

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD AT 13.30 ON 27 SEPTEMBER 2018
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH**

Present:

Maria Battle	Chair
Abigail Harris	Director of Planning
Charles Janczewski	Vice Chair
Dawn Ward	Independent Member – Trade Unions
Eileen Brandreth	Independent Member – ICT
Dr Fiona Jenkins	Director of Therapies and Health Sciences
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
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
Cllr Susan Elsmore (part)	Independent Member – Local Authority

In Attendance:

Indu Deglurkar	Chair, SMSC
Jill Shelton	Chair, CHC
Nicola Foreman	Director of Corporate Governance
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC

Secretariat

Julia Harper

Apologies:

Akmal Hanuk	Independent Member – Community
Paula Martyn	Associate Member – Chair, SRG
Lance Carver	Associate Member – Director of Social Services
Sue Bailey	Associate Member – Chair, HPF

UHB 18/142

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting of the Board and explained that the meeting was starting a little late as the Board had just been engaged in a two hour session on Dementia that Members would reflect on during consideration of the Dementia Strategy that was on the agenda for this meeting.

UHB 18/143 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 18/144 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. Mr Janczewski declared an interest in WHSSC as Chair of their Quality and Patient Safety Committee.

The Chair advised the Board that Mr Michael Imperato was the Solicitor for Haemophilia Wales and infected core participants in the recently started national Contaminated Blood Inquiry. As such, agreement had been reached that he would be excluded from any conversations / written material in relation to this area when it was discussed at either the Board or the Quality, Safety and Experience Committee. This was to ensure transparency and good governance and the integrity of the Board and Mr Imperato in relation to the Inquiry.

UHB 18/145 MINUTES OF THE BOARD MEETING HELD ON 26th JULY 2018

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 26th July 2018.

UHB 18/146 ACTION LOG FOLLOWING THE LAST MEETING

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

1. **HIW Annual Report of UHB (UHB 18/119)** – The Director of Planning advised that she was unable to provide a date for relocating the Links building as it was dependent on the business case for SARC. Welsh Government officials had recently visited the area and it was hoped that earlier funding could be secured.
2. **Strategy and Engagement Committee (UHB 18/127.6)** – The Chief Executive updated on 3 items:
 - The UHB had advised Welsh Government that it would delay implementation of WCCIS system until issues of functionality at least met the same standard as the current PARIS system.
 - The implementation of the blood transfusion model (LIMS) was more complicated as the UHB was not satisfied with the reliability of the system. The same applied to histopathology. Other options were being discussed with Welsh Government though a formal business case would be required.
 - Discretionary capital was limited to £250k for 2018/19 and was insufficient to meet all needs. This had been discussed with

Welsh Government. However, it was hoped that there would be a better allocation to support the digital agenda in future.

UHB 18/147 CHAIR'S REPORT

The Board **RECEIVED** the written report from the Chair and Miss Maria Battle added two additional items:

LIPS Programme – The Chair encouraged Members to attend events as the leading improvement in patient safety work was uplifting and inspiring.

Blood Inquiry – The Chair had attended the Inquiry to show respect to all those affected and infected, to listen to their experiences and learn and to demonstrate support for people with ongoing problems. Those affected believed there had been a cover up and those still alive had difficulty accessing treatment. What families wanted was the truth, respect, accountability, justice and for institutions to learn lessons. In addition, families wanted the adoption of the Hillsborough Charter for Families Bereaved Through Public Tragedy. This Charter was tabled and the Chair asked the Board to formally adopt the Charter that mirrored the UHB's own values. The Chair thanked Mrs Carol Evans and Ms Alex Scott for their work collating evidence for the Inquiry and enabling a central point of access for those affected.

The CHC reported that West Quay had recently won an award for patient access and the Board offered their congratulations.

ASSURANCE was provided by:

- Discussion at the Governance Co-ordinating Group
- Discussions with the Director of Corporate Governance

The Board:

- **NOTED** the report
- **ENDORSED** the affixing of the Common Seal
- **ADOPTED** the Charter for Families Bereaved Through Public Tragedy.

UHB 18/148 CHIEF EXECUTIVE'S REPORT

The Board **RECEIVED** the written report of the Chief Executive, Mr Len Richards. Mr Richards highlighted:

- The positive mood in the UHB and recognition/awards in Parkinson's and Maternity.
- On 15th October the senior team from Canterbury, New Zealand would be attending Cardiff and a series of events/meetings was being arranged including a session for the Board. One of the key areas for consideration was a positive outcomes framework – how to measure,

monitor and manage the outcomes of changes made. The CHC asked to be included in the events.

The CHC thanked the UHB for the positive changes made to car parking arrangements at the Barry Hospital and reported that the number of complaints about this had reduced.

In terms of the results of the Staff Survey, it was noted that the results together with an action plan would be reported to the Board.

Action – Mr Martin Driscoll

ASSURANCE was provided by:

- The Executive Team contributed to the development of information contained in this report.

The Board **NOTED** the report.

**UHB 18/149 PATIENT SAFETY, QUALITY AND EXPERIENCE
REPORT**

The Executive Nurse Director, Mrs Ruth Walker, answered the questions raised by Independent Members prior to the Board meeting covering closure of serious incidents (SIs), how car parking complaints affected the number of complaints managed through the informal resolution process and the full multi-disciplinary team reviews in response to the cluster of SIs in mental health.

The Chair invited comments and questions:

- It was noted that the QSE Committee would be looking at trends/themes at its Special meeting in October.
- There was no theme emerging from the number of incidents of pressure damage and falls at Rookwood Hospital.
- It was noted that community resource teams were visiting nursing and care homes and were working with the Ambulance Trust as part of the strategy on falls. This was also on the agenda for the next QSE Committee.
- The Coroner approached clinicians direct to provide evidence at Inquest. Not all clinicians relayed this information to the UHB so centrally held intelligence could not then be shared.
- Post inspection, best practice was shared. A website and twitter account was also going to be launched in the next 6 months to spread the word.
- The Board could take assurance from the 22 inspections undertaken in a 2 month period. Most highlighted good practice but the issue of medicines storage remained.
- The Nurse Staffing Act would be considered at the next Board Development Day and a proposal for a different skill mix in stroke rehabilitation would be brought to Board.

Action – Mrs Ruth Walker

- The balance of protected meal times with the benefit of carers helping with feeding was being considered.
- It was noted that time spent in AU and MAU was not counted within the 4 and 12 hour emergency admission targets. It was known that some patients spent considerable periods there due to poor flow in the system and this impacted on pressure damage and patient experience. The detail including reporting metrics to the Board would be considered at Management Executive. The CHC had undertaken unannounced visits to the areas and would discuss findings with the UHB separately.
- The number of ophthalmology patients seen as follow-up by community optometrists had risen from 20% to 40%. The aim was to reach 80% by year end. However, there were IT challenges and a number of tertiary patients still needed to be seen at UHW. The CHC reported tension with a number of referrals going back and forth between health boards.
- Patient Safety walk rounds had a theme of outstanding maintenance. Staff were getting frustrated chasing maintenance requests. It was agreed that given the UHB priorities, better communication was needed to advise when work was likely to be carried out.

Action – Mrs Abigail Harris

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 18/150 PERFORMANCE REPORT

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the report of performance against targets in the Welsh Government Framework.

The Chief Operating Officer addressed questions raised by Independent Members prior to the Board meeting covering a reduction in the number of delayed transfer of care in mental health, reduction in length of stay in stroke, the protection of stroke beds and suspensions in the cancer pathway.

The Chair invited questions and comments:

- It was not possible to read the risk register in the report and its presentation should be reconsidered.
- Some data on out of hours was missing. The UHB was not performing well at the moment and performance was likely to deteriorate in the winter. The CHC requested further assurance on this area.
- The UHB was supporting the GMS service in an attempt to relieve pressure on the out of hours service in the areas of mental health and muscular skeletal that accounted for 40% of GP appointments through multi-disciplinary working. This would be scaled up as winter approached.
- Regarding finance, the UHB was £788k off target with pressures across budgets. The year-end forecast was still to deliver a £9.9m deficit. A reduction in the underlying deficit remained a risk and making plans was a key priority. The Finance Committee had recently considered this in greater detail.
- The aim was to have no patients waiting longer than the 8 week target by the year end for diagnostics, though endoscopy and radiology remained a challenge in SE Wales. Three years ago there were 7000 patients waiting longer than 8 weeks and this had reduced to 600 despite an 18% increase in the number of referrals. The UHB was planning to move from the volume approach to address challenges in individual specialties, particularly paediatric and cardiac MRI. There had been great progress and now the underlying issues were being exposed.
- The UHB's mortality figures were the best in Wales. Members were encouraged to ask the Medical Director to look into specific areas if more detail was required.

REASONABLE ASSURANCE was provided by:

- The fact that the UHB was making progress in delivering its Delivery Plan for 2018/19 by achieving compliance with 21 of the 66 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 18/151

CARDIFF AND VALE OF GLAMORGAN DEMENTIA STRATEGY 2018-19

There was a powerful performance before the Board with Re Live Theatre Company showing the lived experience of people with dementia and their loved ones together with a filmed patient story by Beti George and presentations from dementia friendly communities, the memory clinic to acute

care. This was live streamed and was available on Facebook .The aim was to bring alive the strategy and the experience of patients and families and showcase what initiatives were in place in the UHB and staff training.

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the refreshed Strategy that had been updated with stakeholder engagement. She identified a strong baseline and the achievements to date. There were 8 strategic objectives based on past experience set within the context of an ageing population.

The Chair invited comments and questions:

- This work included a number of teams and organisations.
- This was a strong initiative though the level of ambition was queried, particularly on a regional basis.
- Ms Sarah Moseley declared an interest at this point given that a member of her family was currently a patient in the service. During her interactions with the service she noted good integration with health and social care.
- The leadership shown by Dr Suzanne Wood was commended and the Chair agreed to send a letter of thanks on behalf of the Board.

Action – Miss Maria Battle

The Board:

- **NOTED** the progress to date
- **SUPPORTED** the further implementation of the Cardiff and Vale of Glamorgan Dementia Strategy.

UHB 18/152 EMOTIONAL AND MENTAL WELLBEING SERVICES FOR CHILDREN AND YOUNG PEOPLE

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins explained that the UHB was not yet in the right position with regard to primary, secondary and specialist CAMHS. The position had improved as parts of the service were brought back in-house and became sustainable so Dr Hopkins was confident for the future of the service.

Dr Hopkins confirmed that transition from paediatrics to adult services was on the work plan but this work would not commence until repatriation was resolved.

The Chair invited comments and questions:

- Ms Rose Whittle was thanked for leading this agenda.
- It was noted that preventative work was also ongoing.
- The service collaborated with other Clinical Boards including adult Mental Health, Children and Women and Primary, Community and Intermediate Care.

- Asked about treatment for the large student population, it was noted that where they registered with a GP affected where they would receive this type of care.
- The links with the Child Friendly City agenda were noted.
- The CHC had been concerned about the service for some time but were very pleased with progress and hoped to be involved in future engagement initiatives with children and young people.

ASSURANCE was provided by:

- The programme to repatriate specialist CAMHS from Cwm Taf UHB was underway and robust project structures and partnerships were in place to deliver change by 31st March 2019
- Transformation of the upstream services were underway, including Primary Mental Health services with development of locality-based workers to be deployed to support primary care and the educational clusters and deliver training and support for early intervention initiatives in schools.

The Board:

- **AGREED** the strategic direction for Emotional and Mental Wellbeing services for children and young people in Cardiff and the Vale of Glamorgan

UHB 18/153 INTEGRATED WINTER PREPAREDNESS AND RESILIENCE PLAN

The Chief Operating Officer, Mr Steve Curry reminded Board that a report on the lessons learned from last winter had been received in May. This was a plan for the coming winter and the areas of special focus working with health, social care and third sector.

The Chair invited comments and questions:

- It was suggested that information from the Respiratory Group be included in the Plan.
Action – Dr Fiona Jenkins
- The Plan was constant and evolving.
- The main issue was whether all elements would be in place before winter, in particular, the staffing needs.
- The Board was thanked for moving early on this at risk.

The Board:

- **NOTED** the collaborative work with partner organisations to develop the winter plan and
- **APPROVED** the Cardiff and Vale Integrated Winter Preparedness and Resilience Plan.

The Executive Nurse Director, Mrs Ruth Walker introduced the report that was being received in public for the first time – it had previously been considered at a private QSE Committee meeting. Mrs Walker described the reasons why the RCS was commissioned to undertake a review of 18 case notes and commented briefly on the cases of concern that were going through the Putting Things Right process. Mrs Walker informed the group that the paediatric surgery service continued to be monitored with monthly meetings chaired by herself and in attendance was representation from the commissioner of the service WHSSC. Mrs Walker informed the Board that concern was expressed that one member of the staff involved could be identified in the report and she apologised for this.

Dr Shortland Medical Director commented that there had been a number of challenges to the factual accuracy of the RCS report. This was unusual and all comments had been referred back to the RCS to respond to these concerns.

Mrs Walker explained that the issues identified within the report came to light following the triangulation of information from incidents, claims and by “noise” in the system from a variety of sources including clinicians. It was recognised that there may have been opportunity to identify these issues earlier and in line with good governance the Board may wish to consider this point.

The Chair invited comments and questions:

- Assurance was given that this was a safe service and children were not at risk
- Additional paediatric surgeons had been recruited.
- It was hoped that the Deanery would see significant improvement and that specialist trainees would be reinstated.
- An Assistant Clinical Director had been appointed and the Clinical Board Director was also supporting the service.
- The UHB’s candour around these events was commended and applauded and it was noted that systems for triangulation of information were improving.
- Given that significant warning signs may have been apparent in 2014, a review of how the situation was handled from that point to the present day should be undertaken to ensure all lessons were learned.
- The UHB was about to launch a new, more responsive process for staff to raise their concerns and the Office of Professional Leadership would help in this regard.

The Chair summarised the issues discussed and apologised to those affected for any harm caused. She was assured the service was safe, urged colleagues to take the opportunity to learn lessons and to understand why early warning signs were missed in 2014. She noted that it was right to approach the RCS for an external view and that an unusually high number of challenges to the findings had been received. In addition, it was noted that the QSE Committee had received an improvement plan and requested that the response from the RCS be received there. The Chair requested further assurance that the resources to support the paediatric gastroenterologist were sufficient. Whilst processes were right, it was queried whether they were sufficiently robust. Finally, the Chair welcomed the candour of the Board and how this was being managed in an open and transparent way.

ASSURANCE was provided by:

- The range of actions that had been put in place to address issues requiring improvement in Paediatric Surgical Services at University Hospital of Wales (UHW).

The Board:

- **CONSIDERED** the findings of the Royal College of Surgeons report.
- **NOTED** the work taken to date and the progress that had been achieved.
- **AGREED** that the current arrangement for executive oversight of the improvement plan provided assurance that the issues were being addressed and that there was consistent on-going monitoring.
- **AGREED** an independent review be undertaken into how the issues had been considered from 2014

UHB 18/155 FINANCE COMMITTEE REVISED TERMS OF REFERENCE

ASSURANCE was provided by:

- Implementation of actions previously approved by the Board;
- Compliance with the agreed action from the Deloitte financial governance review.
- Agreement of the revised Terms of Reference at Finance Committee on 27th June 2018.

The Board:

- **APPROVED** the revised terms of reference of the Finance Committee in line with Standing Order 3.4.3.

UHB 18/156 COMMITTEE MINUTES

The Board **RATIFIED** the following Minutes:

1. Finance Committee 25th July 2018
2. Charitable Funds Committee 19th June 2018
3. WHSSC Joint Committee July 2018

**UHB 18/157 KEY ISSUES FROM COMMITTEE MEETINGS SINCE
JULY TO BRING TO THE ATTENTION OF THE BOARD**

1. **Quality, Safety and Experience Committee – September**
The Committee Vice Chair, Ms Dawn Ward drew attention to the Annual Safeguarding Report and recommended that Members read it. In addition, she thanked the Volunteers for all the work they did for the UHB and reminded Board that a formal thank you event was being arranged.
2. **Local Partnership Forum – August**
3. **Audit Committee – September**
4. **Strategy and Delivery Committee – September**
A briefing note on the main issues was tabled by the Chair of the Committee.
5. **Charitable Funds Committee – September**
6. **Finance Committee - August and September**
It was expected that the month 5 position would recover. The risk of the underlying deficit remained and a new emerging risk was added to the finance risk register.

The suggestion for Chairs of Committees to sit with the Director of Corporate Governance immediately post Committee meeting to record the main issues discussed was noted.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 18/158 DATES OF BOARD MEETINGS 2019/20

The dates of future meetings were **NOTED**.

UHB 18/159 DATE OF THE NEXT BOARD MEETING

A Special Meeting would be held at 9am on Thursday 25th October in the Powerhouse, Llanedeyrn. The next scheduled meeting would be held at 1pm on 28th November in a venue to be confirmed.

UHB 18/160 AGENDA OF THE PRIVATE BOARD MEETING

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

UHB 18/161 ANY OTHER URGENT BUSINESS

There was no other business to raise.

