

**CONFIRMED MINUTES OF THE BOARD MEETING  
THURSDAY, 29 AUGUST 2019 AT 12.30PM  
NANT FAWR ROOMS 1 & 2, WOODLAND HOUSE, HEATH**

**Present:**

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
Gary Baxter	GB	Independent Member – University
Eileen Brandreth	EB	Independent Member - IT
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley		
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
Dawn Ward		Independent Member – Trade Union

**In Attendance:**

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

**Secretariat**

Glynis Mulford	GM	Corporate Governance Officer
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**Apologies:**

John Antoniazzi	JA	Independent Member – Estates
Akmal Hanuk	AH	Independent Member – Community
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance

**UHB 19/08/001 WELCOME AND INTRODUCTIONS**

**ACTION**

The UHB Chair welcomed everyone to the meeting and explained that the Special Board Meeting had been called regarding the Thoracic Centre to be based at Morriston Hospital Swansea and the need to discuss the final recommendations set out with the report provided by Welsh Health Specialised Services Committee (WHSSC). As part of the bundle of papers received from WHSSC a letter was enclosed from the Chair. The Interim Chair of the Board asked for the letter from the Chair of WHSSC to be noted.

**The Board resolved that:**

- a) The letter from the Chair of WHSSC be noted.

**UHB 19/08/002 APOLOGIES**

Apologies for absence were noted.

**UHB 19/08/003 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**UHB 19/08/004 THORACIC SURGERY**

The Chief Executive Officer introduced the Thoracic Surgery report highlighting the issues and the background to previous discussions. He confirmed that the consultation process had been held and the biggest issue that arose from the review was the separation of thoracic surgery from the major trauma centre and the impact this would have to deliver a safe service to major trauma patients. The following was confirmed:

The outcome from the discussions resulted in what was required to run a safe, effective Major Trauma service. Additionally, the discussions identified the need for there to be an onsite presence of a thoracic surgeon to form part of the trauma service.

The Medical Directors of Cardiff & Vale and Swansea Bay had worked together and made recommendations that suggested the requirements to support the service would be for two additional thoracic surgeons making an overall total of 8. Meetings had been held to provide a commitment for the extra surgeons.

Due to the uncertainty regarding the future consultant workforce the paper proposed that additional funding for the two post be allocated with the MTC Business Case. This would be additional to the establishment of the existing six posts. It was recognised that learning and understanding would be achieved once the Major Trauma Centre (MTC) was established in April 2020. The CEO stated that the proposal would stand its ground and recommended to the Board to support it.

The new Medical Director stated he supported his predecessors work and commented that :

The proposal provided MTC cover and there were a number of further opportunities that could be obtained, such as the benefits for non MTC patients with lung cancer, which currently had poor outcomes compared to other areas in the UK.

The Chair of the Senior Medical Staff Committee commented:

That major reconfigurations in South Wales were vital and when this took place compromises would always happen. She stated that she represented and had attended every review meeting and repeatedly reflected on the representations but did not feel she had been effective in terms of the end results which had been achieved. She acknowledged that the Executive Directors, Board and Community Health Council had been supportive of the comments made by Senior Medical Staff and only as a result of this support had the day time cover had been achieved. When the MTC opened in April 2020 there would be a need to have a robust rota in place to cover the MTC and it would be important to review what lessons had been learned. The decision made needed to be revisited after a period of time taking into account any clinical or patient safety concerns that may arise before the move to Morriston.

Mr Stephen Allen from the South Glamorgan Community Health Council (SGCHC) stated:

The biggest concern that arose from the consultation was the interlink between the MTC and Thoracic Surgery relating to the out of hours service. Although the workforce issue did not come under the remit of the SGCHC there were reservations about the way forward and the ongoing monitoring of the service. There would need to be robust monitoring processes in place. The SGCHC was content with the decision the Board was recommending be made.

The Chief Executive Officer further commented that there would be a Service Level Agreement (SLA) in place between Cardiff and the Vale UHB and Swansea Bay UHB which would outline the commitments which had been made. In addition, a Partnership Board would be created with Senior Executives to continuously review the effectiveness of the Cardiff and Vale UHB Tertiary Services. The SGCHC would be informed of any lapses. The direct assurance which would be received from these services was the involvement of the clinicians who would work across the whole network who would receive direct input from staff at Cardiff and Vale.

Independent Member - ICT, raised a number of concerns such as the length of time it took to get to the Morriston site; the severity of the case to attend; the need to understand the implication of travel time; the number of times there was a response required; monitoring the time required and if longer what risks this would create.

The Chair of SMSC confirmed that she and other clinical staff had made repeated requests to have sight of the papers that went to the Independent Panel from Cardiff and Vale and stated that these had not been reviewed by any single service

providers. This made it difficult to understand how the decision had been made by the Independent Panel. It was important to note that the papers and the agreements in terms of what the thoracic service was providing should have been more accessible to staff. This was a weakness in the process.

The Independent Member – Legal, asked whether monitoring of the service would be undertaken by the Quality, Patient Safety and Experience Committee and whether it would be a regular item on the agenda. He also commented on the public engagement process and the fact that a review of the lessons learnt was required as it seemed there were a few issues highlighted that were critical, which had been discussed, but not highlighted in the WHSSC papers. In response it was stated that there was a concern that the process had not been as transparent as it could have been.

The Executive Director of Therapies and Health Science stated that Thoracic Surgery had also been discussed at the Health Systems Management Board and the Board had listened to a range of representations from staff. Although, she confirmed that she was unsure that other Health Boards understood the implications regarding the level of cover required. She stated that there may be a need to revisit this in light of suggested monitoring through the QSE Committee.

The Independent Member – University, asked that as there were only 100 thoracic surgeons and 27 MTCs, were the Board confident that any additional posts could be recruited to in the timeline proposed? The Chief Executive stated that number of Thoracic Surgeons were small but was confident that the numbers required could be achieved. The development of the service and Thoracic Surgery and the Single Centre would be viewed as a positive option and would be more attractive to Surgeons than the current set up. The fourth post was an interim position but the Chief Executive recommended to the Board that this should be a substantive post.

In summary the Chair reiterated the key themes:

- Board members had identified a requirement for robust monitoring mechanisms to be established;
- Close monitoring of patient safety issues would need to be monitored
- The distance between the MTC and the Thoracic Centre and associated travel issues that may be relevant to be monitored
- Resource levels required to deliver the service to also be monitored.

It was agreed to reflect back to WHSSC the need to gain learning in terms of how to conduct their consultations.

The Board also agreed to consider the locum post being a substantive position.

The interim Chair thanked everyone for their participation in the discussion and previous discussions and in particular the SSSC Chair.

**The Board resolved that:**

- a) The work that had been undertaken by the Medical Directors of CVUHB and SBUHB as well as the WHSSC Team to develop workforce proposals for the consultant thoracic surgical services be noted.
- b) The appointment of an additional consultant thoracic surgeon funded through the MTC work stream to support implementation of the MTC from April 2020 initially on an interim basis pending clarity of the level of need be supported;
- c) The allocation of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morriston Hospital is opened – the funding release for which will be dependent on consideration by the Joint Committee of the real world experience of the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres be supported;
- d) The information set out in the May Joint Committee paper which provided assurance around the caveats identified by the affected health boards and the requirement for a report on the lessons learned (which would include how engagement would be more meaningful going forward). from the engagement and consultation exercises be noted;
- e) The recommendations going forward to the six affected health boards for a single adult Thoracic Surgery Centre based at Morrison Hospital, Swansea would be supported but not ‘unconditionally’ and would be subject to ongoing monitoring and review.
- f) The locum post should be filled as substantive position was approved.

**UHB 19/08/005**

**Date, Time & Venue of Next Board Meeting:**

Thursday 26 September 2019, 1.00pm, Nant Fawr Rooms 1 & 2, Woodland House, Heath, Cardiff