

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD AT 09.00 ON 29 MARCH 2018
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH
UHB 18/043 MAJOR TRAUMA NETWORK FOR SOUTH AND WEST
WALES AND SOUTH POWYS – REPORT ON CONSULTATION**

Present:

Maria Battle	Chair
Abigail Harris	Director of Strategic Planning
Akmal Hanuk	Independent Member – Community
Charles Janczewski	Vice Chair
Eileen Brandreth	Independent Member – ICT
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Deputy Director of Public Health
Prof Gary Baxter	Independent Member – Cardiff University
Dr Graham Shortland	Medical Director
John Antoniazzi	Independent Member – Estates
John Union	Independent Member – Finance
Len Richards	Chief Executive
Michael Imperato	Independent Member – Legal
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sara Moseley	Independent Member – Third Sector
Steve Curry	Chief Operating Officer
Cllr Susan Elsmore (part)	Independent Member – Local Authority
Lance Carver	Associate Member – Director of Social Services

In Attendance:

Anne Beegan (part)	Wales Audit Office
Mark Jones (part)	Wales Audit Office
Indu Deglurkar	Chair, SMSC
Peter Welsh	Director of Corporate Governance
Stephen Allen (part)	Chief Officer, Cardiff and Vale of Glamorgan CHC

Secretariat

Julia Harper

Apologies:

Martin Driscoll	Director of Workforce and OD
Dr Sharon Hopkins	Director of Public Health

UHB 18/035

PATIENT STORY

The UHB Chair, Miss Maria Battle, began by explaining how staff had coped during a very difficult winter period especially through the snow. She was proud of and grateful for the extraordinary efforts staff had gone to to get to work and care for patients. It was clear that this continued pressure in the face of increasing demand was not sustainable and staff needed care as well and today's staff story demonstrated the mechanisms available for them to

access support and the need to develop these and how the UHB was committed to re-launch the “Time To Change” initiative.

Kathryn Murray, Clinical Trials Pharmacist delivered the staff story as part of the “Time to Change” campaign.

Mrs Murray described her life-long battle with depression and how this impacted on her work. She had learned how to identify the triggers for a bout of depression and how to cope with it.

Over the years she had accessed Occupational Health and the Employee Wellbeing Service. She described how difficult it had been to access the Community Mental Health Team and because she was not suicidal, had not been offered an appointment with a psychiatrist, so had to pay privately to see one.

Mrs Murray commented on the pressures of work, but was pleased that she was currently well and was happy to share her experiences on social media and to be part of the relaunch of “Time to Change” that would help to start conversations with colleagues who were struggling. Part of the initiative was also to develop resources to assist managers.

Mr Murray recommended that managers and staff be given time out of the office to discuss issues informally and for the UHB to consider setting up mindfulness sessions and improve access to clinicians in occupational health and psychiatry to support staff to enable them remain in work. The Chair agreed that these suggestions would be considered at one of the Board’s Committees.

Action – Miss Maria Battle

Ms Moseley commented that as the Welsh Chair of “Time to Change”, she was able to report that work was being undertaken with employers to develop support tools. Given the winter pressures, there was a need for the UHB to make talking therapies available more broadly.

The Chair thanked Mrs Murray for sharing her story and for raising the issue higher up the Board agenda.

UHB 18/036 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting of the Board, in particular, new Independent Member, Prof Gary Baxter representing Cardiff University and the Director of Social Services for the Vale of Glamorgan, Mr Lance Carver, who had been appointed an Associate Member of the Board.

UHB 18/037 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 18/038 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. Ms Brandreth and Prof Baxter declared interest in the item on Research and Development, Mr Janczewski declared interest in WHSSC and Mr Carver declared interest in Funded Nursing Care.

UHB 18/039 MINUTES OF THE BOARD MEETING HELD ON 25th JANUARY 2018

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 25th January 2018.

UHB 18/040 ACTION LOG FOLLOWING THE LAST MEETING

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

UHB 17/185 Patient Safety, Quality and Experience – Mrs Ruth Walker explained that in terms of infection control, e coli had not been previously counted. The UHB was concentrating its efforts on catheter management and this was showing positive improvement which would be shared as part of the 1,000 Lives project.

UHB 18/041 CHAIR'S REPORT

The Board **RECEIVED** the written report of the Chair. In addition to that, the Chair added the following:

1. **Meeting with Cabinet Secretary** – The Chair and Chief Executive had attended meeting with the Cabinet Secretary and Minister for Social Services with the leaders of the two local authorities to discuss the Parliamentary Review. It had been agreed to provide regional priorities within the next 3 weeks to inform the Government response.
2. **All Wales Advisory Board** – A national meeting had been held on Monday to consider how the Parliamentary Review could be implemented.

The Board:

- **NOTED** the report.
- **RATIFIED** the Chair's action.
- **ENDORSED** the affixing of the Common Seal.

UHB 18/042 CHIEF EXECUTIVE'S REPORT

The Board **RECEIVED** the written report of the Chief Executive. The following areas were highlighted:

- 1. Winter Demand** – The Chief Executive commented on the camaraderie he had witnessed during the snow and the extraordinary efforts staff and volunteers had gone to just to help. The UHB had been under enormous pressure, especially February and critical care had been running way above establishment. Demand was starting to abate, but there was a knock-on effect on performance and quality. It was important to understand the risk in the community relating to GP services and ambulance availability. The whole system had been severely tested and it was vital that all impacts were understood and lessons learned over the next few months.
- 2. Tertiary Services Provider** – The report attached to this item was also being considered at the ABMU Board meeting. It was noted that the UHB was working in partnership to develop a suite of tertiary services with Morriston Hospital. It was important that fragile services were identified and providers worked together to ensure they were sustainable for everyone's benefit.

Comments from Board Members demonstrated the willingness to work together in order to put patients first. With regard to a tripartite arrangement including Cwm Taf, it was noted that this was undertaken through the Regional Planning Forum.

The Board

- **NOTED** the report of the Chief Executive.
- **AGREED** the establishment of a Tertiary Services Provider Partnership Board with ABMU.

UHB 18/043 MAJOR TRAUMA NETWORK FOR SOUTH AND WEST WALES AND SOUTH POWYS – REPORT ON CONSULTATION

This report was taken at 10am in line with other Health Boards.

The Medical Director, Dr Graham Shortland introduced the work underpinning the report including the 13 supporting papers. The Director of Planning, Mrs Abigail Harris commended the support of the CHC and for the provision of comments on the proposals. In terms of addressing the number of concerns expressed by the CHC about the lack of information in the document, Mrs Harris explained that the answers would not be known until the detailed planning work was undertaken following support for the proposals (finance, staff modelling and recruitment and travel time analysis). Whilst indicative

costs had been produced, more detail was required and final costs would be brought back to the Board.

The CHC's main concerns remained over capacity at UHW, and the failure to repatriate patients in a timely manner. Mrs Harris explained that support for the trauma centre would not necessitate a move of any service from the site but acknowledged the site was already congested. Therefore, modelling work was being undertaken to determine what further elective surgery could be undertaken at UHL. In addition, the issue of repatriation was being raised with Welsh Government and the UHB was already undertaking a lot of work on this and a repatriation protocol was being drafted in conjunction with other Health Boards. At the same time, rehabilitation services were being strengthened.

The CHC also queried what the network would look like and how the location for trauma units would be determined. It would have been more useful for members of the public to have seen the full picture including rehabilitation pathways at the outset.

The CHC was also disappointed that the Collaborative had not undertaken a period of continuous engagement across the whole of the areas affected by the proposals.

In summary, the provision of a major trauma network was a Ministerial priority and had a clinically positive outcome for patients. In addition, trauma centres in England found there to be a positive impact on recruitment.

In terms of thoracic surgery, it was important to be able to link with a thoracic surgeon within 30 minutes and the WHSCC independent expert panel advice was that co-location with the major trauma centre was not necessary as the trauma team would have the necessary skills to deal with initial trauma work. An independent Board member and Miss Indu Deglurkar challenged this as the expert should be available within 30 minutes and as Swansea was 42 miles away, this would not be possible. In England three thoracic surgery centres were between 4 and 6 miles from the major trauma centre. The CHC also raised their requirement that the siting of thoracic surgery should be subject to a public consultation and clinical views could be brought out as part of public consultation.

ASSURANCE was provided by:

- The NHS Wales Health Collaborative had led on the development of a service model and on public consultation on a major trauma network for South and West Wales and South Powys.
- The service model and the approach to consultation were based on the advice of the Collaborative Leadership Forum and Major Trauma Project Board.

The Board:

- **CONSIDERED** the recommendation of the Collaborative Leadership Forum set out in the Health Collaborative Report attached as Appendix 1, taking into account the views and comments of the Cardiff and Vale Community Health Council that had been circulated.
- **APPROVED** the establishment of a Major Trauma Network for South and West Wales and South Powys, subject to the mitigations identified and in line with the recommendations of the Independent Panel.
- **AGREED** to seek assurance on the issues raised by the CHC in planning and implementation of the major trauma network and centre.

In view of the strong representations of the CHC and Board members on the interdependency of Thoracic Surgery and the Major Trauma Centre, the Chair and Chief Executive were asked to write to WHSCC about their views on a public consultation.

Action – Miss Maria Battle and Mr Len Richards

UHB 18/044 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 the increase in serious incidents including pressure damage, and the fact that incidents occurred when there were staff shortages and the service was under immense pressure. The issues with endoscopy were under review at the Quality, Safety and Experience Committee and falls would be considered in April and ophthalmology in June. An explanation was also given about the internal inspection process and the philosophy of patient safety walkrounds that would be considered in September.

The Chair invited further comments:

The patient death at Ty Llidiard was raised. It was noted that although this related to a UHB patient, the service was commissioned by WHSSC through Cwm Taf Health Board. Action had been taken to support the family and the other 5 UHB patients who were currently receiving treatment there. WHSSC had been asked for assurance on the service and to deal with a complaint. It was noted that Ty Llidiard had been closed to new admissions but following an independent visit, had reopened. In view of the gravity of the issue, the Chair asked that the Director of Public Health provide a report to the Quality, Safety and Experience Committee.

Action – Dr Sharon Hopkins

Concern was expressed that given only one member of staff in commissioning, it was a challenge to ensure that patients, particularly children, were receiving quality care in external units. In addition, mental health and CAMHS came under different Clinical Boards including PCIC so expertise was diluted. Greater benefit would be delivered if knowledge was pooled. It was important that gaps in the service were identified and considered at the Quality, Safety and Experience Committee in April.

Action – Dr Sharon Hopkins

With regard to the Links accommodation, it was noted that new accommodation was being planned as part of the SARC development that was due to be submitted to Welsh Government in October for estimated start in April 2019. However, health and safety concerns would be addressed immediately and reported through the Health and Safety Committee.

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 where available.
- 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 areas of current concern
- **AGREED** that the current actions being taken were sufficient.

UHB 18/045 FINANCE REPORT

The Director of Finance, Mr Robert Chadwick advised that the report had been presented to the Finance Committee for detailed consideration. He commented that the UHB was on the right trajectory to hit its target.

In terms of the Agenda for Change pay awards, 1% provision had already been made but it was anticipated that the UHB's allocation would be increased.

It was agreed that a letter would be sent from the Board to the Clinical Board Directors for achieving savings and reducing the deficit, particularly in the face of the winter challenges without compromising patient care.

Action – Miss Maria Battle

LIMITED ASSURANCE was provided by:

- The work undertaken to develop the 2017/18 operational plan;
- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 11 position which was £2.823m less than the profiled deficit within the financial plan;
- The identification of a full £35m savings programme.

The Board:

- **NOTED** that the UHB had an one year operational plan that had a planned deficit of £30.900m for the year;
- **NOTED** that the UHB had reduced its forecast year end deficit by £4m in month to £26.900m;
- **NOTED** the £25.502m deficit at month 11 which included a planning deficit of £28.325m and budget underspends of (£2.823m);
- **NOTED** that the UHB had written to Welsh Government to confirm a reduction to the cash assistance required by the UHB in line with the reduction in the forecast year end deficit.

UHB 18/046 PERFORMANCE REPORT

In the absence of the Director of Public Health, the Medical Director, Dr Graham Shortland commented that as agreed, a new way of report presentation was being considered and an update would be provided at the Development Day in April.

Action – Dr Sharon Hopkins

The Chair invited questions and comments:

- Mr Curry explained how and where good practise was shared.
- CAMHS required continuous scrutiny given the high variation in demand and the shortage of staff. Risks around sustaining short term fixes would be shared outside the meeting.
- The Winter Plan had been produced by the same methodology as the previous year based on 3 years of data. Pre Christmas the plan had been on track, but between Christmas and the New Year there had been 74 additional admissions and the out of hours service peaked against trend. On 30th and 31st December there was 24 and 26% increase in daily A&E attendance that led to protracted recovery. Demand increased again in January and February with nearly 15% increase in majors aged over 85 years with admissions up 11%. In addition, critical care bed day usage increased by 12%. Issues were compounded with 2 bouts of snow, but overall, there was an improving picture in March with a focus on patient experience measures such as ambulance and 12 hour waits. A comprehensive report would be brought to the Board in May.

Action – Mr Steve Curry

- It was noted that in terms of demand, the UHB had been an outlier with a significant increase in demand compared with other health boards, yet managed to record the lowest number of 12 hour waits in Wales.
- In terms of the A&E assessment protocol, it was noted that risks were balanced against the whole system. Efforts were concentrated on flow through admissions and discharges. However, the new Clinical Director was looking at different models.
- It was agreed that the Board needed to see expected outcomes and delivery timescales.

Action – Mr Steve Curry

- Performance against Stroke targets had suffered along with unscheduled care performance. The Clinical Board was 50 days into a new approach and there had already been some improvement.
- The Chair thanked the Executive Team and the workforce on behalf of the Board for keeping the system functioning through the winter period.

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 18 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 18/047 INTEGRATED MEDIUM TERM PLAN (IMTP) 2018-2021

The Director of Planning, Ms Abigail Harris reminded Board that the first draft had been presented to Board at the last private meeting and this was now being brought into the public domain. Formal feedback had been received from Welsh Government in the last week that identified a lack of ambition in terms of performance and a financial gap that was too great.

Welsh Government considered the IMTP not approvable at the current time and had therefore asked the UHB to submit an annual plan.

ASSURANCE on the development of the UHB 2018/21 Integrated Medium Term Plan (IMTP) was provided through:

- Continued routine formal dialogue through the Welsh Government targeted intervention process.

The Board **NOTED** the current position regarding the development of the 2018/21 IMTP.

UHB 18/048 DELIVERING OUR STRATEGY – CHALLENGES FOR GMS

Dr Anna Kuczynska, Clinical Board Director for Primary, Community and Intermediate Care attended the Board at the Chair's request to share the challenges faced by General Medical Services (GMS) as this was a key to achieving the UHB's Strategy. The UHB had a clear role in scaling up services in primary care to support GMS.

The Chair invited comments and questions;

- Support for GMS would have a positive effect on A&E services.

- The impact of projects in MSK and mental health was great as these accounted for 40% of GP consultations.
- MSK and mental health were also two of the highest reasons for staff sickness.
- A strong primary care service was required to deliver the UHB's vision.

The Chair congratulated Dr Kuczynska on her appointment and leadership and thanked her for the presentation. It was **AGREED** to bring back arrangements for the roll out of work to the next Board meeting.

Action – Mr Steve Curry /Len Richards

UHB 18/049 DEVELOPING THE CARDIFF AND VALE WAY

The Chief Executive, Mr Len Richards, described the proposal as a phased journey to transformation and summarised the 7 steps or enablers that would be considered in detail at the Board Development Day in April.

Action – Mr Len Richards

It was thought that there were lots of examples of how the Strategy was being delivered but staff did not realise or brand the work in this way. Ms Moseley offered to assist with communication work to support this.

ASSURANCE was provided by:

- The development of the approach to transformation was described
- Health Systems Management Board signed off the projects included in the transformation programme and monitored through highlight reports
- The next phase of development was outlined with seven key strands being taken forward.

The Board:

APPROVED

- The continued central role of Shaping Our Future Wellbeing
- The approach to transformation (making better systems) of continuing learning and development

AGREED

- To actively support the next phase of development to implement 'seven strands' in developing the 'Cardiff and Vale Way', incorporating the learning from Canterbury.

UHB 18/050 WALES AUDIT OFFICE ANNUAL AUDIT REPORT 2017

Ms Anne Beegan and Mark Jones from Wales Audit Office (WAO) attended the meeting and summarised the content of the Annual Audit Report including the areas on which the UHB should focus. She highlighted again the capacity available within corporate governance to deliver the required agenda and on those available to manage the new GDPR requirements. Ms Beegan also

commented on the thematic reviews and the areas identified where the UHB was leading the way.

Mr Welsh advised that the UHB management response and action plan would be shared with Management Executive and monitored through the Audit Committee. In terms of monitoring Strategy, assurance was given that the new Strategy and Delivery Committee would plug the gap. However, it was noted the UHB was not ready to manage the implementation of the new GDPR regulations and this capacity gap remained a risk.

Whilst there was a severe workforce capacity constraint in Information Governance, there was also a risk from non-investment in IT infrastructure particularly as the UHB Strategy placed a huge reliance on IT.

The Chair thanked Anne Beegan for her work and wished her well in her future role. The Board **NOTED** the report.

UHB 18/051 AUDIT OF THE CONTRACTUAL RELATIONSHIP WITH RKC ASSOCIATES LTD AND ITS OWNER

The Director of Corporate Governance presented the report and highlighted that 22 of the 26 actions identified had been completed with 4 ongoing. Wales Audit Office was pleased with the progress being made and Internal Audit had provided substantial assurance. The final report would be shared with the Public Accounts Committee.

In terms of no purchase order no pay, caution was expressed that this may unwittingly cause harm to patients and threaten continuity of service. An all Wales Group was considering the issues. In addition, the Board agreed there should be consistency in the dealing with managers who failed to follow procurement rules.

ASSURANCE was provided by:

- The progression of the Action Plan provided
- Ongoing monitoring by the Audit Committee
- Internal Audit review

The Board **NOTED** the contents of this report.

UHB 18/052 WELL-BEING PLANS FOR CARDIFF AND THE VALE OF GLAMORGAN

Mrs Fiona Kinghorn gave an overview of the two different plans that were wide ranging and would be a challenge to deliver. They contained a number of KPIs that would need to be made clear during the work on pathways and should be embedded as part of the transformation work.

ASSURANCE was provided by:

- The UHB was represented by the Chair and members of the Executive Team on the Public Services Boards (PSBs) in Cardiff and in the Vale of Glamorgan; the PSBs had overseen the development of the Plans
- UHB staff had been involved in discussions and stakeholder workshops to help shape the content of the Plans and had the opportunity to comment on the draft Plans
- The draft Plans were considered and supported by the UHB Strategy and Engagement Committee in November 2017 during the formal consultation period.

The Board:

- **AGREED** the final versions of the Plans, subject to formal collaborative sign-off by the Public Services Boards in April and publication in May 2018.

UHB 18/053 UHB RESEARCH AND DEVELOPMENT IMPLEMENTATION

The Medical Director, Dr Graham Shortland commented on the meetings with all Clinical Boards to review their performance data, revise their R&D plans, provide better incentives and improve links with all academic partners.

Prof Baxter was very pleased to see the proposals to strengthen links with Cardiff University and develop a joint office with a fund to support clinical development. There was, in addition, lots of clinical innovation work that would be brought to a Board Development Day as multi-disciplinary research was key to transformation.

Action – Mrs Abigail Harris

ASSURANCE was provided by:

- The UHB R&D plan underwent major changes with key changes and set out rather than to just regulate the Clinical Boards, it encouraged them to generate funding and resources for R&D with improved performance.

The Board:

- **APPROVED** the Research and Development Cardiff and Vale University Health Board Research and Development Implementation Plan.

UHB 18/054 WHITCHURCH HOSPITAL – DISPOSAL OF SITE

This item was withdrawn from the Agenda.

UHB 18/055 FUNDED NURSING CARE (FNC)

The Director of Corporate Governance, Mr Peter Welsh, commented that all Health Boards were receiving this report.

ASSURANCE was provided by:

- The Chief Executive Officers Group had discussed and approved the paper for circulation to Health Boards

The Board:

- **NOTED** the background provided and the legal challenges regarding FNC that had taken place over recent years;
- **NOTED** the Judgment of the Supreme Court that quashed the previous HB decisions and found both HB and LA arguments regarding what should form the FNC rate to be incorrect, instead providing its own definition;
- **NOTED** the implications of this for HBs and LAs, including the need to uplift the FNC rate in order to ensure compliance with the Judgment;
- **NOTED and APPROVED** the recommendation that the FNC rate that was the responsibility of the HBs to fund be uplifted to £162.75;
- **NOTED** the work underway to develop processes to manage reimbursement and the need to consider the current policy model in discussions with WG.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 18/056 MINUTES FROM OTHER BOARDS / COMMITTEES

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

1. **Strategy and Engagement Committee** - November
2. **Charitable Funds Committee** - December
3. **Finance Committee** – January x 2
4. **Health and Safety Committee** - January
5. **Resource and Delivery Committee** – January
6. **Joint Meeting of Health Professionals’ Forum and Stakeholder Reference Group** - January
7. **Local Partnership Forum** – February
8. **Quality Safety and Experience Committee** - February
9. **New Strategy and Delivery Committee** – March
A small group would be convened to write the Terms of Reference. In terms of GDPR, Executive Directors were asked to consider how this could be taken forward.
10. **WHSSC Joint Committee** – September and November briefing
11. **Collaborative Leadership Forum** - December
12. **Emergency Ambulance Services Committee** November and January Summary

The minutes were **NOTED**.

UHB 18/057 AGENDA OF THE PRIVATE BOARD MEETING

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

UHB 18/058 REVIEW OF THE MEETING

There was nothing further to add to the meeting. However, a comment was made about the length of the meeting being sedentary that was not conducive to good health and wellbeing. In addition, it was hoped that a better connectivity could be seen between the agenda and the patient story.

UHB 18/059 DATE OF THE NEXT BOARD MEETING

The next meeting would be held at 1pm on 31st May 2018 in the Board Room, University Hospital Llandough.