

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE UNIVERSITY HEALTH
BOARD HELD ON 25 JULY 2019
NANT FAWR ROOM 1, 2 AND 3 WOODLAND HOUSE,
HEATH, CARDIFF**

Present:

Maria Battle	MB	Chair
Charles Janczewski	CJ	Vice Chair
Len Richards	LR	Chief Executive Officer
John Antoniazzi	JA	Independent Member - Estates
Professor Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and OD
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AH	Independent Member – Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member – Finance
Dawn Ward	DW	Independent Member – Trade Unions
Ruth Walker	RW	Executive Nurse Director

In attendance:

Stephen Allen	SA	Chief Officer, Community Health Council
Indu Deglurkar	ID	Chair, Senior Medical Staff Committee
Nicola Foreman	NF	Director of Corporate Governance

Secretariat:

Glynis Mulford	GM	Corporate Governance Officer
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Apologies:

Richard Thomas	RT	Care and Repair
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Observers:

Joanne Brandon
Anne Beegan, WAO

19/07/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting and confirmed that it was quorate.	
19/07/002	Patient Story – Independent Living Service	
	The Executive Director of Strategic Planning presented a film showcasing the work of the Get Me Home Project directed by Cardiff Council in partnership with the UHB. This was also supported by the Regional Partnership Board.	

The service was predominantly run by third sector services to help people get home quicker and to be more resilient and independent living in their own communities.

A paper was circulated detailing the work of the Age Connects Community Support Project and highlighted the story of Mr T with terminal cancer and who had multiple complex health issues. It demonstrated how those involved in the project provided him with the support he needed and how he could have periods of relief from stress and worry. It also demonstrated how his day to day needs were met through a dedicated team of volunteers.

The Board were informed about the number of volunteer staff (*known as the 'Pink Army'*) who worked on a number of wards. It was envisaged that this service would be expanded across the entire Health Board.

As part of the discussions Board Members asked:

- How the project had transpired and it was confirmed that the work had evolved over several years. It had been built upon the work which had taken place on discharge planning and the work undertaken between the UHB and Local Authority. The 'Pink Army' received resources from across a multiple range of services.
- What the level of involvement was with the third sector and it was confirmed that the Third Sector sat on the Regional Partnership Board and played a key role when making final decisions. The Third Sector also played a considerable role in providing care delivered into people's homes. They were moving into a joint commissioning endeavour and would play a greater role in the next phase of development.

The Board resolved that:

- a) The Patient Story be noted.

19/07/003 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

19/07/004 DECLARATIONS OF INTEREST

The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declarations of interest were received and noted:

- Charles Janczewski, Vice Chair declared his interest as the Chair of the Quality and Patient Safety Committee of the Welsh Health Specialist Care Committee (WHSSC).
- Michael Imperato, Independent Member (Legal) declared his interest as the Chair of the Blood Inquiry
- Sara Moseley, Independent Member (Third Sector) declared her interest as Executive Director of Mind.

<p>19/07/005</p>	<p>The declarations were formally noted by the Board.</p> <p>MINUTES OF THE BOARD MEETING HELD ON 30 MAY 2019</p> <p>The Board reviewed the Minutes of the meeting held on 30 May 2019, and confirmed them to be a true and accurate record.</p> <p>The Board Resolved that:</p> <p>a) the minutes of the meeting held on 30 May 2019 be approved as a true and accurate record.</p> <p>19/07/006</p> <p>BOARD ACTION LOG</p> <p>The Board reviewed the Action Log and noted that it was a much improved action log with clear timescales for actions to come back to the Board. The Board also noted the following:</p> <p>19/03/059 - Performance Report: This item would be deferred to a future meeting of the Strategy and Delivery Committee.</p> <p>The Board Resolved that:</p> <p>(a) the action log from the meeting held on 30 May 2019 was reviewed and noted.</p>	
<p>19/07/007</p>	<p>REPORT FROM THE CHAIR</p> <p>The Chair introduced her report and stated that it provided an update on key issues to be brought to the attention of the Board since it last met.</p> <p>The Chair updated members of her attendance at the Infected Blood Inquiry which had taken place over the last three days. The Chair paid tribute to the courage and dignity of those providing oral evidence publicly.</p> <p>The Chairs report also read out to the Board meeting a summary of discussions which had taken in the private session of the Board meeting held on 30 May 2019.</p> <p>The Board resolved that:</p> <p>(a) the Chair's report be noted.</p> <p>(b) the affixing of the Common Seal be endorsed.</p> <p>(c) the Chair's actions for signing legal documents be approved.</p> <p>19/07/008</p> <p>REPORT FROM THE CHIEF EXECUTIVE</p> <p>The Chief Executive introduced his report and provided an overview of the content and highlighted that:</p> <ul style="list-style-type: none"> A review was being undertaken to improve pathways of care for 	

frail older people supported by early intervention and rehabilitation to enable people home earlier. The piece of work would be launched with the Community Health Council. The work may have an impact on some of our health and wellbeing services and it was stated that there could be a reduced reliance on beds in Barry Hospital. It was recognised that people were focusing on the closure of the ward rather the development of Barry Hospital and what its future purpose would be. It was confirmed that it was important to make best use of the health centres and that this was in line with Shaping Our Future Wellbeing and Barry Hospital had a significant place in the plan. A consultation would run for eight weeks and as part of the engagement process a workshop would also be run. This would mark the start of engagement for better service provision.

The Chief Executive informed the Board that a meeting was recently held with Welsh Health Specialised Services Commission (WHSSC) looking at a number of services. The following comments were made regarding Thoracic Services:

- In previous meetings discussions had taken place around different models but the Committee had not been able to come to an agreement. Approval had been secured to appoint a thoracic surgeon to coincide with the Major Trauma Centre (MTC) in April 2020 thereby ensuring sufficient thoracic surgical cover would be provided for the MTC. The plan would be to move thoracic services from UHB to Swansea Bay.
- There was recognition that the workforce needed to be increased to eight consultants across the patch, which would include cover for daytime services Monday to Friday. This would enable a thoracic surgeon to respond on site if and when required. This met the caveat in the original paper from November 2018 and was considered to be a significant step forward.
- Funding of additional staff would come from the MTC case rather than a thoracic surgical reconfiguration case. The additional staff would respond to major trauma rather than thoracic surgery in its capacity. This would be reflected in the MTC business case. The MTC business case had been through various stages of iterations and would be cascaded to the relevant directorates and relevant personnel. A fuller picture of the workforce relating to the MTC would be presented to a future meeting of the Strategy & Delivery Committee. The Chair informed Members that a Special Board meeting would be held as soon as possible to enable the papers which had been received by the Chair and Chief Executive from the WHSSC Chair the previous evening to be considered.
- The Chief Executive gave a fond farewell to the Chair and commended her for the amount of work, support and leadership she had shown to Cardiff and Vale over the past eight years.

NF

The Board Resolved that:

- (a) the Chief Executives report be noted.
- (b) That a Special Board Meeting be convened as soon as possible in

order to consider the papers received from WHSSC in relation to Thoracic Surgery.

Independent Member, local Authority left the meeting at 2.00pm

19/07/009

PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Executive Nurse Director introduced the report and responded to the questions which had been raised by Independent Members prior to the Board:

- There had been a reduction in Serious Incidents (SIs) and this was due to streamlining the way pressure damage was being reported; namely healthcare acquired damage.
- There had been an increase in concerns and patients had been encouraged to share their experiences of accessing Cardiff and Vale services. There were no themes and trends to report.
- A trend had started to emerge regarding missing mental health patients. The police were using social media as a route to find missing mental health patients therefore alerting the Health Board quicker.
- In relation to SIs, eight unexpected deaths had been reported in mental health services. All incidents of this nature were reviewed through the Root Cause Analysis (RCA) to identify whether or not there was any learning. This would be reviewed in the October Quality, Safety and Experience Committee where trends and themes would be considered.
- In response to a question on ESSURE it was described as a system of permanent birth control /sterilisation.
- In regards to three patients that fell, it was confirmed that one lady had since died but the death was not directly related to the fall.
- In regards to the use of beds for two adolescents on two consecutive months within an adult setting, it was confirmed that this was the normal process whilst looking for an appropriate adolescent bed.
- In regards to two missing patients one patient had been found and was now an inpatient. The other patient was deceased.
- In response to patients who swallow cutlery, Members were informed cutlery was not counted in and out of an adult setting but there was a bespoke care plan provided for that patient.
- In order to provide context to the Board, 15,000 patient safety incidents were reported which was around one million contacts. It was explained by the Nurse Director that if all of these incidents had been related to harm this would equate to less than 1.5%. More work would be undertaken on benchmarking these incidents to provide the Board with a better comparison. As required there were monthly reports submitted into the NRLS data system. A number of cases which had gone to the coroner's inquest would take longer to report. Formal reporting was submitted on the deadline which was in October and May. A high increase was

seen at this point but emphasised no more incidents were being seen in those months.

- In response to the question raised regarding what was a ward client; it was explained this was new terminology, moving away from using the word '*patient*' to '*client*'.
- A question had been raised querying if information regarding car parking could be sent out with patients appointment letters. It was confirmed that the Clinical Board Director for Clinical Diagnostics and Therapeutics had agreed to look at all patient communication with a view to standardising the information being sent out. There had been good feedback on social media regarding the extended park and ride service to UHW and how the LHB were reaching our community via this route. Communication and signage across all the sites had increased and the communications team would continue to spread the message via the various social media fora.
- Patients Experience satisfaction scores remained at 95%.

Further comments were received as follows:

- Steve Allen, Community Health Council stated that he was happy to work with the Health Board in relation to sign posting the park and ride service.
- Independent Member, ICT, stated that in conversation with the other Independent Members it would be helpful to see the number of incidents that had occurred correlated in one place against the type of harm that had come out from those incidents. The Executive Nurse Director confirmed that she would review whether this could be done and provided assurance that currently there was no concern to note.
- The Chair raised a question on the falls data and asked whether Lightfoot was being used to plan a trajectory for when all the work on falls would show a decrease. In response the Executive Director for Therapies and Health Sciences stated that Lightfoot data was being used where available, although acknowledged this was not accessible across our whole system. More work needed to centre on the finite detail of the data with Lightfoot.

RW

The Board resolved that:

- (a) The Patient Safety, Quality and Experience report was considered
- (b) The areas of current concern were noted and agreed that the actions being taken were sufficient.

19/07/010

PERFORMANCE REPORT INCLUDING ADULT MENTAL HEALTH COMPLIANCE RATES

As the Finance Committee would be held after the Board meeting the Director of Finance provided an overview of the current financial position

and informed the Board that :

- The month three financial position had deteriorated and was £1.3m adrift from our profile to break even. In place was a full CIP target with corporate savings. This was being achieved with a number of non-recurrent schemes but needed to be replaced with recurrent schemes as it would have an impact on the 2020/2021 financial plan.
- Three Clinical Boards were currently in escalation. The Chief Executive, Director of Finance and Chief Operating Officer would meet with the three Clinical Boards to look at recovery actions to improve the position.
- The Executive Directors had discussed the issue regularly at Management Executives Meeting to identify alternative measures to offset the overspending trends.

The Board Members raised the following questions:

- When would there be an improvement in the financial position and could the end of year balance still be achieved? The Director of Finance responded that improvements were expected with stabilisation of the position around month 4. Recurrent savings would be reviewed once back on target.

The Chief Operating Officer provided an overview of the performance position:

- The challenges to the mental health services had resulted in a significant impact upon performance and effected adult and children's services and referrals in mental health adult services had risen across Wales.
- Regarding the adult position patients were to be seen within 28 days but were being seen at 30 days. There was some additional capacity in the short term and this would have to be resized to meet the demand. New models of care would be put in place to revise the pathway and improve the service going forward.
- Work was being scaled around primary care mental health and MSK at a GP level. It was expected to filter through and improve the position as it had in the test area.
- The first three months of this year had seen a 69% increase in referrals to the CAMHs Service and the year on year position rose by 97%. Last year there had been 177 referrals and this year had received 348 referrals to date.
- A Delivery Unit (DU) report was published last week and the Health Board had commissioned an independent review of the specialist CAMH Service. There had been agreement with the DU to bring both reports together in order to develop a plan to meet demand.

	<p>Board Members raised the following questions:</p> <ul style="list-style-type: none"> • Was there a reactive and preventative programme in place to build up the resilience of young people when mental health issues arose? The Chief Operating Officer responded that there was a Mental Health Improvement Fund and the biggest proportion would be spent in the CAMH Service. Two thirds of the allocation would go to provision at school level. This would be for pupils to access methods of increasing their resilience. • The UHB Vice Chair stated he sat on a Ministerial Task Force who were looking at the work undertaken in secondary and primary schools and would be happy to feedback to the Board on the outcomes. • In response to a query on using services in England the Chief Operating Officer emphasised that this was about accessing skilled capacity which could not be accessed in Wales. This was a temporary measure in order to support the services in the Health Board. • In response to secondary and primary care services the DU report reinforced that where there was no integration of services, it was realised the whole service suffered. Therefore, integrating to a single service was the way forward. • The Independent Member, Third Sector declared an interest as the Director of Mind Cymru and asked when it would be appropriate for schools to link into health and other agencies in the community and third sector provision. It was agreed that this would be discussed in more depth with the Chief Operating Officer. • The Director for Public Health confirmed that the children's partnership within the Regional Partnership Board had agreed that the emotional health for young people would be of high priority. • The Independent Member, ICT asked that she could be appraised of progress and involved on any work going forward. • The Chair asked for a report to be provided at the next Board meeting on the cancer performance. <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The current level of performance and the actions been taken where the level of performance was either below the expected standard or where progress had not been made sufficiently quickly was reviewed and considered. <p>19/07/011 TRANSFORMATION REPORT INCLUDING AMPLIFY 2025</p> <p>The Board left the meeting room to look at the Amplify 25 presentation. Members walked around the space reviewing the outcome from the two day meeting. Amplify 2025 was a programme of events that sought to break down organisational barriers and bring representatives from across the system together with a shared vision of improvement. This</p>	<p>SC/SM</p> <p>SC</p> <p>SC</p> <p>SC</p>
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	<p>was to learn and share ideas for a whole-systems approach to culture and leadership transformation. A short film covering the two day event was also shown.</p> <p>Amplify 2025 would be showcased on 1 October 2019 and would reflect what was happening across the board and how this could be adopted by the UHB as a whole. The programme would involve staff across the organisation presenting the vision of the Health Board and what they would like to do in the future.</p> <p>The Board resolved that:</p> <p>a) The presentation delivered by the Transformation Team be noted.</p>	
19/07/012	<p>BOARD ASSURANCE FRAMEWORK</p> <p>The Director of Corporate Governance introduced the report which had now been presented five times to the Board. Therefore a tracker of the risks would be introduced for the next meeting to show movement in the management and mitigation of the risks on the BAF. The Corporate risk register was a work in progress and despite the Clinical Boards and Corporate Directorates having risk registers there needed to be an element of consistency in approach introduced into the management of risk. The Director of Corporate Governance explained that this would be done on a phased approach due to the amount of work which needed to take place but something would be brought to the next Board meeting in September.</p> <p>The Board resolved that:</p> <p>a) The progress which had been made on the BAF be approved in relation to the actions which had been taken.</p>	<p>NF</p> <p>NF</p>
19/07/013	<p>INTEGRATED MEDIUM TERM PLAN PROCESS AND PRIORITIES FOR 2022/21</p> <p>The Executive Director of Strategic Planning stated that they had produced the work prior to Amplify 2025 and would like to strengthen the area around priorities in the IMTP particularly around the work relating to outcomes from primary care access and GP diagnostics.</p> <p>The Vice Chair asked for an addition to the paper that assurances were also provided by the Strategy and Delivery Committee as part of the scrutiny process.</p> <p>The Board resolved that:</p> <p>a) The process for the refresh of the IMTP be noted</p> <p>b) The initial set of organisational priorities for 2020-21 were discussed</p> <p>c) The Strategy and Delivery Committee also be included to provide</p>	<p>AH</p>

assurance as part of the scrutiny process.

19/07/014 MAJOR TRAUMA CENTRE REPORT

The Executive Director of Strategic Planning stating that the MTC business case would be circulated to the wider Consultant Body. The following comments were made:

- Work was being undertaken on the business case which was likely to go to a Special meeting with WHSSC in August. This would be prior to it going to WHSSC in order to gain early decisions.
- The business content was based on Clinical Boards leading the work. The Programme Lead was testing and challenging the clinical need for Major Trauma. There was an internal MTC Programme Board to provide assurance and scrutiny.
- It was suggested that a patient engagement event should be undertaken and for the Clinical Boards to provide the sessions.
- The importance of obtaining approval for key posts in April 2020, securing critical care beds and theatre capacity was raised and asked a question as to how this was being progressed. The Executive Director of Strategic Planning stated that the business case described how we would respond in the shorter term in relation to theatres. The medium term was to have the Major Trauma in place. An agreement was in place with the Surgery Clinical Board on freeing up the capacity of other theatres.
- Regarding critical care the Network Board, WHSSC and the UHB had engaged with professional advice to help scrutinise and challenge what was in the business cases. There were other capital components and this was being worked through with the Network Board and WHSSC. It had been indicated to WG the amount of funding needed to enable the work to happen in a timely way.
- Currently the network bid for the Transformation Fund significantly outstripped the monies available to do so. However, work was being undertaken in a couple of areas and was challenging internally some of the previous plans.

The Board resolved that:

- a) The Board noted the contents of the paper and that reports would be submitted as the work progressed

19/07/015 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK STRATEGY

The Director of Corporate Governance informed the Members that the Risk Management and Board Assurance Framework Strategy should be presented to the Board on an annual basis. An improvement plan would be developed for Risk Management to ensure that it progressed in a consistent way across the Health Board.

19/07/016	<p>The Board resolved that:</p> <p>a) The Risk Management and Board Assurance Framework Strategy 2019-2022 be approved</p> <p>WELSH LANGUAGE POLICY</p> <p>The Assistant Director of Organisational Development provided the Board with a summary of the key elements within the report stating this was in line with Welsh Language Standards with over 20 challenges. There was other documentation being published and positive a framework being introduced.</p> <p>The Independent Member (Third Sector) stated this provided an opportunity to be positive and would like to see it referenced that we had two official languages in Wales and for this to be embedded in the Welsh Language Policy.</p> <p>The Assistant Director of Organisational Development was asked to engage and work closely with the Independent Member (Third Sector) regarding this matter.</p> <p>The Board resolved that:</p> <p>a) The Welsh Language Policy be approved.</p>	RG/SM
19/07/017	<p>THE DIRECTOR OF CORPORATE GOVERNANCE REPORT</p> <p>The Director of Corporate Governance presented the report, providing an overview of the key points set out therein, in particular the open consultations which the Management Executive Meeting had agreed to take forward. She also reported that the Management Executive had agreed that they would not respond to all consultations</p> <p>The Board resolved that:</p> <p>a) The updates provided in this report be noted. b)</p>	
19/07/018	<p>BOARD DEVELOPMENT PROGRAMME</p> <p>The Director of Corporate Governance introduced the report stating that the Board Development Programme had originally been circulated to Board Members in April 2019 to check that they were happy with the direction of travel. She explained that it was a fluid document and sessions would be added and deferred depending upon up and coming priorities.</p> <p>The Board Development Programme was now being presented for final sign off.</p> <p>The Board resolved that:</p>	

	<p>a) The Board Development Programme for 2019/20 was reviewed and approved.</p>
19/07/019	<p>QUALITY, SAFETY AND EXPERIENCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Quality, Safety and Experience Committee held in April 2019 be ratified.</p>
19/07/020	<p>FINANCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Finance Committee held in May 2019 be ratified</p>
19/07/021	<p>STRATEGY AND DELIVERY COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Strategy and Delivery Committee held in April 2019 be ratified.</p>
19/07/022	<p>HEALTH AND SAFETY COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Health and Safety Committee held in May 2019 be ratified</p>
19/07/023	<p>CHARITABLE FUNDS COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Charitable Funds Committee held in March 2019 be ratified</p>
19/07/024	<p>MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Mental Health and Capacity Legislation Committee held in February 2019 be ratified.</p>
19/07/025	<p>STAKEHOLDER REFERENCE GROUP</p> <p>The Board resolved that:</p> <p>a) The minutes of the Stakeholder Reference Group held in May 2019 be ratified.</p>
19/07/026	<p>LOCAL PARTNERSHIP FORUM</p>

	<p>The Board resolved that:</p> <p>a) the minutes of the Local Partnership Forum held in April 2019 be ratified.</p>	
19/07/027	<p>AUDIT COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) the report of the Chair of the Audit and Assurance Committee be noted.</p>	
19/07/028	<p>QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Quality, Safety and Experience Committee be ratified. Due to the meeting not being quorate the decisions made by the Committee (which were included within the Chairs report) were ratified.</p>	
19/07/029	<p>FINANCE COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Finance Committee be noted.</p>	
19/07/030	<p>STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report from of the Chair of the Strategy and Delivery Committee be noted.</p>	
19/07/031	<p>HEALTH AND SAFETY COMMITTEE CHAIR'S REPORT TO THE BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Health and Safety Committee be noted.</p>	
19/07/032	<p>STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Stakeholder Reference Group be noted.</p>	

19/07/033	LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD The Board resolved that: a) The report of the Chair of the Local Partnership Board be noted.
19/07/034	AGENDA OF THE PRIVATE BOARD MEETING ▪ There were no items to discuss
19/07/035	ANY OTHER URGENT BUSINESS No other business was raised.
19/07/036	DATE OF THE NEXT MEETING OF THE BOARD: Thursday 26 September 2019, 1.00pm Woodlands House, Heath, Cardiff CF14 4HH.