CARDIFF AND THE VALE UNIVERSITY HEALTH BOARD

Stakeholder Reference Group Meeting

14.00 – 16.30 Tuesday 26th November 2013
UHB Headquarters, University Hospital of Wales

SRG Members Present:

John Harrison  Environment Manager – Natural Resources Wales (Chair)
Cllr Mohammad Javed  Cardiff Council
Paula Martyn  Care Forum Wales
Linda Pritchard  Vale Council for Voluntary Services
Kevin Rahman-Daultrey  Cardiff Third Sector Council
Bob Tooby  Welsh Ambulance Services NHS Trust
Paul Warren  Diverse Cymru

Apologies:

Sue Cox  One Voice Wales
Cllr Pamela Drake  Vale of Glamorgan Council
Sheila Hunt  Cardiff University
Julia Preece  Cardiff and Vale Carers Centre
Joe Ruddy  South Wales Police

Observers in Attendance:
1. Welcome and Apologies for Absence

The apologies were noted and new attendees welcomed and introduced to the SRG.

2. Notes of the Last Meeting

The notes of the meeting held on 24 September 2013 were RECEIVED and NOTED as a true and accurate record.

3. Matters Arising

Appointment of Chair and Vice Chair
The SRG was informed that the UHB Board Secretary was currently off work and formal UHB Board approval of the appointment of the SRG Chair and Vice Chair had been delayed. The Acting Board Secretary was looking to present to the Board.
to expedite Chair’s action.

**South Wales Programme**

Abigail Harris advised the SRG that the SWP had generated an unprecedented level of response to public consultation. There had been a considerable amount of deliberation since the previous SRG meeting. Additional pieces of work had been commissioned including further analysis of patient flows, further work on defining the service models and an analysis of the financial implications of the options. The SWP Programme Board was due to meet on 29 November and again on 3 December to develop a recommendation to the Health Boards. There was a growing acknowledgement that the model must be sustainable in the medium term and it is possible that a hybrid solution will be proposed.

Cardiff and Vale Community Health Council would meet on 29 November to make its recommendation.

Abigail Harris explained that the implementation of the SWP recommendations would herald a very different way of working. There would be major implications for patient flows, funding and workforce. New care pathways were likely to mean that more than one Health Board becomes responsible for a patient’s clinical outcome. The implementation of these changes will be a huge challenge.

The SRG enquired whether a hybrid solution would necessitate further public consultation. Abigail Harris confirmed that the South Wales Programme Board was considering this very issue. She explained that the broad principles would not be changing although consideration would be given to providing services across clinical networks.

**SRG Membership**

Anne Wei explained that the Fire and Rescue Service had declined the original invitation to join the SRG when
the Group was established. A further formal invitation would be issued to the Fire and Rescue Service that week.

Anne Wei reported that she was liaising with the UHB’s Voluntary Services Manager to secure a volunteer member for the SRG to replace Mike Bolas.

The SRG agreed that it would be helpful to have a member providing a voluntary sector perspective on older people’s services. Linda Pritchard agreed to co-ordinate discussions and advise Anne Wei of the outcome.

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<th>4. Feedback from UHB Board Meetings</th>
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<td>The Chair reported that he had attended the Board meeting held on 1 October. Board meetings commence with a patient story which he found extremely beneficial as it reminded Board members of the purpose of the organisation. The other issues discussed had included:</td>
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<td>• Industrial relations</td>
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<td>• The UHB’s response to the Francis Report</td>
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<td>• The UHB’s Smoking Policy</td>
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<td>The SRG RECEIVED and NOTED the Agenda of the UHB Board meeting held on 5 November.</td>
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<td>The Chair explained that he proposed that the SRG’s next meeting take the form of a development session. The purpose of the session would be to develop a programme of work for the forthcoming year based on how the UHB functions and its agenda.</td>
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<td>SRG members agreed to forward suggestions for agenda items for the development session to Anne Wei or Gareth Lloyd.</td>
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5. **What Information Should We Provide to the Public About Their Health Services?**

The SRG RECEIVED and NOTED a paper on the development of a UHB Citizens Report. Mike Spencer provided further background information and explained that the current proposals were based on what was considered to be best practice in England.

The SRG then discussed the issue and made the following observations:

- The public are generally uninterested in health service issues until they require the services themselves or are employed by the NHS.
- There is already a considerable amount of information available to the public and the publication of a Citizens Report must add value.
- It may be better to focus time and effort on providing information about how services are run at the point of care/service delivery, to develop a better understanding of the service and create more empathy with staff e.g. in waiting rooms.
- Information should be provided via multiple methodologies to suit different audiences and their preferred means of communication.
- Any data provided should be simply presented to make it easily comprehended and explain the story behind it. This presents a real challenge.
- Information should be limited to a single page and make good use of visual data.
- Consideration should be given to providing data on the number of staff and patients treated etc., although there is recognition that much of this information is contained in the UHB’s Annual Report.
- Many people’s first contact with the NHS is via GP practices – information could be made available there.
- The myriad of third sector organisations could
assist with imparting information to the specific groups.
  • Consideration could be given to providing information on a seasonal basis e.g. winter pressures planning, flu campaign.
  • Consideration should be given to adding a question to the patient experience surveys about asking people if there is information they would like to have had.
  • A considerable amount of communications mapping had been undertaken as part of the SWP.

Overall, the SRG felt that the focus should be on telling the story and disseminating the story better; there are many existing reports and means of sharing information and it may be about maximizing these opportunities rather than necessarily creating something new.

6. UHB Winter Plan

The SRG received a presentation from Maureen Fallon on the Winter Plan 2013/14.

Maureen Fallon explained that during October, Welsh Government had called together a number of agencies including all Health Boards and asked them to formalise their winter plans. The Winter Plan being presented was a joint plan developed by the UHB, Welsh Ambulance Services NHS Trust (WAST), Cardiff Council and Vale of Glamorgan Council.

The SRG was informed of the mitigating actions that had been introduced pre-hospital, at the front door and within hospital, to manage the seasonal demand. The central themes were joint working and a no blame culture to ensure that all agencies understand each other’s pressures. There were fortnightly meetings between the UHB’s Chief Operating Officer (COO), WAST and the
local authorities and weekly meetings between the COO and UHB clinical teams to establish how the systems were working.

During the past month there had been an approximate 16% reduction in conveyance to hospital despite an increase in demand. This was due to closer working with GPs.

The Alcohol Treatment Centre was another great success and was considered best practice across the UK and beyond.

The SRG was asked to consider three specific questions.
- Have we missed anything?
- What else should we be doing to strengthen the plan from your perspective?
- How can you help to support implementation?

The SRG was advised that the UHB was holding discussions about building capacity in Care and Repair to support the Winter Plan. Maureen Fallon agreed to follow this up progress on this with her UHB colleagues.

It was noted that Diverse Cymru had held discussions with Cardiff Council colleagues with regard to opportunities for increasing the use of Direct Payments. Patients who already have a social worker may be eligible for direct payments. Diverse Cymru was keen to discuss the issue with the UHB. Maureen Fallon agreed to follow up this issue.

The SRG was informed that Cardiff Council was under pressure to reduce funding for voluntary services. This may impact on the voluntary sector’s ability to support the UHB’s Winter Plan. Abigail Harris informed the SRG that UHB representatives would be attending a Budget Priorities Stakeholder event during December. It was imperative to understand the risks of any budget
reductions and to undertake comprehensive equality impact assessments.

It was suggested that a brokering service being developed via the Regional Collaboration Fund could direct individuals to services available provided by all sectors. The success of such a service would depend on accurate up to date information on the services available.

A suggestion was made that increased fuel poverty was having a huge impact on the demand for health services. The third sector was undertaking a lot of good work to tackle this problem. Maureen Fallon confirmed that the Community Resource Teams were aware of the assistance available and were able to signpost people to these services.

Richard Thomas agreed to draft an information sheet outlining the services provided by the voluntary sector for use by the CRTs.

It was noted that the reduction in local authority funding was having an impact on the commissioning of domiciliary care. 15-20 minute visits did not give workers sufficient time to provide individuals with the required level of support and this frequently resulted in the condition of individuals deteriorating.

The SRG was informed that the independent care home sector was in crisis and there was talk of further home closures.

The discussion concluded with the SRG being informed that the Winter Plan would be evaluated during Spring 2014 to look at what had worked well and what hadn’t. It was agreed that Maureen should be invited back to SRG to report on the outcome of this stocktake.
7. Financial Settlements and Implications for Partners

The SRG received a presentation from Abigail Harris on Developing the UHB’s Integrated Business Plan (IBP) 2014/15-2016/17. It was a generic presentation that had been given to the UHB’s Local Partnership Forum and would be presented to the CHC/UHB Service Planning Committee the following day.

The IBP represents the move to a three year planning cycle. It brings together plans for service change, quality, performance and delivery, finance, workforce and governance. Although WG has issued comprehensive guidance on the content of the IBP, the Plan must ‘work’ for the UHB. The timetable for completion of the IBP is extremely challenging. The final draft would be submitted to the UHB Board for approval on 21 January for submission to WG by 31 January 2014.

The UHB currently has a £32.5m deficit with a year to date variance of £7m. Actions to address this deficit would be in line with the UHB’s plans and must deliver the Tier 1 targets, statutory requirements, WG strategies and UHB policies and procedures.

The SRG noted the proposals potentially requiring public consultation or engagement. A lot of the proposals were not new and were more about accelerating the rate of change. A considerable amount of engagement had already been undertaken by Clinical Boards with partner agencies on for example developing patient pathways.

The SRG suggested that it would be important to communicate the message that the UHB was doing all it could in an extremely challenging financial environment. The key would be to manage expectations whilst providing reassurance that service quality would not be compromised.

The SRG was informed that the Health Minister
understood the issues. It was acknowledged that local politics may impact on decisions. There may also be difficult decisions to be taken with regard to some all Wales health policies. A greater emphasis on preventative health care would be required.

A question was raised about whether decision regarding disinvestment in third sector services would rest with the UHB’s individual Clinical Boards. Abigail Harris understood the need for a consistent approach and agreed to discuss the issue with the UHB’s Director of Finance.

*Update:* The following extract from notes of the UHB Third Sector Strategic Alliance Steering Group meeting of 8 Nov was circulated to Third Sector colleagues and represents the UHB position: An update on the UHB financial position was provided. It was explained that the start point was a flat cash position but that service leads for third sector contracts would be having individual conversations with the providers and that the outcome would be dependent on what the clinical board wanted to do with services as a whole. In this way, the third sector is not being treated any differently than the rest of the organisation.

SRG members agreed to forward any further comments on the IBP to Abigail Harris.

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<th>8.</th>
<th>Natural Resources Wales Horizon Scanning</th>
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<td>This item was deferred until a future meeting.</td>
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<th>9.</th>
<th>Review of Meeting and Items to Bring to the Attention of the Board or Other Committees</th>
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<td>It was agreed that a summary of the key issues raised would be issued to SRG members.</td>
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<td>Any Other Urgent Business</td>
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| 10. | **Draft Fundraising Policy**  
The UHB’s Charitable Funds Committee had requested that the draft UHB Fundraising Policy be considered by the SRG before being finally considered by that Committee. The draft Policy would be e-mailed to SRG members for comment as soon as it was available.  
It was encouraging to note that the UHB Board and its corporate Committees were increasingly cognisant of the SRG’s value to the organisation. |
|   | **Next Meeting**  
1.30pm-4pm, Tuesday 11 February 2014. |