

CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
1.45 – 4.15pm on Tuesday 27 November 2018
Hafan Y Coed, University Hospital Llandough

AGENDA

PART 1: ITEMS FOR DISCUSSION		
1 1.45pm	Welcome and Introductions	<i>Chair</i>
2	Apologies for Absence	<i>Chair</i>
3	Declarations of Interest	<i>Chair</i>
PART 1: ITEMS FOR DISCUSSION		
4 1.50pm (5 mins)	Minutes and Matters Arising from the SRG meeting on 24 May 2018 and the joint meeting with Healthcare Professionals' Forum held on 25 July 2018	<i>Chair</i>
5 1.55pm (10 mins)	Feedback from Board <i>To receive feedback from the Board meetings of 26 July and 27 September</i>	<i>Chair and Director of Corporate Governance</i>
Sustainability		
6 2.05pm (40 mins)	GP Sustainability <i>To receive a presentation from the Primary, Community and Intermediate Care Clinical Board on sustainability issues facing GP practices and to discuss how we engage with the public about their relationship with primary care</i>	<i>Chris Darling Asst Director of Operations Lee Virgo Senior Primary Care Development Manager Dr. Jon Campbell & Dr. Ceri Walby GPs in Cardiff and GP Advisors for General Practice Support Team</i>
7 2.45pm (30 mins)	UHB Clinical Services Plan <i>To receive a presentation on the development of a Clinical Services Plan and to discuss the emerging thinking on the clinical approach required to deliver our Shaping Our Future Wellbeing strategy</i>	<i>Abigail Harris Executive Director of Strategic Planning</i>
Culture and Values		
8 3.15pm (45 mins)	Review of the SRG <i>To consider a discussion paper on the future of the SRG and how we ensure it is fit for purpose going forward</i>	<i>Anne Wei Strategic Planning and Partnership Manager</i>

Deliver Outcomes that Matter to People		
9. 4.00pm (10 mins)	Proposed Service Change: ward C7 North, UHW To remind SRG members of the engagement on the proposed transfer of medicine beds from ward C7 North UHW to Lansdowne ward at St David's Hospital with a request for views to be sent in by 30 November.	
Our Service Priorities		
	<i>No items</i>	
PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP		
2	Next Meeting of SRG 1.30pm-4pm 24 January 2019, Board Room Care & Repair Cardiff and the Vale, Tolven Court, Dowlais Road, Cardiff, CF24 5LQ	

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON THURSDAY 24 MAY 2018, SEMINAR ROOM 1,
COCHRANE BUILDING, UNIVERSITY HOSPITAL OF WALES**

Present:

Paula Martyn
Sarah Capstick
Linda Pritchard
Richard Thomas
Geoffrey Simpson

Care Forum Wales (Chair SRG)
Cardiff Third Sector Council
Glamorgan Voluntary Services
Care and Repair Cardiff and the Vale
One Voice Wales

In Attendance:

Abigail Harris
Colin McMillan

Tom Porter
Anne Wei
Peter Welsh
Ian Wile

Director of Planning, UHB
Head of Transport and Sustainable Travel, UHB
(item SRG18/18 only)
Consultant in Public Health (item SRG18/17 only)
Strategic Partnership and Planning Manager, UHB
Director of Corporate Governance, UHB
Director of Operations, Mental Health Clinical Board,
UHB (item SRG18/19 only)

Apologies:

Posy Akande
Suzanne Duval
Liz Fussell
Alison Kibblewhite
Bob Tooby

Carer
Diverse Cymru
UHB Volunteer
South Wales Fire and Rescue
Welsh Ambulance Services NHS Trust

Secretariat:

Gareth Lloyd

SRG 18/12 WELCOME AND INTRODUCTIONS

The Chair welcomed colleagues to the meeting.

SRG 18/13 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

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

SRG 18/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 18/15

MINUTES OF JOINT MEETING HELD ON 27 MARCH 2018

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

NHS at 70

The Chair reported that she had contacted the independent sector regarding the NHS at 70 anniversary and would forward them the latest calendar of events

Action: Chair

SRG 18/16

FEEDBACK FROM BOARD

Peter Welsh reported on the Board meeting held on 29 March 2018. He drew the attention of the SRG to several issues that had been discussed and reminded them that all the papers from the meeting were available on the internet.

- The Patient Story' had come from one of the UHB's clinicians who was also a mental health service user. Their experience had been both positive and negative.
- The report on the outcome of public consultation on the proposal to establish a Major Trauma Network for South and West Wales and South Powys.
- The UHB's Integrated Medium Term Plan

Peter Welsh explained that the UHB had been advised that there would be a formal public consultation on proposals for Thoracic Surgery. The Consultation Document would be considered by each of the Health Boards at special public meetings as part of Board Development sessions in June. Anne Wei confirmed that the UHB would be bringing a presentation to the July SRG meeting as part of this consultation.

SRG 18/17

HEALTHY TRAVEL FOR ALL

The SRG **RECEIVED** a presentation from Tom Porter on the Annual Report of the Director of Public Health 2017 – 'Moving Forwards: Healthy Travel for all in Cardiff and the Vale of Glamorgan'.

The presentation set out how the way we travel has changed dramatically over the past 50 years. In 1952, 27% of journeys were made by car compared to 83% in 2016. Most housing and commercial developments

during that time have been shaped by cars not people. This has had a number of negative effects:

- Physical inactivity and sedentary lifestyles
- Air pollution
- Road traffic injuries and deaths
- Increase in loneliness and social isolation
- Reduction in green space
- Climate change
- Exacerbating health inequalities.
- Effects of physical activity

The SRG was informed that there is increasing evidence that improving active travel rates, reducing air pollution and designing well connected and attractive urban and rural communities has a positive impact on health and wellbeing. Welsh Government has legally directed Cardiff Council to undertake a feasibility study to identify the option that in the shortest time will deliver compliance with legal limits for air quality. One of the options will be a clean air zone and it is likely that a charging zone will be considered within that.

The SRG then divided into pairs and discussed how they got to the meeting and their experiences of transport in other cities in the UK and Europe

The SRG made a number of observations

- The key issue is how mindsets can be changed
- A long term e.g. fifty year strategy is required
- There should be a rebalancing of investment between car infrastructure and public transport/cycling infrastructure.
- Availability and frequency of public transport is a problem in many areas particularly the western Vale.
- Cycle routes/lanes should be properly designed and must not disadvantage or endanger pedestrians.
- There should be adequate segregation of people moving at different speeds i.e. pedestrians, cyclists and other vehicles.
- The absence of a bus station and centralised public transport information point in the centre of Cardiff is a problem.
- Integrated ticketing would encourage public transport usage.
- Dockless cycle schemes in some cities have resulted in problems with the dumping of cycles.
- The London Underground and other big European metro systems e.g. Paris, Barcelona, work well
- The quality, quantity and cost of public transport in Hong Kong are all extremely good.
- Water taxi services could be expanded.
- There were differing views on whether reporting of nitrogen dioxide levels should be introduced.

SRG members were invited to complete the online survey on Cardiff's Transport & Clean Air Green Paper, 'Changing how we move around a growing city.'

Action: All

SRG 18/18 CAR PARKING AT UHW

The SRG **RECEIVED** an update from Colin McMillan, on the changes to car parking at UHW.

The SRG was informed that the current car parking contract with Indigo would expire on 4 June 2018. From 5 June car parking at UHW would become free for staff and visitors. Prior to the introduction of charges, car parking on the site had been a 'free for all' which caused major problems. It was therefore agreed that it would be essential to retain a traffic and car park management system on the site to ensure that emergency services are able to access the Hospital quickly and safely. Tenders were sought to manage the new system. The criteria was that the system must be free to users and at no cost to the UHB. Following the tender process, Parking Eye were the only company to submit a final tender and were duly awarded the contract.

The SRG was informed that the UHB's Management Executives had agreed that initially all the existing staff parking permits would migrate across to the new system. The introduction of new permit criteria and a new application process would be delayed until the UHB had produced its Sustainable Travel Plan.

Visitor parking areas would remain as they are now. There would, however, be a four hour limit with an option to extend this by a further four hours. This can be done by inputting the car registration number into one of 40 terminals that will be installed on site. These limits had been set to discourage people from taking advantage of the free parking and travelling into the city centre. Discussion had been held with colleagues in Midwifery, Critical Care, Noah's Ark Childrens Hospital for Wales and other departments where visitors are likely to have to park for longer periods.

The new system will use Automatic Number Plate Recognition (ANPR) and will operate 24/7 in patient/visitor parking areas. Patient/visitors will be fined for parking in staff areas. However, staff will be permitted to park in patient/visitor areas between 17.00 and 08.00. Fines will be £70 but will be reduced to £40 if paid within 14 days and there will be an appeals process. Fines have been set at a level that is designed to encourage both staff and patients/visitors to abide by the site parking regulations and discourage people from parking where they shouldn't.

Colin McMillan explained that there was a major communications and engagement plan to ensure as many people as possible are aware of the changes. There is a notice on the front page of the UHB's website, banners will be put up at every site entrance and pop up signage will be placed at all entrances into the Hospital buildings. The UHB Volunteers would receive training on the new system and the location of the terminals etc.

Abigail Harris explained that there are insufficient parking spaces for all staff who work at UHW and the UHB was investigating if it could move some corporate functions off the site.

Colin McMillan explained that the Park and Ride service had proved extremely successful and would become free from 5 June. Cardiff Council owned the facility and it was looking at other potential sites in the city.

The SRG was informed that at some stage, car parking management would also be introduced at the Cardiff Royal Infirmary (CRI) site as part of the contract with Parking Eye.

Colin McMillan tabled a UHW site plan showing the car parking areas. The intention was to publish the document on the back of a leaflet that would be handed out at publicity events at UHW. A separate plan would be produced for staff.

The SRG then discussed the plan and made a number of suggestions.

- Roads need to be included and identified to help with orientation e.g. Eastern Avenue
- Staff only car parks should not be identified on the plan
- 'Concourse' should be identified.
- A separate site plan is needed for cyclists.
- Include arrows showing direction of traffic flow.

Linda Pritchard and Sarah Capstick offered to use their networks to publicise the new car parking/traffic management arrangements at UHW.

Action: Linda Pritchard/Sarah Capstick

Linda Pritchard agreed to obtain the original agreement for driver volunteers and liaise with Colin McMillan about future arrangements.

Action: Linda Pritchard

Colin McMillan agreed to send the plan to the Community Health Council for comment.

Action Colin McMillan

It was agreed that SRG members should be advocates for the new system within their organisations.

Action: All

SRG 18/19 COMMUNITY MENTAL HEALTH SERVICES

The SRG **RECEIVED** a presentation from Ian Wile on proposals for the reconfiguration of adult community mental health services.

The SRG was informed that over the past 20-30 years the emphasis had been on moving Mental Health patients into the community. The UHB has eight Community Mental Health Teams (CMHTs), five in Cardiff and three in the Vale, with a total of 5,000 patients which is broadly in line with the 1-2% of the general population estimated to have serious mental health problems. The CMHTs are multi-disciplinary partnerships with the local authorities and third sector. The UHB also has Crisis Teams with capacity to visit patients in their homes up to 4 times in every 24 hours and has recently established a Primary Care Mental Health Service that accepts referrals direct from General Practitioners for patients with mild/moderate mental health problems. This new service is currently receiving 1,000 referrals per month. In addition, a service is being piloted in the Cardiff East GP Cluster whereby 2 Community Psychiatric Nurses (CPNs) have sessions in a GP practice and accept direct referrals from the GPs or their receptionists with each appointment lasting 20 minutes. The service has been piloted for five months and the CPN's caseloads are already full.

The majority of mental health patients are now cared for in their own homes and 40% of the UHB's Adult Mental Health inpatient beds have been closed within the past eleven years. The UHB is very supportive of Mental Health services and the costs released have largely been re-invested in community mental health services although there have been some savings.

Ian Wile explained that CMHT staff believe that the unprecedented demand allows them to do little more than fire fight. GPs consider the current services to be too complicated and believe that a single point of referral is required. There are also difficulties in accessing psychological therapies. An opportunity has now arisen to trial a new model in the Vale of Glamorgan. The proposal is to co-locate the 3 CMHTs in the Vale of Glamorgan on Neale Kent Ward at the Barry Hospital. This would provide a single point of access for all Mental Health services in the Vale, would result in shorter waiting times and improve access to psychological therapies. There would, in addition, be modest savings in management costs. The proposal is for the CMHTs to relocate into the accommodation during late summer 2018 and to commence the new service model during the autumn.

The CMHTs themselves, service users and carers are all supportive of the proposal. There have been lots of conversations with a range of stakeholders including the Community Health Council to discuss the proposals. The GPs in the three Vale Clusters also support the proposal provided that issues around patient access to services are addressed. The GPs in the Vale are also interested in adopting the model that is being piloted in East Cardiff.

In response to an enquiry, Ian Wile explained that the clinical management of Child and Adolescent Mental Health Services was also being discussed.

The SRG enquired about the timescale for the rolling out the model to Cardiff if the pilot proved successful. Ian Wile explained that accommodation would not necessarily be required before rolling out the model to the Cardiff Localities. That said, there were proposals for new CMHT accommodation on the CRI site.

It was agreed that Ian Wile would return to the SRG during 2019 to provide an update on how the new model is working.

SRG 18/20 ANY OTHER BUSINESS

There was none.

SRG 18/21 NEXT MEETING OF SRG

The next meeting of the SRG will take place 9.30am-12pm, Wednesday 25 July 2018, Seminar Room 3, Cochrane Building, UHW.

**UNCONFIRMED MINUTES OF A JOINT MEETING OF CARDIFF AND VALE
HEALTHCARE PROFESSIONALS' FORUM AND STAKEHOLDER REFERENCE
GROUP HELD ON WEDNESDAY 25 JULY 2018, SEMINAR ROOM 3, COCHRANE
BUILDING, UNIVERSITY HOSPITAL OF WALES**

Present:

Paula Martyn (Chair)
Sue Bailey

Care Forum Wales (Chair SRG)
Clinical Board Director for Quality, Safety and Patient
Experience, Clinical Diagnostics and Therapeutics
Clinical Board, UHB (Chair HPF)
Carer
Cardiff Third Sector Council
Diverse Cymru
UHB Volunteer
One Voice Wales
Speech and Language Therapy

Posy Akande
Sarah Capstick
Suzanne Duval
Liz Fussell
Geoffrey Simpson
Karen Visser

In Attendance:

Lee Davies
Nikki Foreman
Abigail Harris

Operational Planning Director
Director of Corporate Governance
Director of Planning, UHB (items HPF/SRG 18/11-
18/15)

Fiona Jenkins

Executive Director of Therapies and Health Science,
UHB

Anne Wei
Emma Wilkins

Strategic Partnership and Planning Manager, UHB
Assistant Director of Strategic Development and
Transformation

Keithley Wilkinson

Equality Manager, UHB

Apologies:

Iona Gordon
Riah-Jayne Jones
Alison Kibblewhite
Stuart Parfitt
Linda Pritchard
Richard Thomas

Cardiff Council
Cardiff University
South Wales Fire and Rescue
South Wales Police
Glamorgan Voluntary Services
Care and Repair Cardiff and the Vale

Secretariat:

Gareth Lloyd

HPF/SRG 18/11

WELCOME AND INTRODUCTIONS

Nikki Foreman the UHB's recently appointed Director of Corporate Governance was welcomed and introduced.

HPF/SRG 18/12 APOLOGIES FOR ABSENCE

The HPF/SRG **NOTED** the apologies.

It was **NOTED** that although not members of the HPF nor SRG, Marie Davies and Angela Hughes had sent their apologies for the meeting.

HPF/SRG 18/13 DECLARATIONS OF INTEREST

There were no declarations of interest.

HPF/SRG 18/14 FEEDBACK FROM BOARD

The HPF/SRG **RECEIVED** and **NOTED** the agenda of the UHB Board meeting held on 31 May and the Special Board meeting held on 28 June 2018.

Abigail Harris and Fiona Jenkins drew the HPF/SRG's attention to several issues that had been discussed.

- The Patient Story had been particularly powerful and inspirational. It was from a man who described his experiences of living with cancer and how he had embraced all the professional advice and support he had been offered.
- The Board had received a presentation from Ian Wile, Director of Operations in the Mental Health Clinical Board, on the establishment of Mental Health Needs Based Community Services, a presentation that had been given to the SRG in May.

Fiona Jenkins informed the HPF/SRG that the UHB's Capital Programme position was particularly challenging. There was insufficient capital funding to address all the estates, information management and technology and medical equipment issues. The UHB had formally written to Welsh Government expressing its concerns regarding this matter.

The Chair enquired whether the situation with regard to smoking on UHB sites had improved. Abigail Harris explained that the UHB had employed a No Smoking Enforcement Officer. The smoking situation had improved but there remained a problem, especially at the entrance near Y Gegin restaurant. A smoking ban had been introduced in Hafan Y Coed, the UHB's Adult Mental Health unit at UHL. The introduction of this ban has generally been a success with patients being offered nicotine replacement therapies.

The HPF/SRG received a presentation from Abigail Harris on the proposal to establish a single centre in south Wales for Adult Thoracic Surgery, based at Morriston Hospital, Swansea. The centre would serve patients from south east Wales, west Wales and south Powys.

Abigail Harris explained that there were currently two separate Thoracic Surgery services in South Wales: one at Morriston Hospital (2 surgeons) and one at UHW (3 surgeons). Approximately 650 of the 1,000 cases per annum receive their care at UHW. Both services have extremely good outcomes when benchmarked with the rest of the United Kingdom, however, patients in Wales with lung cancer have one of the lowest survival rates in Europe and are sometimes waiting longer than they should for surgery. There is a better chance of survival from lung cancer if patients undergo surgery early. Larger centres also have better outcomes.

Welsh Health Specialised Services Committee (WHSSC) had established a Project Board to oversee a review of thoracic services across Wales. The Project Board considered the evidence and feedback from an engagement process undertaken during autumn 2017. The HPF/SRG had received a presentation on the future provision of Thoracic Services as part of this engagement process in November 2017. The Project Board had recommended a single thoracic surgery centre but that the location of the thoracic surgery centre should be made by an Independent Panel. The Independent Panel considered evidence and applied scores to both Morriston and UHW against several criteria. The outcome of this work was that the Panel recommended Morriston as the single site.

The formal Public Consultation on the proposal had commenced on 2 July and would end on 27 August 2018. As part of this Consultation the UHB had held a staff meeting at UHW on 13 July and a second would be arranged for UHL. The first public meeting in Cardiff and the Vale of Glamorgan had taken place on 23 July in Castleland Community Centre in Barry and the second would take place that evening in Butetown Community Centre.

The three key messages from the staff meeting were as follows:

- It has been agreed that as part of a Major Trauma Network, a Major Trauma Centre will be established at UHW and there are concerns that a small number of Major Trauma cases will require thoracic surgery.
- UHW has the most established Thoracic Surgery service and it has not experienced recruitment difficulties. There is concern that some existing staff would not be able or prepared to relocate to Morriston.
- The decision of the Independent Panel had been marginal and there was concern about how it had reached its decision. The creation of a thoracic surgery centre at UHW could have been presented in the

context of the complete redevelopment of the UHW site over the next 25 years but neither UHB had been asked to present their cases to the Independent Panel.

The HPF/SRG then discussed the presentation and made a number of observations.

- Has consideration been given to having two thoracic centres: an elective and an emergency centre? Abigail Harris explained that most thoracic surgery was urgent planned surgery.
- There is a question in the Consultation Document about the Centre's ability to undertake medical research and develop new improved ways of working to improve standards of care. It is also noted that at the moment the University Hospital of Wales probably offered slightly more opportunities. Concern was expressed that not having the main research linked to the Centre could reduce the possibilities of improvements being identified and evidenced quicker and prevent the unit being a leader not just in South Wales but across the UK and wider. Some service users are reassured that the most up to date procedures are being used if linked with research facilities. Some also believe that there will be some legacy from their suffering if what they are going through can somehow be used in research.
- The travel time analysis seems unsophisticated. There could be an argument that people in the far west of Wales are already more reliant on private transport to access a range of other services/amenities and may therefore be more prepared/able to travel to access Thoracic Surgery Services.
- During engagement it had been proposed that pre-operative assessment would be provided locally. Abigail Harris explained that the clear feedback from clinicians had been that this should be provided in the Thoracic Surgery Centre as it would help with patient orientation.
- It would be imperative to ensure that appropriate facilities are made available to families/carers especially as a high proportion will have travelled a considerable distance.
- Has consideration been given to how multi-disciplinary teams will function? Abigail Harris confirmed that this would form part of the implementation plan discussions.

Abigail Harris informed the HPF/SRG that Abertawe Bro Morgannwg UHB (ABMU) had established a project team to consider how the proposal could be implemented. Cardiff and Vale UHB was currently working with ABMU on its implementation plan. The Independent Panel had recommended that if ABMU did not submit an implementation plan within a reasonable timescale then Cardiff and Vale UHB should be asked to develop an implementation plan. ABMU does not currently have spare space in which to create a thoracic surgery centre. Options are being considered but it is inevitable that

some services will have to be moved around to accommodate a Thoracic Surgery Centre. This would require capital investment and a business case would therefore have to be submitted to Welsh Government to secure this funding. This would be a lengthy process.

Abigail Harris explained that WHSSC would analyse the feedback received during the Public Consultation and produce a report for consideration by all Health Boards at their Board meetings during late September.

Members of the HPF/SRG were encouraged to formally respond to the Consultation as individuals by completing the proforma in the Consultation Document. Formal letters would also be considered.

Action: All

HPF/SRG 18/16 UHB TRANSFORMATION PROGRAMME

The HPF/SRG received a presentation from Emma Wilkins on the UHB's Transformation Programme.

There is a five stage approach to transformation:

- Idea generation
- Sequencing
- Secure plan
- Deliver
- Monitor and hold to account

Eight projects have been agreed each of which fall under one of four broad categories: outpatient activity (the aim is to reduce the number of outpatient appointments on hospital sites); length of stay (benchmarking identified a number of specific opportunities to reduce length of stay), theatres (improving activity and productivity); and unwarranted variation. The eight projects are:

- Virtual fracture clinic
- Urology
- Denosumab
- Palliative care
- Sepsis
- HIV drugs
- Digital dictation
- Theatre stock

Emma Wilkins then explained three of the projects in greater detail.

Virtual Fracture Clinic – The UHB is piloting a scheme whereby a multi-disciplinary team reviews whether patients need to return to Fracture Clinic. They then contact the patient by telephone and either ask them to come into

clinic or advise them that this will not be necessary but provide them with advice over the telephone , for example, that they should continue with exercises etc. The scheme is supported by the key clinicians and indications are that the pilot is proving successful.

Denosumab – This is an Osteoporosis drug. Presently patients on the drug have to come into hospital for an injection every six months. It had been identified that it would be appropriate for some of these patients to self-administer. This proposal received overwhelming support amongst a patient focus group and ten patients have now been trained to inject themselves.

Palliative Care – Cardiff and Vale UHB has a higher proportion of patients who end their life in hospital than other UHBs. A proposal is being developed to redress this balance so that a greater proportion of people can end their life in their own homes.

The UHB had identified a number of transformation enablers:

- **Pathway approach** – The UHB has purchased a 'Health Pathways' tool. This is software that clearly articulates what GP's should be looking for, how they should manage specific conditions and how to refer patients if required.
- **Accessible information** – It is important for clinicians to have access to the correct information at the right time.
- **Digitally enabled workforce**
- **Communications**
- **Vision and values**
- **Sustainable primary care** – The emphasis of the Welsh Government's recently published 'A Healthier Wales; our plan for Health and Social Care', is how health and social care can become better together. A £100m transformation fund has been established to facilitate this.
- **Management and Leadership** – what do we need and how can the plethora of existing courses be streamlined.
- **Alliancing** - A different way of developing services that is based on a patient centred approach with organisations and individuals expected to leave their baggage at the door when planning services. This approach is being trialled in the Falls Prevention service. A workshop had been held but there was consensus that there had been too many managers present. A second workshop would be arranged and it was agreed that the independent sector would be invited to attend.

The HPF/SRG then considered some specific questions:

- Does the group think that the UHB has adopted the right approach to transformation?
- Have we selected the right enablers?
- Are we sufficiently communicating on progress? What has been good? What could we do better?

The SRG made a number of comments.

- A Healthier Wales is not just about the health and social care sectors but the independent and third sectors as well.
- Have key performance indicators been considered for the transformation projects? Emma Wilkins confirmed that they had and explained that the UHB had a new system that would facilitate the development of interactive dashboards e.g. for outpatients.
- It might be a challenge to get the public to accept some of the new ways of working. It would be important that services and advice are available 24/7 and that information is kept up to date.
- It would be helpful to obtain information on the third sectors' experience of alliancing in Canterbury, Grampian and Sydney.

Action: Sarah Capstick

- The independent sector, third sector and Diverse Cymru all have a role to play in communications.
- Posters are a good form of communication.
- Consideration could be given to recruiting volunteers to provide information in GP waiting rooms.
- A wide range of communication methods should be considered used but it will be important to ensure that the information is accurate and up to date.

HPF/SRG 18/17 WINTER PLANNING

The HPF/SRG received a presentation from Lee Davies on last winter's experiences, the lessons learnt and the approach being taken to planning for next winter.

The key reflections from winter 2017/18 were:

- The importance of advanced planning and ensuring that winter planning is not undertaken in isolation.
- There is a general upward trend in demand in most parts of the service due to an increase in the population and an increase in the age profile of the population. There is also an increase in the level of acuity of patients.
- Variability in the demand pattern. In most years the pressures are greatest during the first few weeks of the calendar year and this gradually tapers off over the next few months. However, February 2018 proved particularly challenging.
- A sequence of exceptional circumstances i.e. influenza and the severe weather conditions during late February/early March.

- Reduced unscheduled care performance. Generally the trend is for performance to improve but there had been a slight deterioration during winter 2017/18.
- There are areas where performance continues to improve.
- Resilience of staff.

Lee Davies explained that these had been taken into account when developing proposals for winter 2018/19. There are a number of improvements planned for the unscheduled care system:

- the roll-out of multi-disciplinary teams to add capacity and resilience to primary care;
- the development of a domiciliary discharge-to-assess service in Cardiff;
- the expansion of the First Point of contact service to support early hospital discharge;
- length of stay reduction initiatives at both acute sites and community hospitals to reduce the requirement for beds;
- programme of work on frailty, Chronic Obstructive Pulmonary Disease and falls pathways;
- implementing a live 'patient flow' information system for unscheduled care – to identify constraints in key patient streams at the earliest opportunity;
- maximising the benefits from the new Emergency General Surgery model;
- review of the Emergency Unit flows.

The winter plans are likely to include:

- additional resilience for the GP out of hours service;
- senior decision makers at the front-door;
- additional critical care and ward bed capacity; and
- enhanced CRT and discharge-to-assess capacity

The HPF/SRG was then asked to consider some specific questions:

- Where are there other opportunities, particularly outside of our normal partnerships?
- Do you know of anything that has worked well elsewhere?
- How can we complement plans in other sectors?
- How could technology help?

It was suggested that a significant number of people who had received the flu vaccination had still succumbed to flu. It would therefore be a challenge to persuade these individuals to get vaccinated in future years. Fiona Jenkins explained that there was no evidence that the flu vaccine makes you ill. Lee Davies reported that there had been a significant increase in the proportion of staff who had received the vaccine.

In response to an enquiry Lee Davies explained that it was difficult to identify which of the initiatives introduced last winter had worked well and which had been less successful because there were a number of factors that impacted on overall performance. Some ideas were good in principle but would require refining.

The HPF/SRG enquired whether the recent high temperatures had put additional strain on the UHB's services. Lee Davies explained that the UHB services were currently in a relatively good position.

Lee Davies informed the HPF/SRG that the Primary, Community and Intermediate Care Clinical Board was providing support to care homes to enable them to manage their patients rather than having to admit these patients to hospital. The initial results have been mixed with a positive impact on the number of admissions from some care homes whereas the number admitted from others has increased. Fiona Jenkins explained that the UHB had monitored and identified the care homes that transfer a high proportion of patients to hospital and consideration had been given to how they could be supported.

It was agreed that the care home sector be canvassed regarding what form of support from the UHB they would find helpful.

Action: SRG Chair

HPF/SRG 18/18 NEXT MEETING OF SRG

It was agreed that the meeting of the SRG scheduled for 25 September 2018, be cancelled. The SRG will therefore meet next 1.30pm-4pm on Tuesday 27 November 2018, in the Primary Seminar Room, Hafan Y Coed, University Hospital Llandough.

JULY BOARD MEETING

1pm on 26th July 2018 in
Conference Room 2, Vale of Glamorgan Civic Offices,
Holton Road, Barry

AGENDA

PATIENT STORY Mr Paul Rice		
PART 1: ITEMS FOR ACTION		
1	Welcome and Introductions	Oral
2	Apologies for Absence	Oral
3	Declarations of Interest	Oral
4	Minutes of the Board meeting held on	Chair
4.1	• 31 st May 2018	
4.2	• 28 th June 2018 Special Meeting	
5	Action Log	Oral Chair
6	Chair's Report	Chair
7	Chief Executive's Report	Chief Executive
8	Quality Safety and Experience Report	Executive Nurse Director
9	Performance Report	Director of Public Health
10	HIW's Annual Report of the UHB	Alun Jones, Deputy CE, HIW
11	Annual Quality Statement	Executive Nurse Director
12	Revised Board and Committee Arrangements	Director of Corporate Governance
13	Transformation Update	Director of Public Health
14	Cardiff and Vale UHB Annual Report http://www.cardiffandvaleuhb.wales.nhs.uk/publications-annual-reports-accounts/	Chief Executive
15	Cardiff and Vale UHB Annual Plan 2018/19	Director of Planning
PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE BOARD AVAILABLE ON THE UHB WEBSITE http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings		
16	Health and Safety Annual Report 2017/18	Director of Corporate Governance

17	Regional Partnership Board Annual Report 2017/18	<i>Director of Planning</i>
18	Minutes from other Boards/Committees	
1	Quality, Safety and Experience Committee – June	<i>M Battle</i>
2	Stakeholder Reference Group – May	<i>P Martyn</i>
3	Finance Committee – April and May	<i>J Union</i>
4	Health and Safety Committee – April	<i>M Imperato</i>
5	Local Partnership Forum – June	<i>M Driscoll</i>
6	Strategy and Delivery Committee - June	<i>C Janczewski</i>
7	Mental Health and Capacity Legislation Committee – February	<i>C Janczewski</i>
8	Audit Committee – April, May and Special Audit Committee - May	<i>J Union</i>
9	Charitable Funds Committee – March	<i>A Hanuk</i>
10	Health Professionals' Forum – <i>no meeting since last joint meeting in January</i>	
11	Collaborative Leadership Forum – February	<i>M Battle</i>
12	Emergency Ambulance Services Committee – May	<i>L Richards</i>
19	Agenda of the Private Board Meeting	
20	To note the date of the next Board Meeting 27 th September 2018 at 1pm venue to be confirmed. This will be followed by a meeting of the Trustees	
21	Dates for 2018/19 Thursday 29 November 2018 Thursday 31 January 2019 Thursday 28 March 2019	

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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]

BOARD MEETING
1pm on 28th September 2017
Board Room, University Hospital Llandough

AGENDA

PATIENT STORY		
A patient with complex care needs and his experience – recorded story		
PART 1: ITEMS FOR ACTION		
1	Welcome and Introductions	Oral
	Apologies for Absence	Oral
	Declarations of Interest	Oral
4	Minutes of the Board meetings held on 27 th July 2017	Chair
5	Action Log	Oral Chair
6	Chair's Report	Oral Chair
7	Chief Executive's Report	Oral Chief Executive
Deliver Outcomes that Matter to People		
8	Patient Safety Quality and Experience Report	Executive Nurse Director
Our Service Priorities		
9	Wellbeing and Future Generations Act – UHB Progress	Director of Public Health
10	IMTP 2018-2021 Development	Director of Planning
Sustainability		
11	Finance Report	Director of Finance
12	Performance Report	Director of Public Health
13	Major Trauma Network Development	Director of Planning
14	Shaping Our Future Wellbeing – Developing Our Estates Plan	Director of Planning
15	Future Shape of Thoracic Surgery Services in South Wales	Director of Planning
Culture and Values		
16	WAO Report – UHB's Contractual Relationship with RKC Associates Ltd and its Owner	Chief Executive
17	Financial Governance Review of the UHB – Deloitte's Report	Chief Executive
18	Action taken by the Chair on Behalf of the Board	Chair
19	Corporate Risk and Assurance Framework Update	Director of Corporate Governance
20	Research and Development Implementation Plan	Medical Director

21	Annual Reports	<i>Directors of: Public Health Corporate Governance Public Health</i>
.1	• Annual Report of the Director of Public Health	
.2	• Health and Safety Annual Report	
.3	• Substance Misuse Area Planning Board Annual Report	
.4	• Directors of Primary, Community & Mental Health Annual Report	COO
22	Reform of Welsh Language Standards Consultation Response	<i>Director of Workforce and OD</i>
23	UHB Response to the White Paper "Services fit for the future, Quality and Governance in Health Care Wales".	<i>Director of Corporate Governance</i>
PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE BOARD AVAILABLE ON THE UHB WEBSITE http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings		
24	Minutes from other Boards/Committees	
.1	Welsh Health Specialised Services Committee Joint Committee – June and July briefing	<i>Prof M Longley</i>
.2	Regional Partnership Board – March & June	<i>S Elsmore</i>
.3	Quality, Safety and Experience Committee – June	<i>M Battle</i>
.4	Strategy and Engagement Committee – July	<i>I Grey</i>
.5	Resource and Delivery Committee – August	<i>J Antoniazzi</i>
.6	Finance Committee – June & July	<i>M McLaughlin</i>
.7	Health and Safety Committee – July	<i>Chair</i>
.8	Charitable Funds Committee – March x 2	<i>M Waygood</i>
.9	Mental Health Capacity and Legislation Committee – May	<i>M Waygood</i>
.10	Stakeholder Reference Group - July	<i>Prof M Longley</i>
.11	Emergency Ambulance Services Committee – March and Chair's summary – June	<i>P Martyn</i>
.12	Organ Donation Committee – June	<i>Dr S Hopkins</i>
25	Agenda of the Private Board Meeting	<i>M Battle</i>
26	To note the date of the next Board Meeting 30 th November 2017 at 1pm	

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¶ 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

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¶ Trustee meeting to be held after Board meeting at 4pm

Stakeholder Reference Group

Pressures Facing General Practice

Purpose

The purpose of attending the Stakeholder Reference Group is to raise awareness and understanding of the pressures facing General Practice, and seek views and feedback on how we communicate the work to address these pressures, including the move to more multi-disciplinary team working in general practice.

Briefing

General practice is facing increasing and unprecedented pressures. There is a significant and growing gap between the demand placed upon it and its capacity. These pressures are not limited to one area, and have been compounded in Cardiff and Vale by the significant housing developments and associated population growth over the next ten years.

There have been a number of workshops held during 2018, focusing on sustainability. A key issue raised has been in relation to the primary care estate whether it is fit to meet future demand and the handling of lease arrangements.

The main themes that came across during the sustainability events and discussions with practices and clusters are;

- Increased demand and workload generated by unprecedented levels of population growth, aging population and increasing complexity of illness.
- Unprecedented difficulty with recruitment and retention into the GP workforce
- A primary care estate that is becoming increasingly unfit for purpose, or premises with fragile leasing arrangements.

Sustainable general medical service (GMS) provision is fundamental to wider service sustainability. There is a range of work underway to provide support to practices, which includes the roll out and implementation of the First Contact Practitioner Physiotherapists and Mental Health Primary Care Liaison Models.

The National Plan for Primary Care in Wales commits to the importance of Primary Care as the bedrock of a sustainable health service; acknowledging the pivotal role of GPs within a multi-disciplinary primary healthcare team. The plan reports that sustainability in Wales will 'depend on making the most of the widest possible range of professions and using their skills and abilities, according to the prudent healthcare principles'. 'To sustain primary care now and in to the future, health boards must consider a range of other models.

Cardiff and Vale UHB Stakeholder Reference Group

Discussion Paper - November 2018

1. Introduction

The Stakeholder Reference Group (SRG) is one of three statutory advisory groups to the Health Board. Over recent years, the SRG has worked as a mature and effective group, which has provided valuable input to help shape UHB strategy and policy. It has become apparent, however, that we need to review and refresh the Terms of Reference (ToR) to ensure the Group is fit for purpose going forward as well as to address a number of areas where the Group is no longer complying with the existing ToR.

This paper highlights the key areas that need to be reviewed, provides some proposed approaches to managing the issues and seeks the views of SRG members on a set of questions to inform the next steps. A key principle underpinning this piece of work is to minimise disruption to the successful functioning of the SRG and to retain experience and knowledge wherever possible, while ensuring appropriate accountability and governance arrangements are adhered to. The ideas contained in the paper are based on discussions involving the Director of Planning and the Director of Corporate Governance.

A copy of the existing ToR are attached for information (Appendix 1)

2. Member Terms of Office

Several of our current SRG members have or will shortly exceed the maximum term of office as stipulated in the current ToR (see extracts below)

Section 5.1

.....Members shall be appointed for a period specified by the Board, but for no longer than three years in any one term. Those members can be reappointed but may not serve a total period of more than five years consecutively.'

Section 5.3

'The Chair's term of office will be for a period of up to two years with the ability to stand as Chair for an additional one year.....'

The same rules apply to the appointment of Vice Chair.

Appendix 2 contains details of the current membership including their term of office end dates with those that have been breached highlighted in red.

However, the SRG terms of office are not consistent with the Standing Orders of the Board itself and appear to have been chosen fairly arbitrarily. Furthermore, there is considerable variation in the terms of office contained in the SRG ToR of different Health Boards. We therefore propose that the terms of office are amended to be compatible with those of the Board, namely that members shall be appointed ***'...for no longer than 4 years in any one term. These members can be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.'***

Such an amendment would have the additional practical benefit of enabling us to retain valued members whose term of office is around the 4 and 5 year mark.

3. Membership

The ToR state that membership of the SRG must be drawn from within the area served by the UHB, and should ensure involvement from a range of bodies and groups operating within the communities serviced by the UHB. In determining the overall size and composition of the SRG, the UHB must take account of issues such as the area's demography and diversity, the need to guard against the over involvement of particular stakeholders and the design of partnership fora already influencing the work of the UHB.

In reviewing the membership of the SRG, there are essentially two categories of members: members from statutory/public organisations; and members from the third sector and the community. Current membership is as follows:

Statutory/Public organisations:

- Local authorities
- South Wales Police
- Fire and Rescue Service
- Welsh Ambulance Service NHS Trust
- Cardiff University

Note that Natural Resources Wales have formally declined to join the SRG of any Health Board.

Third Sector/Community organisations:

- Glamorgan Voluntary Services
- Cardiff Third Sector Council
- Third Sector nominations providing a perspective on
 - a) Older people
 - b) Equalities
- Care Forum Wales
- One Voice Wales
- Carer
- UHB Volunteer

An issue to explore at the SRG meeting is whether there are any additions it would be helpful to make to this membership, without duplicating other partnership mechanisms established in the area.

A specific amendment we are proposing is to recognise that the SRG benefits from the involvement of the Health and Social Care Facilitators and that these roles should have permanent status, rather than being subject to the term of office requirements which relate to individuals who happen to hold that role at any point in time.

4. Attendance

The ToR state that if an SRG member fails to attend any meeting of the Group for a period of two consecutive meetings, the Board may remove that person from office unless they are

satisfied that the absence was due to a reasonable cause, and the person will be able to attend such meetings within such period as the Board considers reasonable.

There are a small number of current members, particularly from the statutory/public organisations, who are not regular attendees. We propose to write to these members to explore if they are still interested in attending or to consider whether there is another person in their organisation whose role might be more aligned to the objectives of the SRG.

5. Quoracy

The ToR state that the SRG will not be quorate unless at least 6 members are present. While the SRG is not a decision making body it is still important for the input provided by SRG to represent a balanced stakeholder perspective to inform the UHB's decision making. As a pragmatic step, we propose that quoracy is reduced to 4 members.

6. Discussion

In view of the number of areas where the SRG is non-compliant with its existing ToR, there is clearly a need to review the way that the SRG is operating, including its terms of reference. The SRG needs to be fit for purpose to meet the UHB's strategic ambitions for working with stakeholders going forward and have the right membership and focus to work effectively within the strategic partnership environment.

Members are asked to consider and comment on the proposals:

- 1. To amend the SRG Terms of Office to align them with those of the UHB Board**
- 2. To make permanent the membership of the role of the Health and Social Care Facilitators**
- 3. To write to current members who are not regular attendees to explore their ongoing interest or consideration of more appropriate nominees**
- 4. To reduce quoracy to 4 members**

Members are asked to discuss the following questions to inform additional amendments to the ToR and consideration of the way SRG works going forward:

- From your experience, what is the most important contribution that the SRG makes to the work of the UHB?**
- In the context of other partnership working, what is unique about the conversations that happen at SRG?**
- What could be improved about the way the SRG currently works?**
- To be most effective, who do we need to have around the table at SRG – from stakeholders and communities, and from within the UHB?**

THE STAKEHOLDER REFERENCE GROUP

Terms of Reference and Operating Arrangements

1. INTRODUCTION

- 1.1 The Stakeholder Reference Group's (SRG) role is to provide independent advice on any aspect of University Health Board (UHB) business. This may include:
- Early engagement and involvement in the determination of the UHB overall strategic direction
 - Provision of advice on specific service proposals prior to formal consultation; as well as
 - Feedback on the impact of the UHB's operations on the communities it serves.

2. PURPOSE

- 2.1 The purpose of the SRG is to:
- Facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The SRG will, in respect of its provision of advice to the Board:
- offer advice to the UHB when specifically requested on any aspect of its business
 - offer advice and feedback even if not specifically requested by the UHB.

3.2 Authority

The UHB may specifically request advice and feedback from the SRG on any aspect of its business, and the SRG may also offer advice and feedback, even if not specifically requested by the UHB.

The SRG may provide advice to the Board:

- at Board meetings, through the SRG Chair's participation as Associate Member
- in written advice, and
- in any other form specified by the Board.

The Board may determine that the SRG should be supported by sub groups to assist it in the conduct of its work, or the SRG may itself determine such arrangements, provided that the Board approves such action.

4. MEMBERSHIP

Chair	Nominated from within the membership of the SRG by its members and approved by the Board.
Vice Chair	Nominated from within the membership of the SRG by its members and approved by the Board.
Members	The membership of the SRG must be drawn from within the area served by the UHB, and should ensure involvement from a range of bodies and groups operating within the communities serviced by the UHB.

In determining the overall size and composition of the SRG, the UHB must take account of the:

- demography of the areas served by the UHB;
- need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status;
- balance needed in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
- design and operation of the partnership/stakeholder fora already influencing the work of the UHB at local community levels;
- need to complement, and not duplicate the work of CHCs; and
- need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.

Secretariat As determined by the Board Secretary

In Attendance The Executive Director of Planning, Executive Director of Primary, Community and Mental Health Services, and Executive Director of Nursing will attend the SRG, and the Board may determine that designated Board members or UHB staff should be in attendance at the SRG. The SRG Chair may also request the attendance of Board members or UHB staff, subject to the agreement of the UHB Chair.

Support to Committee Members

4.6 The Board Secretary, on behalf of the SRG Chair, shall:

- arrange the provision of advice and support to group members on any aspect related to the conduct of their role, and

- ensure the provision of a programme of organisational development for SRG members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

5. TERMS OF OFFICE

- 5.1 Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings, and in accordance with any specific requirements or directions made by the Welsh Assembly Government (WAG). The Board may seek independent expressions of interest to provide a stakeholder perspective where it has determined that formal bodies or groups are not already established or operating within the area.

Members shall be appointed for a period specified by the Board, but for no longer than three years in any one term. Those members can be reappointed but may not serve a total period of more than five years consecutively. The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

- 5.2 The **Chair** will be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the WAG. The nomination will be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 5.3 The Chair's term of office will be for a period of up to two years, with the ability to stand as Chair for an additional one year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.
- 5.4 The **Vice Chair** will be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the WAG. The nomination shall be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Vice Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the SRG Chair's absence, the Vice Chair will also perform the role of Associate Member on the UHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 5.5 The Vice Chair's term of office will be for a period of up to two years, with the ability to stand as Vice Chair for an additional one year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

- 5.6 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.
- 5.7 The UHB will require SRG members to confirm in writing their continued eligibility on an annual basis.
- 5.8 Where the Board determines it appropriate, the UHB may extend membership to individuals in order to provide a perspective from stakeholders where there are not already formal bodies or groups established or operating within the UHB area.

6. RESIGNATION, SUSPENSION AND REMOVAL OF MEMBERS

- 6.1 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.
- 6.2 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:

- it is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member, or
- it is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

A nominating body or group may request the removal of a member appointed to the SRG by writing to the Board setting out an explanation and full reasons for removal.

- 6.3 If an SRG member fails to attend any meeting of the Group for a period of two consecutive meetings, the Board may remove that person from office unless they are satisfied that:
- i the absence was due to a reasonable cause, and
 - ii the person will be able to attend such meetings within such period as the Board considers reasonable.
- 6.4 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

7. MEMBER RESPONSIBILITIES AND ACCOUNTABILITY

The Chair

- 7.1 The Chair is responsible for the effective operation of the SRG:
- chairing meetings
 - establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements, and
 - developing positive and professional relationships amongst the Group's membership, and between the SRG and the UHB's Board and its Chair, and Chief Executive.
- 7.2 The Chair shall work in close harmony with the Chairs of the UHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner, with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 7.3 As Chair of the SRG, they will be appointed as an Associate Member of the UHB Board. The Chair is accountable for the conduct of their role as Associate Member on the UHB Board to the Minister, through the UHB Chair. They are also accountable to the UHB Board for the conduct of business in accordance with the governance and operating framework set by the UHB.

The Vice Chair

- 7.4 The Vice Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties, or a new Chair is appointed, and this deputisation includes acting in the role of Associate Member of the UHB Board.
- 7.5 The Vice Chair is accountable to the SRG Chair for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the SRG.

Members

- 7.6 The SRG shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the SRG.
- 7.7 All members must:
- be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance, including the values and standards of behaviour set for the NHS in Wales;

- comply with their terms and conditions of appointment
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, and
- promote the work of the SRG within the professional discipline they represent.

7.8 SRG members are accountable to the Chair for their performance as Group members, and to their nominating body or grouping for the way in which they provide an informed perspective of the matters under discussion.

Relationship with the Board

7.9 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

7.10 The Board may determine that designated Board members or UHB officers should be in attendance at Group meetings. The SRG's Chair may also request the attendance of Board members or UHB officers, subject to the agreement of the UHB Chair.

7.11 The Board should determine the arrangements for any joint meetings between the UHB Board and the SRG.

7.12 The Chair of the Board should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

8. RELATIONSHIP BETWEEN THE SRG AND OTHERS

8.1 The UHB Board must ensure that the SRG's advice provides a balanced, co-ordinated stakeholder perspective from across the local communities served by the UHB. The SRG shall:

- ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- ensure its role, responsibilities and activities are known and understood by others; and
- take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Local Service Boards.

8.2 The SRG shall work together with Community Health Councils (CHCs) within the area covered by the UHB to engage and involve those within the local communities served whose views may not otherwise be heard

8.3 The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings.

9. SUPPORT TO THE SRG

9.1 The UHB's Board Secretary, on behalf of the Chair, will ensure that the SRG is properly equipped to carry out its role by:

- overseeing the process of nomination and appointment to the SRG;
- co-ordinating and facilitating appropriate induction and organisational development activity
- ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the LHB and others;
- ensuring the provision of secretariat support for SRG meetings;
- ensuring that the SRG receives the information it needs on a timely basis;
- ensuring strong links to communities/groups; and
- facilitating effective reporting to the Board

thus enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.

10. COMMITTEE MEETINGS

10.1 Quorum

At least 6 members must be present to ensure the quorum of the SRG.

10.2 Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the SRG deems necessary – consistent with the UHB annual plan of Board Business.

10.3 Openness and Transparency

The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of business. The Board therefore requires, wherever possible, the SRG to hold meetings in public unless there are specific, valid reasons for not doing so.

Appendix 2

SRG Membership as at Sept 2018

Name	Nominating Organisation	Date Attended first Meeting	Additional Information	Length of membership at Sept 2018	Theoretical Term of Office end date
Paula Martyn	Care Forum Wales	11 November 2010	Formally appointed Chair October 2014	7 years 10 months	November 2015
Bob Tooby	South Wales Police/ WAST	13 January 2011	Formally appointed Vice Chair October 2014. Nominated initially as SWP member, subsequently joined as WAST member	7 years 8 months	January 2016
Linda Pritchard	Vale Centre for Voluntary Services / Glamorgan Voluntary Services	15 September 2011	Third Sector member (appointed in role as Vale Health and Social Care Facilitator)	7 years	September 2016
Liz Fussell	NHS Volunteer	11 February 2014		4 years 7 months	February 2019
Richard Thomas	Care and Repair	11 February 2014	Third Sector member	4 years 7 months	February 2019
Alison Kibblewhite*	South Wales Fire and Rescue	17 June 2014		4 years 3 months	June 2019
Posy Akande	Carers Representative	14 October 2014		3 years 11 months	October 2019
Sarah Capstick	Cardiff Third Sector Council	8 July 2015	Third Sector member (appointed in role as Cardiff Health and Social Care Facilitator)	3 years 2 months	July 2019
Stuart Parfitt	South Wales Police	8 September 2015		3 years	September 2020
Riah-Jayne Jones	Cardiff University	18 November 2015		2 years 9 months	November 2020
Suzanne Duval	Diverse Cymru	23 May 2017	Third Sector member	1 year 4 months	May 2022
Iona Gordon	Cardiff Council	13 September 2017		1 year	September 2022
Geoffrey Simpson	One Voice Wales	13 September 2017		1 year	September 2022
Ben Gray	Vale of Glamorgan Council	30 November 2017		9 months	November 2022

* Resigned from SRG October 2018

