a much more visual document with a greater use of patient vignettes. The intention is to develop an inter-active website for the AQS in the future although it is likely that WG will still require the publication of a paper copy of the document.

The SRG was then asked to consider some specific questions about the AQS 2017/2018.

- Do you feel that the context of each of the chapters was explained?
- Did you feel that the balance of photographs/informatics/videos and text was appropriate?
- Did you feel that the electronic version was accessible? Was the hardcopy as accessible?
- Did you feel that the AQS was informative and covered the points you expected to see?
- Are there particular issues you want to see included in the AQS 2018/19?
- Would you make any changes to the format?

The SRG made a number of comments.

- It is good to see how the document has evolved over the past few years
- The document deserves a wide audience although its length may deter some.
- It is good that the challenges are included not just the achievements.
- The images should represent the diversity of the population and staff
- The number of Outpatient clinic 'Did Not Attends' (DNAs) is very high Abigail Harris explained that there were a many reasons for DNAs: including patient fear, failure to find a parking space and sometimes people don't know why they have received appointments. Alex Scott agreed to include initiatives to reduce the DNA rate e.g. texting or phoning patients to remind them of their appointments in the next AQS.

SRG 19/10 REVISED SRG TERMS OF REFERENCE

The SRG **RECEIVED** and **NOTED** the revised draft Terms of Reference that had been amendments to reflect the discussion at the previous meeting.

Nikki Foreman explained that the UHB must comply with WG's model standing Instructions which were currently being reviewed. She would be suggesting to the All Wales Board Secretaries Group that the tenure of SRG members should be aligned with that of UHB Board members. If the WG review becomes protracted she would seek authority to formally adopt the revised Terms of Reference pending the outcome of the review. In the meantime she was happy to take a pragmatic approach to the SRG membership.

Anne Wei explained that Welsh Ambulance Service NHS Trust had nominated Mark Cadman to replace Bob Tooby. South Wales Police had nominated Steve Jones to replace Stuart Parfitt and it had been agreed that in the event of Steve Jones being unable to attend, either, Steve Murray or Liz McCarthy could attend

in his place. Cardiff University was in the process of reviewing its nomination and it was understood that this was due to have been discussed at a meeting earlier that day.

Sarah Capstick informed the SRG that she hoped to confirm a children's and young person's third sector nomination by the end of January. There were also three expressions of interest from Registered Social Landlords who would be keen to join the SRG to provide a housing perspective. Anne Wei reported that CAVAMH had also agreed to identify a potential mental health third sector nomination.

SRG 19/11 WALKING AID RETURN AND REFURBISHMENT

The SRG **RECEIVED** and **NOTED** a written update on the progress made with walking aid return and refurbishment following a previous presentation and correspondence.

SRG 19/12 ANY OTHER BUSINESS

Brexit

Abigail Harris reported that she had attended the Regional Partnership Board. Board members had been asked to plan for a 'reasonable worst case scenario'. The UHB has conducted a risk assessment and has a business continuity plan. The current message was that it was business as usual. She stressed that there was no need to stockpile supplies of medicine as this would have a damaging impact. There might be problems at some stage with access to some specialist medical equipment but it was difficult to plan for this given the current uncertainties. The UHB was not experiencing a mass exodus of staff from the European Union and it was being very supportive towards these staff. More of a concern was potential recruitment difficulties in the future.

The Cardiff Public Services Board had met the previous week. Planning was in hand for a police response to any social unrest.

Abigail Harris agreed to provide the SRG with an update at its next meeting.

SRG 19/13 NEXT MEETING OF SRG

The next meeting of the SRG will take place 9.30am-12pm, Wednesday 27 March 2019, Primary Seminar Room, Hafan Y Coed, UHL.

AGENDA
JANUARY BOARD MEETING
1pm on 31st January 2019
Boardroom, University Hospital Llandough

PATIENT STORY		
‘Grow Cardiff’ Story – A project to improve patient health and well-being through therapeutic community gardening		
1	Welcome and Introductions	Maria Battle
2	Apologies for Absence	Maria Battle
3	Declarations of Interest	Maria Battle
4	Minutes of the Board meeting held on 29 th November	Maria Battle
5	Action Log	Maria Battle
6	Items for Review and Assurance	
6.1	Chair’s Report	Maria Battle
6.2	Chief Executive’s Report	Len Richards
6.3	Quality Safety and Experience Report	Ruth Walker
6.4	Performance Report	Sharon Hopkins
6.5	Transformation Programme Progress Report	Sharon Hopkins
6.6	Board Assurance Framework 2018/19	Nicola Foreman
7	Items for Approval / Ratification	
7.1	Endorsement of Cardiff PSB Healthy Travel Charter	Fiona Kinghorn
7.2	Integrated Medium Term Plan Priorities 2019-2021	Abigail Harris
7.3	Disposal 2018 – Colcot, Lansdowne, Hamadryad Land	Abigail Harris
7.4	Update on Additional Learning Needs Act Implementation	Fiona Jenkins
7.5	Laboratory Information Network Cymru Programme Outline Business Case	Fiona Jenkins
7.6	Committee Minutes:	Committee Chairs
7.6.1	Quality Safety and Experience Committee – 16.10.2018	Susan Elsmore
7.6.2	Audit Committee – 25.09.2018	John Antoniazzi
7.6.3	Finance Committee – 31.10.2018 and 28.11.2018	John Union
7.6.4	Health and Safety Committee – 09.10.2018	Michael Imperato
7.6.5	Charitable Funds Committee – 11.09.2018	Akmal Hanuk
7.6.6	Strategy and Delivery Committee – 06.11.2018	C Janczewski
7.6.7	NHS Wales Collaborative Leadership Forum – 14.06.18	
7.7	Advisory Group Minutes:	
7.7.1	Stakeholder Reference Group – 27.11.2018	Paula Martyn
7.7.2	Local Partnership Forum – 31.10.2018	Martin Driscoll

8	Items for Noting and Information	
8.1	Trauma Network Progress Report	Graham Shortland
8.2	Key issues from Committee and Advisory Group Meetings since September to bring to the attention of the Board:	
8.2.1	Quality Safety and Experience Committee – 18.12.2018	Susan Elsmore
8.2.2	Audit Committee – 04.12.2018	John Union
8.2.3	Finance Committee – 30.01.2019 (verbal)	John Antoniazzi
8.2.4	Health and Safety Committee – 22.01.2019 (verbal)	Michael Imperato
8.2.5	Charitable Funds Committee – 11.12.2018	Akmal Hanuk
8.2.6	Stakeholder Reference Group – 24.01.2019	Paula Martyn
8.2.7	Local Partnership Forum – 10.12.2018	Martin Driscoll
8.3	Agenda of the Private Board Meeting <ul style="list-style-type: none"> • HSE Prosecution • Brexit Update • Funded Nursing Care Update 	Nicola Foreman Abigail Harris Chris Lewis
8.4	To note the date of the next Board Meeting 28 th March 2019 at 1pm venue to be confirmed.	

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

Shaping Our Future Wellbeing Strategy Review

Our 10 year strategy will reach the halfway point in the next financial year (2019/20). Much has been achieved to embed the strategy across the organisation and the strategic objectives are providing focus across the jigsaw of activities we deliver as an organisation.



There are two elements to reviewing the strategy:

1. The strategy contains a number of actions associated with the strategic objectives as well as specific service standards and there is a need to review progress against these
2. Reviewing the overall direction of the strategy, including the four core principles for change and the strategic objectives to ensure they are still appropriate

Context

Our Strategic Objectives are our Wellbeing Objectives as required under the Well-being of Future Generations Act, we are obliged to review our objectives and progress under the Act. Since the publication of the Strategy the Welsh Government has published a refreshed national strategy in response to the Parliamentary Review of Health and Social Care; A Healthier Wales. We have reviewed the strategy for alignment with A Healthier Wales but this half way point review allows us to assess any further opportunities to support the delivery of Healthier Wales. We also have renewed opportunities through our transformation programme, clinical service plan development and embedded IMTP planning processes to reflect on the delivery of the strategy.

We have recognised the strategy does have an element missing in that it focusses on delivering for our local population across Cardiff and Vale without significant inclusion of our role as a tertiary services provider. We have work underway to develop our specialist services strategy.

From a partnership perspective we expect our strategy to provide a guiding role in interactions with the health board. Our strategic objectives should provide a framework for our relations with partners.

Our Strategic Objectives Are:

For Our Population - we will:

- reduce health inequalities;
- deliver outcomes that matter to people; and
- all take responsibility for improving our health and wellbeing.

Our Service Priorities - we will:

- offer services that deliver the population health our citizens are entitled to expect.

Sustainability - we will:

- have an unplanned (emergency) care system that provides the right care, in the right place, first time;
- have a planned care system where demand and capacity are in balance; and
- reduce harm, waste and variation sustainably making best use of the resources available to us.

Culture - we will:

- be a great place to work and learn;
- work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and
- excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.

We have not yet set out a process for the strategic review. There is a balance to be struck in undertaking a meaningful exercise to examine our progress, alongside existing reporting arrangements. Therefore we would welcome the views of the Stakeholder Reference Group on the following questions.

- 1. In your relationships with the health board do you see evidence that the strategy is underpinning our approach to the delivery of services?**
- 2. Do you have suggestions for how we can further embed the strategy in our partnership arrangements?**
- 3. When we review the strategy do you have specific suggestions on how we ensure the strategic objectives continue to remain appropriate?**