

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE  
UNIVERSITY HEALTH BOARD HELD AT 13.30 ON 29 NOVEMBER 2018  
BOARD ROOM, UNIVERSITY HOSPITAL, LLANDOUGH**

**Present:**

Maria Battle	MB	Chair
Len Richards	LR	Chief Executive
Abigail Harris	AH	Executive Director of Strategic Planning
Akmal Hanuk	AK	Independent Member - Community
Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member - Trade Union
Eileen Brandreth	EB	Independent Member - ICT
Fiona Kinghorn	FK	Interim Executive Director of Public Health
Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Prof Gary Baxter	GB	Independent Member – Cardiff University
Dr Graham Shortland	GS	Medical Director
John Antoniazzi	JA	Independent Member - Estates
John Union	JU	Independent Member - Finance
Martin Driscoll	MD	Executive Director of Workforce and OD
Michael Imperato	MI	Independent Member - Legal
Chris Lewis	CL	Deputy Finance Director
Ruth Walker	RW	Executive Nurse Director
Sara Moseley	SM	Independent Member –Third Sector
Steve Curry	SC	Chief Operating Officer
Cllr Susan Elsmore(There until 2pm)	SE	Independent Member –Local Authority

**In Attendance:**

Indu Deglurkar	ID	Chair, SMSC
Jonathan Gray	JG	Investigation Support Manager
Nicola Foreman	NF	Director of Corporate Governance
Dr Sharon Hopkins	SH	Deputy Chief Executive and Director of Transformation
Stephen Allen	SA	Chief Officer, Cardiff and Vale of Glamorgan CHC
Tom Haslam	TH	Observer, WAO
Tom Porter	TP	Consultant in Public Health Medicine

**Secretariat:**

SE Sheila Elliot

**Apologies:**

Paula Martyn	PM	Chair Standardisation Programme Group
Lance Carver	LC	Director of Social Services, Vale of Glamorgan
Sue Bailey	SB	Chair, Healthcare Professionals Forum

**UHB 18/162 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the private meeting.

**UHB 18/163 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

<b>UHB 18/164</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>The Chair invited Members to declare any interests in the proceedings on the agenda. Mr Janczewski declared an interest in WHSSC as Chair of the Quality and Patient Safety Committee. Indu Deglurkar declared an interest in the report on Thoracic Surgery as she is a Cardiac Surgeon at Cardiff and Vale University Health Board</p>
<b>UHB 18/165</b>	<p><b>MINUTES OF THE BOARD MEETING HELD ON 29 SEPTEMBER 2018</b></p> <p><b>Resolved that:</b></p> <p>(a) The Board received and approved the minutes of the private meeting held on 29<sup>th</sup> September 2018.</p>
<b>UHB 18/166</b>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>Resolved that:</b></p> <p>(a) The Board received the Action Log from the 29<sup>th</sup> September 2018 meeting.</p>
<b>UHB 18/167</b>	<p><b>REPORT FROM THE CHAIR</b></p> <p>The Chair introduced the report stating that she would take the report as read. The Chair raised the following points from the report</p> <ul style="list-style-type: none"> <li>• Opened the Sexual Assault Referral Centre Conference celebrating a decade since it's opening</li> <li>• Attended PCIC Celebratory event showcasing the work and achievements of the workforce in primary and community care</li> <li>• First Minister announced £30.8million funding for a new unit for patients needing specialist neuro and spinal rehabilitation</li> <li>• Youth Advisory Board update and the Chair stated she was very impressed with the work of this group</li> <li>• Attended RCN Wales Nursing Awards 2018 and was very proud of our staff who had received awards</li> <li>• Attended the formal opening of new Medical Emergency Assessment Unit at Llandough Hospital</li> </ul> <p><b>Resolved that:</b></p> <p>(a) The Board approved the changes to the Committees Chairs and Membership</p> <p>(b) The new criteria in relation to voting from Welsh Government was adopted.</p> <p>(c) The Board endorsed the fixing of the Common Seal.</p>

## **UHB 18/168    REPORT FROM THE CHIEF EXECUTIVE**

The Chief Executive introduced the report and highlighted the following:

- Information on the transformation and improvement work which was undertaken with Canterbury had been received very positively and had been shared with the Regional Partnership Board and Chief Executives of other Health Boards. This had generated significant interest
- The Memorandum of Understanding had been signed by both the Chief Executive from Canterbury and the Chief Executive from Cardiff and Vale UHB. This enabled both parties to work together on issues of transformation, improvement and innovation.
- Chief Connect Executive Live - This initiative was being used to get the Executive Team out into the organisation to listen to staff on the frontline in wards and departments on a weekly basis.
- Clinical Services planning work – the Director of Strategic Planning was working hard to see how services could be re-configured within organisation using current facilities.

### **Resolved – that:**

- (a) The Board noted the Chief Executives Report

## **UHB 18/169    CONFIRMED MINUTES FROM PRIVATE COMMITTEES**

No private Committee Meetings had been held since the last meeting of the Board in September.

## **UHB 18/170    ADULT THORACIC SURGERY: OUTCOME OF THE PUBLIC CONSULTATION AND RECOMMENDATION ON THE FUTURE SERVICE MODEL FOR SOUTH WALES**

The Chief Executive introduced the report and made the following comments:

- Cardiac Surgery and Thoracic Surgery are diverging specialties and the two small Thoracic Units in South Wales have excellent outcomes but fragile and difficult to sustain. Sustainability of the current systems could not be maintained. In 2017 it was decided that a more sustainable service was needed and a public engagement exercise was undertaken. An independent panel made up of clinical and lay membership was convened by WHSSC to consider and advise on where the single site should be.
- To merge both the Thoracic units would provide one of the biggest Thoracic centres in the UK, be sustainable and believed to be a more attractive place to work, to research, to train and to deliver improvements in outcomes. The Chair acknowledged that there were differing views from the Senior Medical Staff having

attended the engagement sessions. Following public consultation and after consideration of the criteria, the Morriston site in Swansea was recommended for the centre rather than the UHW. Following public consultation and after consideration of the criteria, the Morriston site in Swansea was recommended for the centre rather than the UHW.

- The model would be a surgical hub at Morriston and spoke services at UHW for diagnosis and outpatients.
- Issues were raised with regard to the relationship between the Thoracic Surgical and Major Trauma Centre and safety issues posed by splitting of services and also regarding transport and accommodation. There were 4 points which were critical to ongoing progress, and which could not be under-estimated:
  1. Develop the Cardio-thoracic skills of the trauma surgeons
  2. There will be an on-call thoracic rota with remote 24/7 on-call advice and attendance on rare occasions (typically 5-8 patients annually)
  3. A Thoracic Surgeon available 5 days a week based in UHW
  4. Approve the running of multi-team working to ensure care is delivered closer to homes.

It was stated that the Healthier Wales Policy encourages the Board to think beyond boundaries; Cardiff and Vale should lead Specialist Services which should be resilient, support infrastructure and accessible across the wider geographical region.

The Chair of the SMSC introduced her statement on behalf of Senior Medical Staff consisting of 695 Consultants and made the following comments:

- The Board had been asked to approve the Single Thoracic Centre in South Wales to be located at Morriston Hospital, conditional upon the detailed workforce model and medical rotas to provide 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months;
- There had been a Public Consultation and majority of the respondents (53.23%) disagreed with the proposal to locate the centre at Morriston Hospital.
- 339 or 42.16% agreed with the proposal.  
428 or 53.23% disagreed with the proposal.  
34 or 4.23% neither agreed nor disagree with the proposal. 3 or 0.37% did not answer the question.
- Accessibility, work force configuration, major trauma centre, implementation and improvement were the major points of discussion.

- The Chair stated she would like to approach this from a clinical standpoint. The SMSC accepted and understood the difficulties with major reconfiguration of services that are required in South Wales and would very much support reconfigurations that enhanced patient safety and quality of care.
- Unfortunately, the intimate link between the proposed Major Trauma Centre at Cardiff & Vale and the single Thoracic centre at Morriston Hospital located 42 miles away would impact on patient safety which is what made the decision contentious.
- The Chair commented that in the BBC news last week that there were around 5000 stab injuries in England over 4 years and this in comparison to the previous 4 years was up by 40%
- 500 of these were children. In Cardiff, 20 stab wounds were treated last year. It was imperative that Cardiff and Vale provide the most skilled expertise for the best possible outcomes for the population of South Wales and at the same time preserve the Health Board's reputation and safeguard against potential legal vulnerabilities.
- As the proposed centre was 42 miles away, Cardiff and Vale's Thoracic Surgeons categorically stated that they could not safely provide cover in a timely manner to the MTC and patients would come to harm not only at Cardiff & Vale but also in the Single Centre. It was also not merely a question of the Surgeon travelling to cover the MTC but the requirement for the whole team to be available as this was key to good outcomes. There would be an attrition of skills at Cardiff & Vale due to inability of other groups of Clinicians to maintain their competencies on a daily basis, yet they would be called upon to tackle the most critically ill patients.
- The Department of Cardiothoracic Surgery was very happy to train Trauma personnel during elective activity to build up expertise within the Trauma team. However, in the UK, it was mandatory to be on the Specialist Register and maintain competencies on a daily basis to perform these procedures
- The interdependent specialities such as Paediatrics, Neurosurgery would struggle to cope without Thoracic Surgery
- Cardiff and Vale UHB would be legally bound to provide nothing but expert care for the MTC. As a mandatory prerequisite, the medical rosters and 24/7 Thoracic Surgery cover for the MTC need to be drawn up in exquisite detail, with Clinicians commitment to provide the service and be approved by the regulatory Professional bodies. We do not fulfil the criteria at present.

- The Clinicians of Cardiff & Vale requested that the Health Board revisit the proposal in six months' time and subject to fulfilling the basic criteria for a Major Trauma Centre having 24/7 Thoracic Surgery cover.
- Lastly, the Chair of the SMSC stated that South Wales needed major service reconfiguration bringing closely allied specialties together to create two very strong centres in Swansea and Cardiff leading in different aspects of care and not by segregating the most interdependent Specialties. Wales must set its own high standards with a real vision to creating the most exemplar and robust services fit for the future and not opt for less than suboptimal models.
- Unless and until all the criteria are satisfied for the safe provision of major trauma services with all necessary expertise, Thoracic surgery which has some of the best outcome data should remain with the Major Trauma Centre. In the meantime, Cardiff & Vale should continue to get support for continued development.
- The Chair of the SMSC stated that we get one chance to configure the services right and it is imperative that we Get It Right The First Time.
- Assurance was provided by the Chair that the proposal would come back to Board in 6 months to ensure that the caveats had been met.
- After careful consideration of all of the issues and listening to the representations made from both the Senior Clinical Consultant body and the Community Health Council the Board approved all of the recommendations.

**Resolved – that:**

- (a) The Board considered the Cardiff and Vale CHC response to the public consultation in making the Board's decisions relating to the WHSSC recommendations;
- (b) The Board approved the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- (c) The Board approved the location of that site as being Morriston Hospital, Swansea conditional upon the detailed workforce model and medical rotas to provide 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months;
- (d) The Board approved the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with the implementation of the service change.
- (e) The Board approved that if the issues relating to patient safety



aligned with the provision of thoracic surgery cover at the Major Trauma Centre were not resolved within 6 months from the date of the meeting then the Board would withdraw its approval.

#### **UHB 18/171 BOARD ASSURANCE FRAMEWORK (BAF)**

The Director of Corporate Governance introduced the report stating that the key risks to the achievement of the Strategic Objectives had been agreed by the Executive Directors. The Director of Corporate Governance also stated that the BAF did require further refinement and that the Board would see this over coming months.

A number of Independent Members commented that they were pleased to see this piece of work and that it was easy to understand.

##### **Resolved – that:**

- (a) The Board reviewed and noted the report
- (b) The Board approved the format of the BAF
- (c) The Board approved the principle risks detailed within the BAF as those risks which could impact upon the delivery of Strategic Objectives.

#### **UHB 18/172 NURSE STAFFING ACT CHANGES**

The Executive Nurse Director introduced the report and stated that all areas which were acute medical or surgical were compliant with the act and had been signed off as such apart from the Mental Health Clinical Board. This area remained non-compliant with Section 25 (a) of the Act. The Executive Nurse Director provided assurance that despite being non-compliant the Mental Health Clinical Board undertook staffing level reviews on a day to day basis. She expected this situation to be addressed through the IMTP process.

##### **Resolved – that:**

- (a) The Board approved the latest iteration of the nurse staffing levels for June 2018 in compliance with the Nurse Staffing Levels (Wales) Act 2016.
- (b) The Board noted the progress in those areas working towards compliance.

#### **UHB 18/173 CHILDS' RIGHTS APPROACH**

The Interim Executive Director of Public Health introduced the report stating that it covered the Childs' Rights Approach in Cardiff and Vale University Health Board and Cardiff and Vale of Glamorgan Public Service Health Boards. The work encompassed the UHB Children and young people's health charter and the Child Friendly Cardiff Strategy. 41 enthusiastic children and young people applied to be members of the

Young Persons Health & Advisory Board and would be actively holding the UHB Board to account.

**Resolved – that:**

- (a) The Board supported the development and implementation of a child's right approach in Cardiff and Vale UHB
- (b) The Board approved the UHBs children and young people's health charter

The Board supported the implementation of Cardiff PSBs' Child Friendly City Strategy and Vale of Glamorgan PSBs' self-assessment of a child's rights approach

**UHB 18/174 QUALITY, SAFETY AND EXPERIENCE REPORT**

The Executive Nurse Director introduced the report and highlighted the following:

- There had been a steady increase in serious incidents over the last 18 months but October had seen a significant rise. This was due to the increase in pressure damage reporting. There were however no large numbers of unresolved cases.
- The serious incidents reported to the Board in Pubic were an overview rather than specifics which could identify individuals
- There had been an unexpected child death as a result of co-sleeping.
- A question was asked how did this manifest itself, and were we at risk as a Health Board? The Executive Nursing Director assured the Board that further guidance was being sought as to whether the UHB should discourage co-sleeping.
- There were a further 11 unexpected deaths – do we need to take a deep dive into these deaths? The Executive Nursing Director replied that some work on mental health and community deaths would be undertaken during December as there had been a significant number of patients although some of the deaths were not related to mental health issues.
- A patient was discharged, re-admitted and subsequently died. The Executive Nursing Director would bring a report on this to the Board.
- The Executive Nursing Director confirmed that the Ophthalmology issue regarding inserting the incorrect lens would be discussed in the Private Board
- The issue raised regarding pressure ulcers would be investigated by QSE and they would report the outcome back to the Board.

RW

RW

**Resolved – that:**

- (a) The Board considered the content of the report on patient safety, quality and experience
- (b) The Board noted the areas of concern highlighted within the



- report and agreed to the action been taken
- (c) The Executive Nursing Officer would bring a report back to the Board on the patient who died
- (d) The Executive Nursing Officer would report back to the Board when the issue relating to pressure ulcers had been investigated

## UHB 18/175 PERFORMANCE REPORT

The Deputy Chief Executive and Director of Transformation introduced the report and made the following comments:

- It was stated that the Board always focused on areas which had deteriorated however, the Board should also consider areas of improvement and why they had improved.

The Deputy Chief Executive and Director of Transformation went on to highlight three areas:

- Emergency Hospital Admission Rate for chronic conditions
- Mortality Work
- Laparoscopy audit, which was excellent.

Regarding the trend in the reduction of screening of patients with sepsis, the Medical Director stated that the organisation should look at how Sepsis was rolled out. The A & E Department had undertaken some excellent work in using a red flag system and ensuring each step was considered. He also stated that frontline staff had been attending the mortality meeting which was good to see. The organisation also had the greatest improvement in mortality rates across the UK and it was important to ensure that this continued.

The Chief Operating Officer highlighted that :

- The CAMHS performance had deteriorated and there was a huge dip in mental health patients who were getting therapeutic intervention and a question was raised about what Cardiff and Vale University Health Board were doing about it? The Board were assured that this had been due to a specific administrative error which had since been rectified
- Following a question the Board were assured that the Winter Ward had been prepared and would be opening on Sunday 2<sup>nd</sup> December, but this would be scaled down for a short period over Christmas.
- Cancer results performance was 79%. There had been an increased demand of 19% mainly in gastro and urology.
- It was stated that Cardiff and Vale University Health Board were the bottom-performing healthcare regarding cancer, what would be learnt from other Health Boards and how would this be turned around? A report would be presented at a future Board Meeting.
- A&E four hour waits were good and Ambulance performance times were good and this was a result of work that has been carried out.

SC

The Chief Executive stated that when clinical teams were asked to deliver and have done so and that the Executive Team needed to ensure that the teams were enabled and empowered in order for this to continue

Mr Akmal Hanuk, Independent Member stated that the Communications Team should ensure that the good news stories were highlighted and communicated both among staff and the wider community.

**Resolved – that:**

- (a) The Board noted the current performance and actions been taken to improve performance.
- (b) The Board noted that a report will be delivered at next Board meeting
- (c) A report would be presented to a future Board Meeting on cancer performance

**UHB 18/176 SUSTAINABLE TRAVEL AND CLEAN AIR (Presentation)**

The Consultant in Public Health Medicine gave an interesting presentation and discussion ensued. It was noted that:

- Travel patterns had changed dramatically over the last 20 years.
- It was asked how would this fit into Community services? - UHW had been working closely with Council and Public Transport.
- What were we doing to support long term development and partnership with the third sector? A response was provided that a Clean Air Zone had been suggested for Cardiff.
- Funding for 5 Super Highways for Bikes in Cardiff had been applied for.
- The Nextbike Scheme in Cardiff was the most successful bike scheme in the UK second only to London and was now on UHW.
- Electric points in car pool at UHW would be installed soon.

**Resolved – that:**

- (a) The Board noted
  - the significant progress being made on promoting and supported healthy travel,
  - the statutory requirement to reduce NO<sub>2</sub> levels in Cardiff
  - the major improvement planned in sustainable travel infrastructure
- (b) The Board supported the ambitious ongoing partnership working on this topic.

**UHB 18/177 TRANSFORMATION AND IMPROVEMENT PROGRAMME AND PLAN TO INCLUDE DETAILS OF LEARNING ALLIANCE**

Mr Jonathan Gray gave a presentation and following points were noted:

- Development and implementation time lines were improving that

- this was down to the team effort taking place
- The enablers were in place to try to set the conditions within the organisation to enable changes to take place
- Health Pathway progress was fast
- Central meeting places were advocated to enhance collaboration
- Staff were unaware of how good they actually were!
- Timescales to see full transformation could be as much as 10 years, this was not a quick fix or easy win.
- Difficulties were been experienced with engaging clinicians in transformation when they were dealing with current issues making the long term vision hard to see
- Small conferences could be introduced to gain ideas on frontline issues
- More international collaborative agreements such as the Canterbury MOU would be good to see, connecting UHW with the rest of the world.

**Resolved – that:**

- (a) The Board noted the Progress which had been made on the Transformation and Improvement Programme and the continuing development of the Programme

**UHB 18/178**

**FALLS FRAMEWORK**

The Executive Director of Therapies and Healthcare Science introduced the report and made the following points:

- The Framework would be completed within 2 months
- Falls were not an inevitable part of life and growing old
- Risk of falls would always rise as the population ages
- WHSSC has developed a falls framework - were the University Health Board we engaging with this? The Executive Director of Therapies would update at next Board Meeting

FJ

**Resolved – that:**

- (a) The Board noted the draft framework and recognised that further work was required to complete this during the next two months
- (b) The Board supported the development of the Regional Partnership approach focusing on primary prevention.

**UHB 18/179**

**STAFF SURVEY**

The Executive Director of Workforce and OD introduced the report and stated the following:

- An independent member stated that it is disappointing that we were second from bottom on responses – what actions would be taken

to embed staff engagement and feedback in the organisation at every level? It was discussed that:

- The last staff survey had been undertaken 2 years ago.
- Most of the scores had improved in the last 2 years
- There were 103 questions included in the survey however disappointingly only 23% of staff had completed the survey
- A group of volunteer employees would be pulled together to determine key actions to be taken from the results received. One of their first jobs would be to look at why the take-up was so low. It was suggested that maybe it would help to make the survey mandatory and/or reduce the number of questions asked.
- Information and results on the survey would be published by the Communications Team
- Dawn Ward, Independent Member, stated that the organisation had been poor in communicating the pay deal to staff
- A plan of action would be available in January 2019

A request was made for information to be broken down into staff groups.

**Resolved – that:**

- (a) The Board noted the report and the creation of an employee stakeholder group which would be chaired by the Executive Director of Workforce and OD.
- (b) The Board agreed that an action plan would be developed for Cardiff and Vale UHB

**UHB 18/180 BREXIT**

The Executive Director of Strategic Planning introduced the report and made the following comments:

- This work was being dealt with at National level and Welsh Government
- Work on a Business Continuity Plan was being undertaken and risks involved were being identified.

The Board would continue to be updated on progress being made in this area.

**Resolved – that:**

- (a) The Board noted the report and the potential for a no deal Brexit and the action being taken to plan for such.

**UHB 18/181 ITEMS FOR NOTING AND INFORMATION**

**UHB 18/182 CLINICAL SERVICES PLAN UPDATE**

The Executive Director of Strategic Planning introduced the report stating the work in this area had been continuing. A further update

would be given at the Board Development in December.

**UHB 18/183 KEY ISSUES FROM COMMITTEE MEETINGS SINCE SEPTEMBER TO BRING TO THE ATTENTION OF THE BOARD:**

**H&S Committee**

The report produced by the Chair of the Committee was noted by the Board.

**Quality Safety & Experience Committee**

The Chair of the Committee asked that the Volunteers to be noted and thanked.

**Strategy & Delivery Committee**

The key points of the minutes were noted by the Board

**Finance Committee**

Month 7 had produced a small deficit but the 9.9m target was still likely to be achieved. A review of the 2020/2021 draft financial framework had taken place and a plan would be submitted to Board in January 2019.

**Mental Health & Capacity Legislation Committee**

Key points were noted by the Board.

**Local Partnership Forum**

Key points were noted by the Board

**UHB 18/184 COMMITTEE MINUTES**

**Resolved – that:**

The Board ratified the following Minutes:

1. Quality Safety and Experience Committee - September 2018
2. Strategy and Delivery Committee - September 2018
3. Finance Committee – August and September 2018
4. Mental Health and Capacity Legislation Committee – June 2018
5. Health and Safety Committee – July 2018
6. Shared Services Partnership – September 2018
7. Emergency Ambulance Service Committee – July and October 2018

**UHB 18/185 DATE OF THE NEXT MEETING OF THE BOARD**

The next scheduled meeting of the Board would be held at 1pm on 31<sup>st</sup> January 2019 with the venue to be confirmed.

**UHB 18/186 AGENDA OF THE PRIVATE BOARD MEETING**

In terms of openness, the agenda for the Private meeting was published:

- Governance Review
- Employment Tribunal Update

There was no other business to raise.