

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD AT 1PM ON 30 NOVEMBER 2017
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH**

Present:

Maria Battle	Chair
Abigail Harris	Director of Planning
Akmal Hanuk	Independent Member – Community
Charles Janczewski	Vice Chair
Eileen Brandreth (part)	Independent Member – ICT
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Dr Graham Shortland	Medical Director
John Union	Independent Member – Finance
Len Richards	Chief Executive
Martin Driscoll	Director of Workforce and OD
Michael Imperato	Independent Member - Legal
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sara Moseley	Independent Member – Third Sector
Dr Sharon Hopkins	Director of Public Health
Steve Curry	Chief Operating Officer
Stuart Egan	Independent Member – Trades Unions
Cllr Susan Elsmore	Independent Member – Local Authority
Paula Martyn	Associate Member – Chair, SRG
Sue Bailey	Associate Member – Chair, HPF

In Attendance:

Peter Welsh	Director of Corporate Governance
Steven Place	Representing Cardiff and Vale of Glamorgan CHC

Secretariat

Julia Harper

Apologies:

Prof Elizabeth Treasure	Independent Member – University
John Antoniazzi	Independent Member –Estates
Lance Carver	Associate Member – Director of Social Services
Alan Brown	Vice Chair, Cardiff and Vale of Glamorgan CHC
Indu Deglurkar	Chair, SMSC
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC

UHB 17/221

PATIENT STORY

The UHB Chair, Miss Maria Battle, as Chair of the Organ Donation Committee, introduced the specialist nurses in organ donation, Gail Melvin and Charlotte Goodwin who were attending the Board to present a story on multi faith issues. For the benefit of new Board members, Miss Battle explained that receipt of a patient story was an opportunity to put patients at

the centre of decision making and allowed Members to reflect on patient experience throughout the meeting.

The nurses commented on three examples of where faith played an important role in communication and decision making with patients' families. In the first case of a Sikh gentleman, conversations were held with 25 family members. Fortunately they were aware of their loved one's intentions with regard to donation and consented to the transplantation of organs but not to research. Specific requests were made for staff to leave the bedside light on and to put a few drops of water onto the lips when death was imminent and these wishes were respected and actioned. Unfortunately not all organs were viable for transplant.

In the second case of a Sikh man who had not discussed his wishes with his family, with interpretation from the man's brother, his wife consented to kidney donation and research. Staff had to consider virology as the man had recently visited India. In this case there was an added challenge with a 90 minute delay getting into theatre and this meant the family and the retrieval team who had travelled from another part of the UK were left waiting. Unfortunately it turned out that the organs were not suitable for transplant. In terms of culture, the man's headscarf remained on at all times and the family requested the attendance of a multi faith chaplain.

In the case of a Muslim man who died around the time that the organ donation legislation was changing, his family had already discussed their feelings with each other and all had decided they all wanted to opt out. They requested burial before sun down and this was respected.

It was noted that staff were making links with local mosques to raise awareness of organ donation and an invitation had been extended to a mosque member to attend the Organ Donation Committee. The NHS Blood and Transfusion Service was also producing a regular newsletter on diversity issues as some areas of the country had little experience of multi faith/culture issues.

In future, it had been agreed that all clinicians involved in the organ retrieval process would hold a moment of silence in theatre before retrieval commenced and read words of thanks for the gift by the donor and their family as a mark of respect.

The key message to everyone was to discuss your wishes with your family. Mr Hanuk commented that he had a very good network involving a number of communities and would be happy to support the team to spread the message.

UHB 17/222

WELCOME AND INTRODUCTIONS

The Chair welcomed three new Independent Members and the new Vice Chair to their first meeting of the Board. She also thanked Professor Elizabeth Treasure and Stuart Egan for their energy and sincerity serving the

Board over the last 8 years. This would be their last meeting, and unfortunately Prof Treasure had been unable to attend.

UHB 17/223 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 17/224 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. Ms Brandreth declared an interest in two items involving Cardiff University.

UHB 17/225 MINUTES OF THE BOARD MEETING HELD ON 28th SEPTEMBER 2017

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 28th September 2017.

UHB 17/226 ACTION LOG FOLLOWING THE LAST MEETING

The Board **RECEIVED** the Action Log from the September meeting and **NOTED** the following:

UHB 17/089 Patient Safety, Quality and Experience Report (CAMHS) –

There had been no movement on the out of hours tertiary CAMHS concerns raised. These services were commissioned by WHSSC and provided by Cwm Taf University Health Board. It was agreed that Dr Hopkins and the Chief Executive would consider whether this should be referred to the WHSSC Joint Committee in order to enable discussion.

Action – Dr Sharon Hopkins

UHB 17/227 CHAIR'S REPORT

The Board **RECEIVED** the oral report of the Chair. The following points were highlighted:

- 1. Personalia** – The Chair reported that the Executive Team was complete, 3 new Independent Members (IMs) were attending their first meeting, as was the new Vice Chair, Charles Janczewski. Two new IMs would be appointed shortly. In addition, the Cabinet Secretary had agreed the appointment of Mr Lance Carver, Director of Social Services, Vale of Glamorgan Council as an Associate Member of the Board. In light of the number of new Board Members, further training would be arranged.

2. **Diary of Events Attended** – The Chair shared the events attended in the last two months.
3. **Major Trauma Network Consultation** – the consultation period had been extended by 12 weeks to 5th February 2018.
4. **KwaZulu Natal Pvincial Legislature Health Portfolio Committee Visit** – a successful visit to the UHB was made on 14th November and further collaboration would be taken through the Wales for Africa Group.

The Board **NOTED** the oral report of the Chair

UHB 17/228 CHIEF EXECUTIVE'S REPORT

The Board **RECEIVED** the oral report of the Chief Executive. The following points were highlighted:

1. **Personalia** - Martin Driscoll the new Director of Workforce and OD was attending his first Board meeting and Steve Curry who had been the Interim Chief Operating Officer had been appointed substantively.
2. **Visit to Canterbury Health, New Zealand** – The Chief Executive reported that he had led a small group to Canterbury to examine their “care closer to home” philosophy in operation. He advised that a full report would be circulated in the next couple of days, but stressed the need for good real time information systems, clinical engagement, a higher trust and lower bureaucracy relationship and being receptive to change culture. They also had a single system budget and always turned discussion to what would be best for Agnes, the mythical patient. The next steps were to develop this international alliance/collaboration for mutual learning and reinvigorate the UHB’s vision, improve clinical information and pathways and learn from their community falls prevention work.
3. **Child and Adolescent Mental Health Services (CAMHS)** – It was noted that a resources model was being completed for consideration at the Management Executive. Only the management of the service would change, not its location.
4. **WAO Report – UHB Contractual Relationship with RKC Associates Ltd and its Owner** – Good progress had been made and would be considered at the December Audit Committee. In addition, the Public Accounts Committee would receive an update in April 2018.
5. **Targeted Intervention** – good progress was being made.
6. **Joint Executive Team (JET) Meeting with Welsh Government** – The Chief Executive reported on his first JET meeting and confirmed that

the UHB accounted well and this was recognised by further Welsh Government support.

The Board **NOTED** the oral report of the Chief Executive.

UHB 17/229 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Executive Nurse Director, Mrs Ruth Walker, answered the questions raised by Independent Members at the Chair's Governance Group. This covered resuscitation in mental health facilities and ligature points, the work of the falls model wards, and transgender services. The Board noted that discussions were ongoing with Welsh Government on the latter and that the Management Executive would be asked to make a decision on what the UHB could offer as the service was resource intensive for the complex group of patients. Currently Wales did not have the capacity or capability to deliver a service and the London waiting time was 14 months. It was noted that it was important to make progress as up to 30% of patients had committed suicide whilst waiting for treatment.

Mrs Walker also answered questions on the progress with medicines management with the continued regular audit of maintaining locked fridges and cupboards, the lessons learned from serious incidents with the Quality Safety and Experience Committee that used one meeting a year to consider learning in detail and the improvements made including in the fracture clinic with the provision of an additional 2 telephones. It was noted that improvement work was underway in the fracture clinic and a new pathway was being developed for implementation in the Spring which should remove 60% of visits to clinic.

The Chair commended the improvement of the serious incident closure reports and requested an update on transgender

Action – Dr Graham Shortland

and fracture services at a future meeting.

Action – Mr Steve Curry

ASSURANCE was provided by:

- The current position on all key indicators relating to Quality, Safety and Patient Experience presented in the Board Report.
- Comparison with peers across Wales.
- Evidence of the action being taken to address key outcomes that were not meeting the standards required.
- A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.

The Board:

- **CONSIDERED** the content of this report.

- **NOTED** the assurance in relation to the action being taken to improve the quality, safety and experience of care.

UHB 17/230 FINANCE REPORT

The Director of Finance, Mr Robert Chadwick advised that the report had been presented to the Finance Committee earlier in the day for detailed consideration. He commented that the UHB was on target to meet the £30.9 planned deficit. He also drew the Board's attention to two material risks. Funded Nursing Care costs arising from a recent legal ruling and no cheaper stock available (NCSO) drugs. Both pressures applied to all Welsh Health Boards and could not be influenced locally.

The Board noted that the structural deficit continued to increase because savings had been achieved via non-recurrent measures. Members were invited to attend a meeting of the Finance Committee on the 4th January 2018 to consider in detail the underlying deficit and the plans for the coming year.

Action – All Board Members

LIMITED ASSURANCE was provided by:

- The work that had been undertaken to develop the 2017/18 operational plan;
- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 7 position which was broadly in line with the profiled deficit within the financial plan.
- The identification of a full £35m savings programme.

The Board:

- **NOTED** that the UHB had a one year operational plan that had a planned deficit of £30.900m for the year;
- **NOTED** the £17.963m deficit at month 7 which included a planning deficit of £18.025m and budget underspends of (£0.062m);
- **NOTED** that the UHB now had a savings plan fully identified;
- **NOTED** the risks that were outside the current expenditure projection that needed to be managed;
- **APPROVED** a request to Welsh Government for £36.423m cash assistance.

UHB 17/231 PERFORMANCE REPORT

The Director of Public Health, Dr Sharon Hopkins answered questions raised by Independent Members at the Chair's Governance Group. The Board noted that it was expected that the staff vaccination target would be met but it was not known if the general at risk population target would be achieved.

Dr Hopkins was unable to confirm why there had been a reduction in the number of cases of self-harm among children. In terms of CAMHS, the UHB was working with Cwm Taf on a new care model and the number of delayed transfers of care was improving.

The Chair invited further questions and comments:

- A summary of the length of time patients were delayed in hospital would be provided for Board Members (DTCOC).
Action – Mr Steve Curry
- Concern was expressed that only half of staff were receiving an annual appraisal as this was an indication of the value placed on staff. It was confirmed that this figure was actually higher than the one electronically reported and was monitored via monthly performance review. It was agreed to provide a report to the Resource and Delivery Committee on how this discrepancy was being addressed.

Action – Mr Martin Driscoll

- It was noted that the Board had previously agreed a number of priority areas for attention and these were all reported within the body of the main report. The Cabinet Secretary had requested Chair's concentrate on stroke, cancer and healthcare associated infection.
- In terms of infection, there was a Wales-wide driver diagram in use. Many of the UHB's regular attenders were immune suppressed and therefore more susceptible to infection. *E.coli* was a new target with the focus on catheterisation in the community. Infection prevention and control (IPC) was considered in detail at the Quality, Safety and Experience Committee. In addition, the UHB Medical Director chaired the all Wales Antimicrobial Group and had instigated antimicrobial walkrounds in the UHB. Overall the UHB was below the UK mean for antibiotic use.
- There was a challenge discharging neuro patients for rehabilitation due to day case funding in local hospitals. 12 patients had waited over 100 weeks for neurosurgery because of issues with theatre access. It was confirmed that the outcome of the Neuro review was expected soon.
- It was noted that the Minister had provided an additional £1m with £800k going into community rehabilitation. The Chair agreed to circulate the briefing that had been provided to Chairs.

Action – Miss Maria Battle

REASONABLE ASSURANCE was provided by:

- the fact that the UHB was making progress in delivering its Operational Delivery Plan for 2017/18 by achieving compliance with 19 of its 60 performance measures.

The Board:

- **CONSIDERED** the UHB's current level of performance and the actions being taken where the level of performance was either below the expected standard or progress had not been made sufficiently quickly to ensure delivery by the requisite timescale.

UHB 17/232 INTEGRATED WINTER PREPAREDNESS AND RESILIENCE PLAN

The Chief Operating Officer, Mr Steve Curry had nothing to add to the report and encouraged members to view the full plan via the electronic link.

ASSURANCE was provided by:

- The production of a multi-agency integrated winter resilience plan based on learning from previous years.
- The plan was based on the approach approved by Board in July 2017.
- The Health Board components of the Plan had been approved by Management Executive.

The Board:

- **NOTED** the Cardiff and Vale of Glamorgan Integrated Winter Preparedness and Resilience Plan.

UHB 17/233 MORTUARY AND CELLULAR PATHOLOGY RESPONSE TO HTA INSPECTION

The Chief Operating Officer, Mr Steve Curry advised the Board that all the concerns raised by the Human Tissue Authority (HTA) had been addressed in the action plan that was available in a separate “boardbook”. A number of improvements had already been made and investigation through a root cause analysis was underway with progress reported to Management Executive on a weekly basis. The HTA had commended the UHB on its openness and transparency.

The Chief Executive confirmed that the outcome would be reported to Board in April as it was important that the reasons for the deterioration were identified and lessons were learned.

Action – Mr Steve Curry

ASSURANCE was provided by:

- The governance process and completed actions that had been implemented to meet the requirements of the HTA inspection.

The Board:

- **NOTED** the progress to date against actions.
- **NOTED** the investigation timescale and early recommendations.

UHB 17/234 ACTION TAKEN BY THE CHAIR ON BEHALF OF THE BOARD

ASSURANCE was provided by the adherence to UHB Standing Orders. The Board **RATIFIED** the action taken by the Chair.

UHB 17/235 CORPORATE RISK AND ASSURANCE FRAMEWORK UPDATE

The Director of Corporate Governance, Mr Peter Welsh reported no significant change to the risk register since the last meeting. Work was progressing on the revised presentation of risk and this would require a greater level of ownership. It was proposed to use the April Board Development Day to consider the risks to be included and these would be tied to strategic objectives.

ASSURANCE was provided by:

- Assignment of risks to a Lead Executive and Committee.
- The CRAF was a standing agenda item at Board and its Committees.
- The review of the CRAF that was currently taking place recognised that this area could be strengthened to provide better assurance and was aimed at achieving this.

The Board:

- **CONSIDERED** the CRAF Update Report
- **NOTED** proposed next steps in the CRAF review.

UHB 17/236 REVIEW OF THE TERMS OF REFERENCE FOR THREE COMMITTEES OF THE BOARD

The Director of Corporate Governance, Mr Peter Welsh commented on the changes proposed and confirmed that the Chair and Chief Executive would be holding further meetings with Committee Chairs. The changes to the RATS Committee were required to address improvement actions following the WAO report.

The Vice Chair reiterated the importance of the attendance of Independent Members at Committee meetings. The reduction in the number of Members on Committees had placed a greater onus on Members' attendance in order for meetings to be quorate. Any member who was unable to attend needed to advise the Secretariat at the very earliest opportunity.

Action – All Independent Members

ASSURANCE was provided by:

- Discussion with Chairs and Executive Leads of Committees
- Discussion at the Chair's Governance Coordinating Group.

The Board:

- **APPROVED** changes to the Terms of Reference for the Quality, Safety and Experience, Mental Health and Capacity Legislation and Remuneration and Terms of Service Committees with effect from 1st January 2018.

**UHB 17/237 REVIEW OF THE MANAGEMENT OF POLICIES,
PROCEDURES AND OTHER WRITTEN CONTROL
DOCUMENTS POLICY AND PROCEDURE**

Mr Peter Welsh, Director of Corporate Governance advised that this Policy was the foundation for the UHB's governance processes with regard to the production and maintenance of policies and written control documents. The requirements for an equality and health impact assessment had been strengthened and the list of Committees responsible for policy areas had been amended in line with the new Committee structure. It was suggested that Committees give consideration to any links with key performance indicators.

ASSURANCE was provided by:

- This Policy had been in existence for several years within the UHB.
- The new format for joint Equality and Health Impact Assessments agreed last year was included in all policy documentation.
- Consultation had taken place across the UHB and comments received had been incorporated into the updated version.

The Board:

- **APPROVED** the updated Management of Policies, Procedures and Other Written Control Documents Policy and Procedure.
- **APPROVED** the full publication of the Management of Policies, Procedures and Other Written Control Documents Policy and Procedure in accordance with the UHB Publication Scheme.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 17/238 STROKE DELIVERY PLAN PROGRESS REPORT

Dr Fiona Jenkins, Director of Therapies and Health Sciences explained that this report was one of several Delivery Plans. Although good progress had been made, further action was required for a sustainable, good quality stroke pathway. Work was in progress and would be supported by the introduction of PREMS and PROMS.

It was noted that patients in Wales were least likely to die from stroke in the UHB and the figure was better than the UK average. A kiosk had been located in the stroke rehabilitation unit to capture patient feedback. This was mainly positive except for complaints about the environment.

ASSURANCE was provided by:

- Progress during the past year set out in the delivery plan update.

The Board:

- **NOTED** the report update and progress made
- **NOTED** that stroke care although improving, was not achieving level “A” status, and that further actions and remodelling would need to be taken to ensure sustainable improved performance and outcomes for patients.

UHB 17/239 MINUTES FROM OTHER BOARDS / COMMITTEES

The Board **RECEIVED** the following Minutes and the Chair invited any comments:

- 1. Welsh Health Specialised Services Committee – July and September**
- 2. Quality Safety and Experience Committee – September and October**
- 3. Strategy and Engagement Committee – September**
- 4. Charitable Funds Committee – June and September**
- 5. Audit Committee – September**
- 6. Stakeholder Reference Group - September**
- 7. Emergency Ambulance Services Committee – June and September**
- 8. Finance Committee – August and September**
- 9. Local Partnership Forum – August**

Mr Egan reported that the draft 10 year Dementia Strategy had been warmly welcomed. However, he asked the Board to consider those people who could not engage themselves and without family, only had friends to advocate on their behalf. In this regard, further consideration should be given to respite care. It was agreed to take this up outside the meeting.

Action – Miss Maria Battle

- 10. NHS Wales Shared Services Partnership – September**

The minutes were **NOTED**.

UHB 17/240 AGENDA OF THE PRIVATE BOARD MEETING

In terms of openness, the agenda for the Private meeting was published and **NOTED**.

UHB 17/241 REVIEW OF THE MEETING

There was nothing further to add to the meeting.

UHB 17/242 DATE OF THE NEXT BOARD MEETING

The next meeting would be held at 1pm on 25th January 2018 in the Board Room, University Hospital Llandough.