

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE  
UNIVERSITY HEALTH BOARD HELD AT 09.00 ON 31 MAY 2018  
MEETING ROOM, HQ, UNIVERSITY HOSPITAL OF WALES**

**Present:**

Maria Battle	Chair
Abigail Harris	Director of Planning
Charles Janczewski	Vice Chair
Dawn Ward	Independent Member – Trades Unions
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Prof Gary Baxter	Independent Member – Cardiff University
Dr Graham Shortland	Medical Director
John Union	Independent Member – Finance
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	Deputy Chief Executive & Director of Public Health
Steve Curry	Chief Operating Officer
Cllr Susan Elsmore	Independent Member – Local Authority

**In Attendance:**

Alan Brown	Vice Chair, Cardiff and Vale of Glamorgan CHC
Daniel Price	Deputy Chief Officer, Cardiff and Vale of Glamorgan CHC
Peter Welsh	Director of Corporate Governance

**Secretariat**

Julia Harper

**Apologies:**

Eileen Brandreth	Independent Member – ICT
John Antoniazzi	Independent Member – Estates
Len Richards	Chief Executive
Paula Martyn	Associate Member – Chair, SRG
Indu Deglurkar	Chair, SMSC
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC

**UHB 18/072**

**PATIENT STORY – PREHABILITATION AND  
OPTIMISATION**

The UHB Chair, Miss Maria Battle, introduced Gary Howell, UHB Macmillan Allied Health Professional Cancer Lead and patient of the service, Mr Phil Jones. This was an innovative pilot service for people with cancer.

Mr Jones shared his experience from first visiting his GP to having treatment for lung cancer and, in particular, the role played by the prehabilitation/optimisation team who prepared him well for his surgery. Mr

Jones expressed his admiration and thanks to all members of the team, in particular, his consultant, Dr Helen Davies and he asked the Board to please give their complete support to ensure the pilot programme continued so others could also benefit in the same way he had, and he felt sure that ultimately this service would provide good value for money.

The Chair invited comments and questions:

- The number of staff involved in the patient's cancer pathway and the speed of treatment was commended. The team included dietitians, physiotherapists and occupational therapists who taught and then supported patients with techniques that could be self-delivered at home to get as fit as possible before treatment commenced.
- The concept for the team came from the Cancer Delivery Group.
- It was demonstrated that the patient himself became part of the Team and was commended on the level of responsibility he took to help his own recovery.
- The scheme encouraged and allowed the patient to take control of his own experience.

The Lead Executive thanked Mr Howell for getting the team together and commented that the outcomes would be evaluated and shared across Wales. The challenge was to incorporate this into the normal cancer pathway.

The Chair thanked Mr Jones for sharing his story and commented on how uplifting it was to see the improvement in his wellbeing. In order to raise wellbeing amongst the whole Board, the Chair advised that she had arranged for Elderfit to come later to the meeting to get Board participating in exercise and promised Mr Jones that the Board would certainly remember him when they were discussing budgets.

## **UHB 18/073                      WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting of the Board, in particular, Ms Nicky Foreman who had recently been appointed as the new Board Secretary and would commence with the UHB on 23<sup>rd</sup> July 2018.

## **UHB 18/074                      APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

## **UHB 18/075                      DECLARATIONS OF INTEREST**

The Chair invited Members to declare any interests in the proceedings on the agenda. Mr Janczewski declared an interest in WHSSC.

**UHB 18/076**

**MINUTES OF THE BOARD MEETING HELD ON  
29<sup>th</sup> MARCH 2018**

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 29<sup>th</sup> March 2018 subject to one amendment to the following:

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

In terms of thoracic surgery, it was important to be able to have a thoracic surgeon present 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.*

**UHB 18/077 ACTION LOG FOLLOWING THE LAST MEETING**

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

**UHB 18/006 Patient Safety Quality and Experience** – As a Joint Partnership Agreement was in place, this action was closed.

**UHB18/077 IMTP Development** – As progress had been made integrating finance and workforce plans, this action was considered complete.

**UHB 18/078 CHAIR'S REPORT**

The Board **RECEIVED** the written report of the Chair, Miss Maria Battle. Miss Battle reported that Prof Jonathon Gray had commenced appointment as Transformation Advisor to the Board.

Mr Janczewski commended the leadership provided by the Chair and Chief Executive and the remedial work undertaken following the governance issues associated with the contract with RKC Associates.

In addition, Mr Janczewski thanked the working group set up to look at the Terms of Reference for the new Strategy and Delivery Committee: Dr Hopkins, Mrs Harris, Mr Curry and Mr Welsh.

**ASSURANCE** was provided by:

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

The Board:

- **NOTED** the report
- **RATIFIED** the Chair's Action
- **ENDORSED** the affixing of the Common Seal
- **ENDORSED** the Terms of Reference for the Strategy and Delivery Committee.

## **UHB 18/079      CHIEF EXECUTIVE'S REPORT**

The Board **RECEIVED** the written report of the Chief Executive. In the absence of the Chief Executive, the Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins thanked the senior teams and all staff for the improvements in the delivery of care and targets at the year end. There had been a significant improvement last year and there was more to do this year.

Dr Hopkins also advised that more work on the sustainability of the GP services would be brought to the Board during the year and primary care work would be escalated with the support of partners.

Mr Welsh informed the Board that there would be a public meeting of the Board at the start of the June Board Development Day to receive the thoracic surgery consultation documentation which was being led by WHSSC. In addition, the CHC was setting up two public meetings.

**ASSURANCE** was provided by:

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

The Board **NOTED** the report.

## **UHB 18/080      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 covering never events in dental, infection control, unexpected deaths, falls strategy, external inspections and appointments on schedule.

Mrs Walker also highlighted 82% patients said they would recommend this hospital (UHW) to friends and family and 80% patients felt safe during their care and involved in decisions about their care. She also drew the Board's attention to recommendations made by patients on page 58 who provided feedback during the winter pressures in the Emergency Unit (UHW).

The Chair invited comments and questions:

- The number of never events had fallen. However, there was no overall theme from the 5 events in Dental services. It was noted that all patients had significant tooth decay in a number of teeth and the decayed tooth adjacent to that which had been consented for was removed. This was a UK-wide issue. Root Cause Analyses were being undertaken and their outcome would determine whether an external review was required.
- The detail concerning infection rates would be considered at the next Quality Safety and Experience Committee.
- It was anticipated that the Falls Strategy that would contain quality indicators and timescales would be considered at the Quality Safety and Experience Committee in the Autumn. However, it was noted that the number of falls resulting in harm had reduced from 74 to 48.

**Action – Ms Fiona Jenkins**

- Feedback from patients was that their time in the waiting room had reduced since park and ride was introduced.
- The draft Annual Quality Statement would be received at the next Quality Safety and Experience Committee.
- The UHB was the only organization that reported Serious Incidents openly and transparently at the public Board meeting. Trends and themes were considered in detail at the annual Special meeting of the Quality Safety and Experience Committee and less than 1% of patients suffered any sort of harm. With regard to pressure damage it was noted that the majority of incidents were due to pressure areas which had begun whilst the patient was being cared for in the community not in hospital, so more work was being done in this area. The Board noted that staff were more inclined to report incidents now as they felt they were being listened to and were receiving feedback.
- The CHC had undertaken a number of follow up visits to ensure recommendations were implemented. The result was very positive and liaison with Clinical Boards had improved.

**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.

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the report and advised that the new reporting format would be available by the Autumn. She highlighted two areas where targets had recently improved: conception rates under 18 years and sepsis screening in the emergency unit.

The Chair invited questions and comments:

Crude mortality was not a specific measure of service quality, RAMI was presented within the report. Mortality rates were routinely scrutinised through the auspices of the Medical Director.

- Performance in CAMHS had been affected by the variation in the number of referrals to a very small team. The team's ability to respond to variation was being worked on. There were also issues with the reporting system that were being worked through with Welsh Government. Work with the Cabinet Secretary revealed that demand had increased by 40% year on year, but fluctuated. The Board noted that a significant improvement in waiting time for young people had been achieved since the service was brought back into the UHB.
- Benefits were now being seen following the 90 day improvement project for patients suffering stroke. Consideration was being given to the relationship between the acute service and the rehabilitation service
- A national working group had been set up to improve fill rates for out of hours rotas.
- Access to radiography was a constraint now with respect to performance against cancer targets. Plans would see waiting times reduce to 3 weeks by June. Demand and capacity work was being undertaken in preparation for measurement against the single cancer pathway. This required significant work and a change in culture. It was agreed to receive the shadow report at the Board Development Day.

**Action – Mr Steve Curry**

- The Chair also requested consideration of progress against the Transformation programme at a Board Development Day.

**Action – Dr Sharon Hopkins**

- Finance featured for the first time in this report. The recent Finance Committee had considered the financial position in detail. Month 1 was close to the agreed plan. However, the cost reduction programme remained £6m short whilst the stretch target was profiled for later in the year.

The Board reiterated its commitment to reduce the underlying deficit, achieve 3% recurrent savings, 1% non recurrent savings and meet the stretch target.

**REASONABLE ASSURANCE** was provided by:



- The fact that the UHB was making progress in delivering its 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 18/082**

## **IMPLEMENTING THE STRATEGY – MEDICAL AND DENTAL UNDER AND POSTGRADUATE TRAINING**

The Chair welcomed Dr Ben Hope-Gill, and the Chair and Chief Executive of Health Education and Improvement Wales (HEIW), Dr Chris Jones and Ms Alex Howells to the meeting for this item.

The Medical Director, Dr Graham Shortland introduced the annual summary of medical training and acknowledged the benefits of bringing this together with nursing and therapies particularly as new standards for nurses and midwives were being introduced.

Good progress had been made with simulation training but facilities needed to be brought together. Dr Hope-Gill reported that educational governance had been implemented this year and training templates were being returned by departments, but there were still some constraints. Support around training metrics and quality was being given to Clinical Boards and educational and clinical governance was aligned to training.

One of the problems raised was the lack of SPRs in stroke this year. This area was a challenge as general medicine had become unattractive and trainees were choosing other placements and this needed to be addressed.

Because of the high calibre of staff, the training team was the leanest yet still achieved excellent outcomes. This leanness would be exposed if any of the staff left so succession planning would need to be considered.

A recent audit report provided limited assurance on job planning, it was important therefore to gain assurance that sufficient teaching time was included in job plans. Wider metrics for education were required to include the job planning process and outcomes.

Good progress was being made in the 4 areas considered a risk, paediatric surgery, radiology and psychiatry but it was harder in general medicine with rota gaps and hospital at night could not be relied on to cover. It was agreed to receive a report on out of hours at the November Board.

**Action – Dr Graham Shortland**

Lessons had been learned about the significance of Deanery (education inspection) reports as the UHB would have been alerted sooner to the problems in paediatric surgery.

**ASSURANCE** was provided by:

- Identification of priority areas for action, as described in the paper, and establishment of Educational Governance structures.

The Board:

**NOTED** the Report and significant development of simulation training

- **AGREED** the priority areas for Undergraduate and Postgraduate Medical Education 2018/2019.

Ms Howells provided the Board with an overview of the current position with education and training, the functions of the new organization including commissioning, workforce planning and development, leadership and the immediate priorities for HEIW.

Work would be influenced by the Parliamentary Review of workforce, health board integrated medium terms plans and service delivery pressures. Attracting staff with the right skills to the key area of primary care was most important.

Dr Jones highlighted the unique position of the UHB as a primary, secondary and tertiary centre that also provided excellent teaching. Education could be the key to better patient outcomes. He hoped to work in partnership with the UHB to make Cardiff the teaching centre of choice, whatever the profession. In addition it was hoped to strengthen relationships with the 9 regulators so Wales could influence direction of travel.

It was noted that sometimes it was just very simple things that influenced an individual's choice as to where they wanted to train, such as the availability of hot food all hours.

It was noted that the UHB was undertaking significant transformation work and it was hoped that HEIW would be able to support this process. There were constraints, however, including the space and facilities available.

The Chair thanked Dr Jones, Ms Howells and Dr Hope-Gill for attending the meeting.

**UHB 18/083**

### **MENTAL HEALTH NEEDS BASED COMMUNITY SERVICES PRESENTATION**

Mr Ian Wile, Director of Operations Mental Health and Project Manager Dan Crossland gave a presentation on the vision for community mental health services.



The community mental health model had changed little in 30 years. The UHB currently had 8 community mental health teams that were stretched trying to manage increasing demand. Mr Wile explained the challenges that were being faced and summarised the feedback on community services from patients, staff and carers. Within this context, it was clear that a commitment to implementing a new model of care was required, whilst also taking into account what patients actually wanted. Mr Crossland described the new care pathways and the process for primary, secondary and emergency care.

The Executive Nurse Director was very pleased to see that lessons had been learned from the suicide of a student and that the patient was at the centre of the triage process when deciding what assessment or treatments should be undertaken. Cllr Elsmore also confirmed that the Council's Scrutiny Committee had agreed that work in this area must be done in partnership.

The approach taken to the level of consultation was commended and demonstrated how much influence was being given to the views of the service user. This was an excellent example of co-production. All the learning would be shared with the rest of the organization. The Chair thanked the Clinical Board for their presentation and suggested they return to update the Board in Spring 2019.

**Action – Mr Ian Wile**

## **UHB 18/084                      PROGRESSING SMOKING CESSATION IN THE CARDIFF AND VALE POPULATION**

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the report and reiterated the importance of tobacco control as the Board had a responsibility for population health and health improvement. Smoking was one of the biggest contributors to poor health. Whilst smoking prevalence had reduced to 15%, recently supported by the use of e cigarettes, there were pockets of tobacco prevalence in our more deprived communities of up to 36%.

Work continued to support mental health patients to quit smoking and a trial was being run to allow the use of e cigarettes in patients' own rooms. The evaluation of this would be presented to the Quality, Safety and Experience Committee.

Dr Hopkins requested that all Board Members play an active role in supporting tobacco cessation activities. She reminded the Board about the range of actions available and will circulate this to all as a reminder.

**ASSURANCE** was provided by:

- Prevalence of smoking within the Cardiff and Vale population was below the WG target
- quarterly monitoring reports to Welsh Government on the Tier 1 Smoking Cessation Target

- monthly monitoring within clinical board and public health department performance review
- Monthly monitoring of the implementation and enforcement of the UHB's No Smoking and Smoke Free Environment Policy

The Board **AGREED** to provide continued visible leadership and support to drive forward:

- work to reduce the prevalence of smoking in disadvantaged areas across Cardiff and the Vale of Glamorgan
- action to increase routine recording of smoking status and referral to specialist smoking cessation services and the enforcement of the No Smoking and Smoke Free Environment Policy
- action to support the pilot of the removal of the exemption (relating to mental health patients smoking in enclosed, outside areas) relating to the No Smoking and Smoke Free Environment Policy

## **UHB 18/085                      YEAR END STATEMENTS**

The Chair invited the Vice Chair of the Audit Committee, Mr John Union to make a recommendation to the Board on the Year End Statements following the lengthy discussions held by the Committee earlier in the day.

**ASSURANCE** was provided on the accuracy of the Annual Accountability Report including the Annual Accounts and associated statements due to:

- The programme of work and review that the Audit Committee had undertaken throughout 2017/18 and their recommendations for 2017/18 to agree and endorse the Annual Accounts and statements, Wales Audit Office ISA 260 Report, Annual Accountability Report and Head of Internal Audit opinion and annual report;
- The Letter of Representation to be sent to the Wales Audit Office;
- The response given to the audit enquiries to those charged with governance and management;
- The work completed by the Wales Audit Office to state that the accounts gave a true and fair view.

The Board:-

- **NOTED** the reported financial performance contained within the Annual Accounts and that the UHB has breached its statutory financial duties in respect of revenue expenditure;
- **AGREED AND ENDORSED** the Annual Accounts and statements for 2017/18 which includes the Letter of Representation and the response to the audit enquiries of those charged with governance and management;
- **AGREED AND ENDORSED** the Wales Audit Office ISA 260 Report for 2017/18;
- **AGREED AND ENDORSED** the Annual Accountability Report for 2017/18;

- **AGREED AND ENDORSED** the Head of Internal Audit Opinion and Annual Report for 2017/18.

## **UHB 18/086                      WINTER PLAN REVIEW**

The Director of Operations, Mr Steve Curry introduced the review of a very challenging winter period, with a demand profile that was unprecedented and compounded by the incidence of flu and adverse weather.

In terms of planning for next winter, Clinical Board plans were expected next week and the overarching UHB plan would be brought to a future meeting for approval.

**Action – Mr Steve Curry**

**ASSURANCE** was provided by:

- A review of 2017-18 Winter had been undertaken – using a national winter planning review format used by the Welsh Government Delivery Unit
- The review had been undertaken in conjunction with our partners and on a whole system basis
- The learning from the 2017-18 review would be used to inform the development of the 2018-19 Integrated Winter Plan

The Board:

- **CONSIDERED** the report in regard to the winter of 2017/18.
- **NOTED** the learning points identified for future winter plans

## **UHB 18/087                      CAPITAL PROGRAMME**

The Director of Planning, Mrs Abigail Harris introduced the report that identified how the UHB planned to spend Welsh Government capital monies. The basis of this decision making was the prioritisation of risk, but backlog maintenance would remain high on the corporate risk register.

Independent Members expressed very strong concerns at the level of risk and asked Executives to consider further how the Board could make these feelings known.

**Action – Mrs Abigail Harris**

**ASSURANCE** was provided by:

- Consideration and discussion at Capital Management Group 16<sup>th</sup> April 2018 and Management Executive 30<sup>th</sup> April 2018.
- Regular Capital Review Meetings with Welsh Government Capital Department.

The Board:

- **APPROVED** the Capital Programme for 2018/19

- **AGREED** to delegate responsibility to Capital Management Group for adjustments to the Capital Programme 2018/19
- **AGREED** to acknowledge risks outlined in the Capital Programme 2018/19.

## **UHB 18/088 ANY OTHER BUSINESS**

### **NURSE STAFFING LEVELS REPORT TO COMPLY WITH THE NURSE STAFFING LEVELS (WALES) ACT 2016**

The Executive Nurse Director asked the Board to formally consider the report she had presented at the April Board Development Day.

**LIMITED ASSURANCE** was provided by:

- the paper detailing the nursing establishment for the Health Board

The Board:

- **APPROVED** the nursing establishments in compliance with requirements of the Nurse Staffing Levels (Wales) Act [2016]
- **NOTED** where further work was required to comply with the Act and other relevant legislation.

## **PART 2 – ITEMS FOR INFORMATION ONLY**

## **UHB 18/089 MINUTES FROM OTHER BOARDS / COMMITTEES**

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

1. **Audit Committee** – February
2. **Quality Safety and Experience Committee** - April
3. **Stakeholder Reference Group** – March
4. **Local Partnership Forum** – April
5. **Shared Services Partnership Assurance Report** - March
6. **Emergency Ambulance Services Committee** – January and March
7. **WHSSC Joint Committee** – March
8. **Finance Committee** – February and March

The minutes were **NOTED**.

## **UHB 18/090 AGENDA OF THE PRIVATE BOARD MEETING**

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

## **UHB 18/091      DATE OF THE NEXT BOARD MEETING**

The next scheduled meeting would be held at 1pm on 26<sup>th</sup> July in the Board Room, University Hospital Llandough. In addition, there would be a short public meeting prior to the start of the next Board Development Day on June 28<sup>th</sup>.