AGENDA ITEM 1.4.

UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE UNIVERSITY HEALTH BOARD, HELD ON TUESDAY 5 NOVEMBER 2013, AT 9.00AM IN THE COUNCIL ROOM, CARDIFF UNIVERSITY

Present:
Maria Battle Chair
Abigail Harris Director of Planning
Adam Cairns (part) Chief Executive
Alice Casey Chief Operating Officer
Brendan Sadka Independent Member - Estates
Charlotte Moar Director of Finance
Cllr Christopher Elmore Independent Member – Local Authority
Eileen Brandreth Independent Member – Information, Communication and Technology
Professor Elizabeth Treasure Independent Member - University
Fiona Jenkins Director of Therapies and Health Sciences
Dr Graham Shortland Medical Director
Ivar Grey Independent Member - Finance
Professor Marcus Longley Vice Chair
Margaret McLaughlin Independent Member - Third Sector
Martyn Waygood Independent Member - Legal
Ruth Walker Director of Nursing
Saleem Kidwai Independent Member - Community
Dr Sharon Hopkins Director of Public Health
Stuart Egan Independent Member – Trades Unions
Tracy Myhill Director of Workforce and Organisational Development & Deputy Chief Executive

In Attendance:
Indu Deglurkar Chair, Senior Medical Staff Committee
Lesley Jones (part) Cardiff and Vale Community Health Council (CHC)
Dr Melanie Jefferson Consultant in Palliative Care (Items 13/213 & 221)
Melanie Lewis Lead Nurse, Palliative Care (Items 13/213 & 221)
Melanie Westlake Acting Board Secretary
Steve Allen Chief Officer, Cardiff and Vale CHC

Secretariat
Julia Harper

Apologies:
Alison Gerrard Board Secretary
Laurence Clay Aneurin Bevan CHC
Rose Whittle Chair, Health Professionals Forum
UHB 13/213 PATIENT STORY – END OF LIFE CARE

The Chair welcomed Mel Lewis and Dr Melanie Jefferson from Palliative Care for the patient story that focussed on end of life care and agenda item 3.1 End of Life Care Plan.

Mel Lewis read the story of a 68 year old man who had suffered from lymphoma and been given the all clear. Unfortunately his cancer returned and he had multiple acute admissions to various hospitals. His story was told from his niece’s perspective who became his main advocate with regard to emotional and practical support.

In summary, throughout his care, the niece felt she was not listened to concerning her uncle’s wishes to die at home and insufficient information was provided at every stage of his care which was not seamless. She felt that she had to chase for a care plan and information as well as argue for the treatment that should be given.

Furthermore, conflicting information was provided to the family – first they were told that he was eligible for continuing healthcare then out of the blue and without consideration, were told he did not meet the criteria with just a short period of time to arrange alternative care.

The gentleman died at the Marie Curie Hospice in 2011, not at home as he had wanted, and his niece considered the whole experience too bureaucratic.

The Chair thanked Ms Lewis for the sad and moving story and asked for the Board’s thanks to be passed to the family for sharing their experience. The Chair invited comments from the Members. The following points were raised:

- Asked how this story was used to change practise, it was noted that an End of Life education module had been introduced - so far 170 district nurses had been trained. In addition, the continuing healthcare process was being examined to fast-track discharge (improved from 30 to 8 days).
- It would be helpful to provide “end of life (EOL)” patients with a card with contact details to provide help navigating the support available. This includes support from within the University Health Board (UHB) and other partner agencies. Following an All Wales Review patients are given information and there was an All Wales Helpline. However, the uptake was low. The difficulty was that not all EOL patients were seen by the palliative care team which focused on those suffering from cancer.
- An EOL register was being promoted to cross all GPs and the Out of Hours Service. Cardiff University also offered short courses for GPs to raise awareness regarding the care needs of EOL patients and consideration was being given to whether this could be made mandatory. The opportunity to employ McMillan funded GPs to improve education was also being discussed.
- It was important to improve communication and engagement with patients and families at an early stage of the EOL pathway.
• It would be beneficial to raise the profile of carers in the UHB in line with the Carers Measure, so carers can access further support from third sector organisations.

The Board:

• NOTED the story.

UHB 13/214  WELCOME AND INTRODUCTIONS

The Chair welcomed everyone present for the main part of the meeting.

UHB 13/215  APOLOGIES FOR ABSENCE

Apologies for absence were noted. The Chair wished Alison Gerrard best wishes for a speedy recovery.

UHB 13/216  DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. No Declarations of Interest were made.

UHB 13/217  MINUTES OF THE BOARD MEETINGS HELD ON 3 SEPTEMBER

The Board RECEIVED and APPROVED the minutes of the previous meeting of the Board held on 3 September subject to the addition of a reference to SUSTRANS and ASH alongside the British Heart Foundation on page 9 UHB 13/177. Mrs McLaughlin also advised that Cardiff and Vale had not been chosen as a partner organisation in the Healthy Hospitals Initiative.

UHB 13/218  ACTION LOG FOLLOWING THE LAST MEETING

The Board RECEIVED the Action Log from the meeting of 3rd September 2013 and NOTED the following:

• UHB 13/141 – The Welsh Government has confirmed funding for the cardiac and emergency equipment. A report on the scale of shortfalls with regard to other equipment (including IT and backlog maintenance) would be provided for the Board in January 2014.

  Action: C Moar/A Harris

• UHB 13/140 – The Chief Executive was trying to secure a former Chief Executive from a mental health Trust to support the Mental Health Clinical Board together with the possibility of an interim clinical leader appointment. It was also hoped that internal staff would take the opportunity for further development as part of succession planning. This item will remain on the action log until resolved.
• UHB 13/174 – This item was not fully completed but some action had been taken to ensure that plans included appropriate Equality Impact Assessments (EQIAs). The plan for 2014/15 had been developed and would be further considered before submission in January.
• UHB 13/177 – It was confirmed that thorough health and safety risk assessments had been undertaken regarding the effects of passive smoking on staff working in a Mental Health setting as well as a fire risk assessment and an assessment of the potential for violence and aggression against staff enforcing smoking control.

UHB 13/219  CHAIR’S REPORT

The Board RECEIVED the oral report of the Chair.

The following points were highlighted.

• The Board had agreed in the September private meeting, the delegation of the approval of the Annual Quality Statement to the Chair and Chief Executive for publication in advance of the UHB Annual General Meeting. Approval of the document had taken place and a successful Annual General Meeting had been held on 26 September 2013
• The UHB Nursing Conference 3 October 2013 had demonstrated enthusiastic and innovative work.
• A positive celebration for the 80th anniversary of the University Hospital Llandough had taken place, one of the highlights being the community choir.
• The Stroke Unit had been opened at the University Hospital Llandough, the £11m Welsh Government investment providing confidence in the UHB’s strategy.

The Board:

• NOTED the oral report of the Chair.

UHB 13/220  CHIEF EXECUTIVE’S REPORT

The Board RECEIVED the report of the Chief Executive.

The Chief Executive highlighted the following:

• Clinical Board Authorisation – The UHB was trying to build a more devolved organisation based on clinical leadership and clear expectations. The process was underway with the checking that Clinical Boards had the right systems, processes and intentions and the outcome of this initial stage was expected by the end of the month. The Chief Executive thanked the Director of Finance for all the preparatory work undertaken. It was noted that following the interview process, Clinical Boards felt they had learned from the experience. In addition, the Community Health Council (CHC) was setting up shadow Boards to reflect the changes as a result of the new Clinical Board structure.
The timing of the next stage of the process was scheduled for April to July 2014.

Action: T Myhill

The Board:

- NOTED the report of the Chief Executive.

**UHB 13/221 END OF LIFE CARE PLAN**

The Board RECEIVED the report of the Director of Therapies and Health Sciences in response to “Together for Health – Delivering End of Life Care, a Delivery Plan up to 2016” which required Health Boards to develop and implement a local delivery plan. This required a whole system plan and not just one for palliative care and included the needs of children with life limiting conditions. However, it was accepted that all Wales work was ongoing with regard to the care and treatment of children, the outcomes of which would be included within the plan later.

Milestones were included in the UHB plan and a set of metrics were being developed to afford measurement and benchmarking. The UHB Health Systems Management Board had considered the Plan in October and agreed it in principle, subject to the inclusion of a greater representation from Clinical Boards on the proposed End of Life Board. Third Sector had also been consulted on the draft. An Annual Report would be produced for the Board in March 2014 and this would be included at the appropriate time in the Board’s work programme.

Action: J Harper/F Jenkins

The Chair welcomed comments from Members. The following points were made:

- It was observed that there appeared to have been insufficient engagement with communities and the EQIA did not demonstrate sufficient diversity. Therefore, the EQIA as it stood was not fit for purpose. This was accepted and it was agreed that this would be revisited.
- There was a need to integrate performance management arrangements.
- There was a need to include performance management arrangements and responsibilities for Third Sector organisations who were paid by the UHB to provide care.
- The plan overall was positive and therefore unlikely to be challenged legally.
- The plan referred to the need to ensure the best possible IT and communication links to give clinical staff fast, safe and secure access to the information they needed anywhere in Wales. However, there was not a corresponding action advising how this would be achieved. Although there was a joint system progressing through the procurement system, a practical solution was required immediately.
- The Plan had not been thoroughly costed, however, the Clinical Board for Primary, Community and Intermediate Care had been given a lower savings target than hospital Clinical Boards on the assumption there would be a shift in resources from hospital to community. A financial analyst had been appointed to commence this work.
• Further clarity was requested on the status of patients transferred from intensive care and the availability of counselling services.
• The Board should be mindful that this was one of a series of Welsh Government delivery plans, each one having resource and commissioning implications. Therefore, difficult decisions regarding the balance of priorities would have to be made.

The Board APPROVED the “Delivering End of Life Care Plan 2013–2016” subject to the inclusion of performance management, named clinicians, helpline information, counselling and the overall strengthening of the EQIA. This would be brought back to the Board with the Annual Report.

Action: F Jenkins

UHB 13/222 MAJOR INCIDENT PLAN ANNUAL REVIEW

The Board RECEIVED the report of the Director of Planning which highlighted the need for the Major Incident Plan to be reviewed and updated annually. The revised Plan took onboard the lessons learned from the road traffic major incident that occurred last year and would be further amended to include learning from the helpline that had been operational over the previous weekend. The updated plan also included how the UHB would continue to provide general services during a period of major incident. The Health Systems Management Board had been consulted and comments regarding the separation of the major incident room would be included and further training for staff on call would be arranged.

The Chair welcomed comments from Members. The following points were made:

• The plan was commended.
• The whole plan was not in the public domain (it had not been published on the UHB internet site) as it contained information which could potentially present a security risk to the organisation or operational difficulties in the event of an incident.
• The Board noted that copies of the document would be provided to each Department. Staff would be advised of the need to ensure that this was kept up to date and the plan would be appropriately marked to ensure that staff recognised the need to keep some of the information within the UHB. The Acting Board Secretary agreed to ensure that the UHB had a classification system which clearly identified the security status of its documents.

Action: M Westlake

• The need to ensure that communication channels were clear in the plan would be checked.

Action: A Harris

The Board:

• APPROVED the revised Major Incident Plan and CONFIRMED the plan would not automatically be available within the Publication Scheme.

UHB 13/223 NHS FUNDED NURSING CARE
AGENDA ITEM 1.4.

The Chief Operating Officer presented the report and tabled revised information regarding the financial implications of accepting the All Wales recommendations for agreement of the NHS financial contribution towards the costs of people who required registered nursing care in a care home. It was noted that an external review had been undertaken regarding the actual cost of delivering nursing care and the cost of continence products. Legal advice had been obtained as there had been a threat of a request for a Judicial Review. The Chief Executive advised that this was a complex area and the proposed action was the right thing to do to be fair with the limited NHS resources available and the care home sector.

The Chair welcomed comments from Members. The following points were made:

- Concern was expressed that although the report stated that Wales was a lower cost area, the costs in England were lower. Therefore, it would be interesting to see the real costs.
- Clarity was sought on the rationale for the 50% proposed uplift in direct nursing costs and it was explained that this appropriately reflected costs and savings whilst a wider debate on the future was held.
- It was queried whether there would eventually be a move to local negotiation as industry costs were not uniform. The benefits of a model contract and the balance of service quality and costs were explained.
- Value for money should be considered with larger homes potentially able to offer economies of scale.
- The Welsh response should consider future demographics with more elderly people expected to require care. It was noted that the Welsh response took a pragmatic view on sustainability and future needs. A joint strategy with the Council to get a new service model would be required in the future.
- The monitoring of the quality of care provided was crucial.

The Board:

- AGREED that a national procurement system should be considered for the provision of continence pads to nursing homes.
- AGREED to reject an uplift of the funded nursing care rate for the financial year 2012/13.
- AGREED that 50% of the proposed uplift in the direct nursing costs (i.e. an increase in the funded nursing care rate of £9.03 per resident per week) should be applied for 2013/14 financial year, backdated to 1st April 2013 – with payment made as soon as possible.
- AGREED that the full proposed uplift in the funded nursing rate of £18.05 per resident per week for direct nursing salary costs should be applied from 1st April 2014, and should be linked to a national outcomes-based commissioning framework for funded nursing care and NHS continuing healthcare.
- AGREED that the decisions were made without prejudice to any further discussions between the interested parties (including other Health Boards in Wales), and that the above decisions would be revisited if alternative proposals emanated from this process.

UHB 13/224 FOOD AND NUTRITION IN HEALTH SERVICES
PREMISES: VENDING MACHINES
The Director of Public Health withdrew the paper from the Agenda.

**UHB 13/225 PERFORMANCE MANAGEMENT FRAMEWORK**

The Board RECEIVED the report of the Director of Finance and noted the first steps in the development of the framework. This was needed to formalise the framework via which the UHB evidenced that Directors were adequately discharging their responsibilities in relation to performance. However, there were significant gaps for example in commissioning relationships with partner organisations, internal project structures and clarification regarding Headquarters functions.

The Chair welcomed comments from Members. The following points were made:

- There was a need to review the reference to the Management Executive deciding whether or not a deviation from required performance should be regarded as minor or material in relation to the UHB’s escalation process. It was agreed that there was a need to identify thresholds regarding how escalation would work across the UHB (reference paragraph 6.4).
- It would be helpful to include the responsibilities of the Committees with regard to assurance and risk in Section 8 (include cross reference to Terms of Reference).
- It was hoped that performance management comparison would raise the bar higher than England.
- It was confirmed that the aim of the Framework was to capture performance that was not necessarily “patient facing”, for example Information Governance.
- The Framework would be discussed at a future Board Development Session.

**Action: M Westlake**

The Board:

- APPROVED the Performance Management Framework subject to amendments proposed by colleagues. A further update would be provided in March 2014.

**Action: C Moar**

**UHB 13/226 CHAIR’S ACTION ON BEHALF OF THE BOARD**

The Board RECEIVED the report on Chair’s Urgent Action taken on behalf of the Board.

The Board:

- RATIFIED the urgent action undertaken by the Chair on behalf of the Board.
UHB 13/227 TO RECEIVE CANCER ANNUAL REPORT

The Board RECEIVED the report of the Medical Director and noted that production of an Annual Report was part of the Cancer Delivery Plan required by Welsh Government. Receipt of the report provided the opportunity for the Board to consider and discuss Cancer Services as required by the Welsh Government. The Medical Director highlighted that an update would be provided for the Board in May 2014, the joint working arrangements for end of life care on page 22 and the data on patient experience provided by Macmillan on page 20 which demonstrated a need for improvement. The work of the Cancer Performance Steering Group was also noted, however, the data used for the report provided by Welsh Government for comparison purposes was out of date and based on 2012 information. It was acknowledged that considerable funding had been provided by MacMillan and further discussions were ongoing.

The Chair welcomed comments from Members. The following points were made:

- The narrative to go with some of the performance data was not compatible and there was a need for more regular monitoring.
- The care planning theme was a recurring one. This report provided more evidence of the need to make improvements in this area which would bring longer term financial benefits.
- In future it would be good to see a comparison with UK survival rates along with the best rates in the world. As the format was set by Welsh Government, the Medical Director would feed this back.
- The Community Health Council offer to survey the cancer pathway was accepted.
- A further paragraph could be added to include a statement on early detection and prevention and the ongoing work with GPs.
- Further work required was recognised with regard to screening and work with Black Minority Ethnic (BME) communities.

The Board:

- NOTED progress against priorities in the Plan and asked for the comments raised to be included in future reports.

Action: Dr G Shortland

UHB 13/228 SERIOUS PATIENT SAFETY INCIDENT REPORT

The Board RECEIVED and CONSIDERED the second Serious Patient Safety Incident Report presented to the public meeting of the Board by the Director of Nursing. The summary report informed the Board of the number of new Serious Incidents and No Surprises/Sensitive Issues reported since the last Board meeting in September. The UHB was still the only Health Board in Wales that reported a summary in public and the UHB was also one of the highest reporters of incidents on the National Reporting and Learning System with 15,000 reports, (1% of 1.8m patient contacts) the majority being in the no harm/near miss categories. This demonstrated an open culture where staff felt able to report their concerns/incidents.
Since the last report, 18 Serious Incidents had been reported to the WG. Of the 14 reported at the last meeting, 4 had been closed, 4 were still under investigation and 7 were with the Coroner.

The Nurse Director also commented on the publication of the Ombudsman’s report into the case of Mrs D who had been advised that her unborn baby had died when this turned out not to be the case. As a result, a helpline had been set up over the weekend and took over 80 calls, 29 of them from women across the UK who were not UHB patients and 29 calls where further investigations were underway with the families.

The Nurse Director admitted that the UHB did not get Mrs D’s care right and that not only did her care fail, but also the response to her complaint and the complaint from the Ombudsman were not sufficiently accurate. It was already recognised that there may have been a shortfall in the arrangements for capturing Royal College requirements and translating these into UHB written control documents and practice. It was therefore important that the UHB reviewed its control and assurance mechanisms for the receipt of important documents, reviewed the Policy on the development of Policies and other written control documents and the way in which documents were implemented. The Acting Board Secretary had agreed to co-ordinate this review. An interim report in response to this case and the wider learning would be prepared for the December Quality, Safety and Experience Committee.

**Action: M Westlake**

The Chair welcomed comments from Members. The following points were raised.

- The Board confirmed the public aspect of the recent Ombudsman’s report was well handled by the Nurse Director.
- The definition of Coroner’s Rule 43 would be explained in future reports.
- Policies and Procedures and arrangements for responding to requirements placed on the UHB should be included on the risk register until assurance provided that arrangements were strengthened.
- It was important to get assurance that all parts of the organisation were taking complaints seriously. Complaints were considered as part of performance management and response times and the quality of responses had improved. What was missing was an overview of the management of informal complaints. This would be discussed further outside the meeting.
- The Nurse Director was developing a case for the introduction of a Patient Advice and Liaison Service (PALS) team.
- Assurance an incident like this one could not happen again was not guaranteed given the climate of asking for more to be done with fewer resources, particularly the reduction of staff in corporate functions. Therefore it was important to be honest about the effects the cuts required to meet financial targets, had on front line services.
- The communication theme was evident again. This recurred in Board and Committee reports and more time should be given for the better training of all staff in this area.
- The Health Minister had commissioned a stock-take review of complaints following the recommendations made in England and this would include listening, ownership and lessoned learned.
The Board:

- **NOTED** the Serious Patient Safety Report and the action taken to date in response to the Ombudsman’s report. In particular the following was emphasised: the arrangements for identifying themes from incident reports, the need to review the care of 26 patients who called the helpline, the arrangements for managing policies and procedures, the introduction of an Ultrasound Governance Group, and arrangements for responding to concerns and their inclusion in the Scheme of Delegation currently under development. It was also **NOTED** that a risk assessment regarding the management and development of policies and procedures would be completed. A decision would be made regarding the most appropriate group to monitor this going forward.

  **Action**: R Walker

**UHB 13/229 SOUTH WALES PROGRAMME DECISION MAKING FRAMEWORK**

The Board **RECEIVED** a short verbal update on the South Wales Programme from the Director of Planning in advance of the Board Development session to be held later in the day. It was noted that there had been 60,000 responses to the public consultation and these had been drawn together into one report. The next step was for the South Wales Programme Board to agree a recommendation for consideration and decision by all Health Boards.

It was also noted that additional work had been undertaken to revise the anticipated patient flows from the various options. There had also been a sensitivity analysis – the impact and implications if the flows were stated incorrectly. Current evidence suggested that stand alone midwifery units were acceptable but short stay paediatric assessment units could be unsafe. Further work on transportation issues had been undertaken by Swansea University but even more was required.

An EQIA had been undertaken collaboratively but a single EQIA for the UHB was required. There was a tight timeframe for financial assessments to be undertaken and the Community Health Council would meet on 29th November to consider the revised plan.

In summary, it seemed from the consultation that the general public thought the initial recommendation to be the best fit (except for those living in Rhondda Cynon Taf local authority area) and professionally, the sustainability of a 5 centre model was questioned. The Programme Board would meet next week and a further development session would be required prior to all Health Boards making their decision on 12th December.

  **Action**: A Harris/M Westlake
AGENDA ITEM 1.4.

UHB 13/230 GASTROENTEROLOGY SERVICE REVIEW REPORT AND REFERRAL TO TREATMENT TIMES

The Board RECEIVED the report of the Chief Operating Officer on the progress of the Gastroenterology Service Review which was being undertaken in response to concerns around capacity, demand and timeliness of care. Since April 2013 when the issue was first raised, further questions were raised at the September meeting of the Board regarding assurance relating to Referral to Treatment Times. Although significant improvement had been seen, there was an aspiration for endoscopy units to become JAG (Joint Advisory Group) Accredited. JAG accreditation required waiting times to come down to 8 weeks for both new and surveillance patients.

Not only had the various issues been debated and considered at the Board, but also the Quality, Safety and Experience Committee and Welsh Health Specialist Services Committee (WHSSC). The 52 week target had already been achieved and performance was on track to meet the 36 week target by the end of March 2014. In terms of management arrangements, the Medical Director confirmed that the gastroenterology service had been amalgamated into a virtual Directorate within the Clinical Board structure.

The Board:

- CONSIDERED and NOTED progress made and
- AGREED to receive a final report in May 2014 when it was expected that the issues identified would be resolved.

Action: A Casey

UHB 13/231 PERFORMANCE REPORT

The Board RECEIVED and CONSIDERED the Performance Report presented by the Director of Finance. The following was noted:

- The areas of positive performance - meeting or on track to meet targets.
- The areas of performance which were below target and the actions being taken to drive improvement.
- The focus section this month studied primary care and the out of hours service in response to CHC concerns. The CHC was now more assured that performance was being monitored.
- Appendix 1 covered performance against Tier 1 priorities.
- A&E performance would be crucial over the winter particularly as ambulance handover times were being scrutinized by Welsh Government and the number of emergency admissions would have a knock on effect on RTT times, which were already at risk in some specialties.

The Chair welcomed comments from Members. The following points were raised.

- A detailed Winter Plan had already been produced with senior management on duty up to 10pm, at weekends and on call. An independent review was being undertaken on ambulance handover but there was concern that on occasion there was no capacity to admit patients from the waiting ambulance,
though the Ambulance Service had recently met its response times for the first time.

- The Cancer targets had been met at the end of October and this had been achieved at a time of reducing people and costs.
- The issue of clinical productivity was raised and whilst it was acknowledged that a project was underway, there was still a long way to go. Checks would be made that efficiencies had been implemented and improvements made and alternative ways of working would be considered.
- Projections had been made on RTT in June and when reviewed it was noted orthopaedics had underperformed against the LTA. The position could be retrieved if operations were not cancelled over the winter.
- Concern was expressed that the Out of Hours Service was performing poorly and it was noted that the challenge was when several calls came together. The UHB also had the lowest spend on Out of Hours provision. It was further noted that some patients would access A&E services if they were left waiting for a doctor’s telephone call. The position had deteriorated since the service had been brought back in house and required more robust monitoring.
- With regard to early supported discharge, some staff appointments had been made and this service would be fully available in the next couple of months.
- The number of “red” GP practices was raised (19 with regard to access) and the Director of Finance offered to provide details outside the meeting and include themes into the integrated business planning process.

**UHB 13/232 FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2013**

The Board RECEIVED the report of the Director of Finance outlining the financial performance of the UHB for the period ended 30 September 2013.

The Director of Finance advised that at the end of Month 6, the financial position showed a deficit of £23.307m (corrected from written report stating £13.307m) which was £7.057m higher than the £16.250m planned deficit that was profiled into the year to date financial position.

The main drivers for the financial position were overspending on drugs, increased growth of continuing healthcare packages and pay as the UHB was still 87 whole time equivalent (WTE) above plan while critical care and mental health still needed to use nursing agency support. However, the monthly overspend was at least stable.

It was noted that additional income had been received from Welsh Government - £2.3m to support voluntary early release which was funding the RTT plan and £1.4m to support the Francis recommendations which was supporting the Winter Plan and would then meet the Chief Nursing Officer’s standards from 1st April 2014.

The UHB was in the process of escalating further action on savings and spending and the position was not irretrievable as long as action was taken in the next few weeks.

The Chair welcomed comments from Members. The following points were raised.
• The Chief Executive reported from the Public Accounts Committee that he had just left. The view had been expressed that it was unwise to assume the NHS could make the required savings without an adverse impact.
• The planned disposal of Radyr Health Centre had not been raised previously with the CHC.
• Regarding the planned reduction of 87WTE admin and clerical staff, this had been delayed because plans to support the services had changed. However, the Section 188 consultation would take place between November and January.
• There was a planned saving on procurement of £4m for next year but discussions with individual consultants regarding personal preferences was still required.
• All Clinical Boards had to reduce their head count although 3 were under spent on their pay budget. In addition, 160 applications for Voluntary Early Release had been received which would impact positively on the need for redundancies.
• The recurring funding position was improving but the UHB would breach its statutory duty at year end if improvements were not made.

The Board:

• **NOTED** the adverse variance against plan of £7.057m for the period ended 30 September 2013.
• **NOTED** the significant financial risks identified in the delivery of the plan.
• **NOTED** the mitigating actions being taken.
• **NOTED** that additional recovery measures were required and were being pursued.
• **CONFIRMED** the Board decision to utilise the Francis allocation to mitigate against the financial risks of supporting the Winter Plan.
• **APPROVED** (subject to discussion with the CHC) that Radyr Health Centre and the Whitchurch Hospital Chapel be declared as surplus estate and their disposal progressed.

**Action:** A Harris

**UHB 13/233 PATIENT EXPERIENCE REPORT**

The Board **RECEIVED** the report of the Nurse Director and the UHB’s progress towards implementation of the National Service User Experience Framework including the roll out of core questions, the work with Welsh Government on the categorisation of complaints, the areas of focus and the timeframe.

The Chair welcomed comments and advice from Members regarding the future presentation of the results of the surveys. The following points were raised:

• The frequency of sampling for Child Health and Mental Health had not been provided.
• The size of sample used for the graphs was not provided.
• The Board was happy with the layout of the information but this was insufficient on its own. Next time commentary on what difference the feedback had made / changes to practice was required.
Action: R Walker

The Board:

- **NOTED** the current status of the UHB response to the requirements to implement the National Service User Experience Framework.

**UHB 13/234 UPDATE ON OPERATIONAL PLAN 2013/14**

The Director of Planning presented the high level report which cut across both the Performance and Patient Experience reports. An update was provided against the plans for major service changes and good progress was being made against the integrated business plans in most areas.

The Chair welcomed comments from Members and the following points were raised:

- There was a need to produce a single page summary for wide circulation to staff.
- There was a need to make clear the criteria being used on page 1.
- There was a need to include information on finance and patient experience to round off the report.
- The Chief Operating Officer would meet separately with the CHC to discuss the Winter Plans. Information regarding maintenance at Rookwood Hospital had been received and discussed at the Quality, Safety and Experience Committee in October when it was agreed that the additional spend was highly appropriate given the current environment.
  
  **Action: A Casey**

- Caution was urged regarding the negotiation with tenants for the plaza at University Hospital Llandough to ensure best value for money.
- Concern was expressed regarding the impact of the South Wales Plan on neonatal care.

The Board:

- **NOTED** the progress with delivery of the 2013/14 Operational Plan.

**UHB 13/235 CHAIRS’ REPORTS FROM COMMITTEES**

The Board **RECEIVED** and **NOTED** the reports from the Committees detailed below. The relevant Committee Chair highlighted the following:

- **Organising for Excellence (O4E) Programme Board – 26th September 2013**
  
  There was a need to make decisions as the streams were not properly resourced. Further information would be provided at the next Board.

- **People, Performance and Delivery Committee**
  
  The UHB sickness rates were the worst in Wales and significantly worse than England. Concern had also been expressed regarding the pressure on Therapies
which, together with high vacancies, had the potential to impact in the quality of care and length of stay.

In addition, innovation and how this could be facilitated was discussed and whether this would warrant a development session.

- **Quality, Safety and Experience Committee**
  It was agreed that a proposed way forward would be brought back to the Board in January. General communication issues were discussed again and the Committee was pleased with the management of risks during the remodelling of the Emergency Unit. The Committee also addressed the concerns raised regarding the Out of Hours Service.

- **Local Partnership Forum**
  O4E was discussed including the language and terminology used within the project. In addition, workforce information and statistics had been discussed.

- **Remuneration and Terms of Service Committee**

**UHB 13/236 REVIEW OF THE MEETING**

There were no comments regarding the content and structure of the meeting.

**UHB 13/237 DATE OF NEXT MEETING**

An additional Board meeting was provisionally arranged for Thursday 12th December 2013

The next scheduled Board meeting would take place at 9am on Tuesday 21st January. Venues for both meetings were to be confirmed.

To consider a resolution that representatives of the press and other members of the public be excluded from the reminder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to public interest. [Section 1 (2) public bodies (admission to meetings) act 1960]

Signed: .......................... Date: ..........................