

Betsi Cadwaladr University Health Board (BCUHB)

Minutes of the meeting held on 27 October 2011
in the Board Room at Ysbyty Gwynedd

Present:

Prof M Jones	Chairman
Mr N Bradshaw	Executive Director of Planning
Mrs M Burrows	Chief Executive
Mr M Common	Director of Improvement and Business Support
Rev HM Davies	Independent Member
Ms J Dean	Independent Member
Dr A Fowell	Chair, Healthcare Professionals Forum
Mrs J Galvani	Executive Director of Nursing, Midwifery and Patient Services
Dr KD Griffiths	Executive Director of Therapies and Health Science [KDG]
Mr A Jones	Executive Director of Public Health [AJ]
Mr JM Jones	Executive Director of Workforce & Organisational Development [JMJ]
Mr G Lang	Executive Director of Primary Care, Community & Mental Health Services [GL]
Mrs G Lewis-Parry	Director of Governance and Communications
Mr K McDonogh	Independent Member
Dr L Miles	Vice-Chair
Mr H Owen-Jones	Independent Member
Mr D Scott	Chair, Stakeholder Reference Group
Mrs H Simpson	Executive Director of Finance [HS]

In Attendance:

Miss L James	Head of Corporate Affairs [LJ]
Mrs J Hughes	Staffside representative
Dr M Duerden	Assistant Medical Director
Dr R Pugh	Consultant Anaesthetist (part meeting)
Prof D Shepherd	Bangor University representative
Mrs C Jones	Betsi Cadwaladr Community Health Council representative
Observers / Members of the Public / Translators	

Agenda Item

Action

11/072 Patient Safety Issues: Clinical Executive's Report

11/72.1 Patient Safety Issue – NHS Early Warning Score (NEWS) and Recognising Deteriorating Patients

Mrs J Galvani presented this agenda item. She described the steps being taken to implement the standardised NHS Early Warning Score (NEWS) system for recognising deteriorating patients. The paper was **noted**.

<p>11/72.2 Issues of Significance and minutes of the Quality & Safety Committee 8.9.11</p> <p>Mrs G Lewis-Parry drew attention to issues of significance in the minutes, including the Protocol for Standards for Health, Integrated Governance report, Policy for the Control of Legionella Bacteria, as well as presentations given by the Surgical & Dental CPG and Home Enhanced Care Scheme (HECS) Planning Lead. Mrs Lewis-Parry also explained the debate that had taken place regarding the standardisation of Patient Group Directions. The minutes and issues highlighted were noted.</p>	
<p>11/073 Apologies</p> <p>Apologies were received from Mr M Scriven, Dr C Tillson, Dr B Owen, Mrs H Stevens and Mr A Rowlands. It was also noted that Prof J Hughes, Bangor University and Mr D Cooper, Community Health Council (CHC) had hoped to attend, but had been unable to do so.</p>	
<p>11/074 Draft Minutes of the Board meeting held on 22.9.11</p> <p>The minutes were approved as a correct record, subject to correction of minute 11/065.1 to read '<i>County</i> Voluntary Council', and clarification of the meaning of minute 11/069.2.4.2 in the Welsh version, to convey that 'in committee' meetings are those not held in public.</p>	LJ
<p>11/075 Matters arising and summary action plan</p> <p>11/075.1 Mrs G Lewis-Parry reported on progress made in respect of establishing a Sharepoint document sharing site for Board members.</p> <p>11/075.2 Mrs J Galvani assured the Board that clostridium difficile infection rates had come back into line following the report presented at the last meeting.</p> <p>11/075.3 The Chief Executive reported on developments relating to the National Clinical Forum. She added that she would be liaising with Mr D Sissling, Chief Executive of NHS Wales, on this matter.</p> <p>11/075.4 It was noted that Independent Members of the Board had received a paper on North Wales Medical School developments, as promised at the last meeting.</p>	
<p>11/076 Chairman's Report</p> <p>11/076.1 The Chairman reported on a number of activities he had undertaken since the last meeting. These included the joint public meeting with the CHC, a meeting with the Minister for Health & Social Care, interviewing potential new Board Members, hospital visits, attendance at a voluntary sector health promotion open day in Dolgellau, attendance at a junior doctors' study day and an inspiring visit to Manod School in Blaenau Ffestiniog to celebrate their success in the healthy school initiative.</p> <p>11/076.2 The Chairman drew attention to the Minister's views on financial constraints</p>	

<p>and the need for change. He pointed out that the November Board meeting would provide an opportunity to have a conversation regarding the nature of future changes in light of the service reviews. He added that input from politicians and engagement from other stakeholders would be sought, to help inform the far-reaching and substantial changes necessary.</p> <p>11/076.3 Rev HM Davies commented that he was pleased to hear about the success of the health initiative at the school in Blaenau Ffestiniog, and he suggested that this should be publicised, to encourage the rest of the education sector to follow suit. The Chairman agreed and commended the role of the head teacher concerned in encouraging the children. The importance of starting early with promoting health to young children was acknowledged.</p>	
<p>11/077 Chief Executive's Report</p> <p>11/077.1 The Chief Executive reported on a recent meeting with LHB Chairs and Vice-Chairs in Cardiff. She also drew attention to a recent junior doctors' study day, during which she had been struck by the dedication of the individuals concerned, and the need to nurture their talent and commitment. She also reported on impressive submissions received for the Staff Achievement Awards, performance reviews underway as a result of stricter monitoring imposed due to the financial position, and a visit to learn about the excellent work of the Colwyn Bay Physiotherapy team.</p> <p>11/077.2 The Chief Executive was also pleased to report other good news stories in relation to the work of upper gastrointestinal clinicians in reducing thirty day inpatient mortality to zero after certain procedures, and also in relation to Prof M Makin's Cancer team being the first in Wales to use image modulated rapid arc radiotherapy to target tumours.</p> <p>11/077.3 The Chief Executive reported on a range of other matters. These included positive feedback received from gynaecological patients following centralisation of services, examples of issues supporting the case for change to be presented to the Board's November meeting, her membership of the public services Leadership Board, the Auditor General's Report with its frank assessment of public service finances, the ongoing success of the staff influenza vaccination programme, and the deployment of BCUHB clinicians to Territorial Army posts in Camp Bastion, Afghanistan. The Board agreed that the clinicians should be invited to report back on their experiences upon their return, and support was expressed for the individuals concerned and their families.</p> <p>11/077.4 The Chairman commented that hospitals in England appeared to be taking a different approach to those in Wales, in that they were proactively seeking patients to treat. He stated that BCUHB also needed to become more competitive. The Chief Executive agreed that there would be benefits associated with this, including greater opportunities for maintaining viable patient numbers for certain less common procedures.</p>	
<p>11/078 Strategy</p> <p>11/078.1 Smoke Free Policy and Launch</p>	

<p>11/078.1.1 Mr JM Jones presented this agenda item, explaining that it was a Public Health as well as a Workforce Policy. He outlined the aims, objectives and exceptions. It was agreed that the document would be amended to also list Learning Disability Services (LDS) clients as exempt. An implementation plan will be drawn up to underpin the Policy. Mr Jones explained that preventing smoking in emergency situations was more challenging, as there was no opportunity to prepare the service users concerned. For this reason, he explained that it had been decided to provide smoking shelters in order to end the unacceptable practice of patients and others smoking at hospital entrances. Mr A Jones added that a Communications Strategy would be drawn up to support the Policy and its sustained implementation, part of which would involve a high-profile count down to its launch.</p> <p>11/078.1.2 The Chief Executive commented that the use of software to simulate ageing was being piloted within the organisation, as a means of conveying a powerful message to younger age groups about the detrimental effects of smoking. In response to Rev HM Davies, Mr A Jones explained that a range of actions would be co-ordinated to tackle smoking prevention. Mr JM Jones added that staff training interventions would also be employed. He stated that, in some ways, the Policy went beyond current legislative requirements as it applied beyond enclosed spaces. This had been done in order to make BCUHB an exemplar. The Chief Executive offered to share with the Board evidence of smoking prevention work carried out with pre-operative patients. Ms J Dean expressed support for the Policy, and was pleased to note that the challenges for staff had been recognised. In particular, she highlighted the difficulties for staff in approaching smokers on hospital grounds where there was the potential for a hostile response. Also, she stated that community staff visiting patients in their own homes could be exposed to smoke. It was agreed that information should be supplied to patients so that they expect to be asked to leave hospital premises should they choose to smoke. A member of the public observing at the meeting welcomed the supportive, as opposed to threatening, tone of the Policy. Subject to the addition of the LDS exemption, the Policy was approved.</p> <p>11/078.2 Strategic Equality Plan – draft objectives</p> <p>Mr JM Jones presented this agenda item. He reminded Board colleagues that they had previously approved the Equality & Human Rights Scheme, and he explained the associated legislation. He described the engagement events that had taken place to generate outcomes and objectives, noting that a Single Equality Scheme would be required by 2.4.12. The Board would have sight of the draft in advance. Mrs J Galvani advised that the work done on organisational values, Older People’s Commissioner reports and domestic violence should be incorporated into the objectives. Mr G Lang asked that homeless people be added to the list of outcome focused objectives, for equality of access purposes. Subject to this inclusion, the draft outcomes and objectives were approved for publication as part of a formal consultation period.</p>	<p>JMJ</p> <p>AJ</p> <p>JMJ</p>
<p>11/079 Performance</p> <p>11/079.1 Finance Report and issues of significance from the Finance & Performance (F&P) Committee meeting 20.9.11</p>	

11/079.1.1 Mrs H Simpson highlighted the main points in the report, noting that the Finance & Performance (F&P) Committee had already scrutinised the detail. She drew attention to the £15.4 million deficit position, and stated that this was cause for great concern, and that concerted efforts were ongoing in order to address the matter urgently. The forecast position for year-end remained at breakeven in accordance with Welsh Government (WG) requirements. Mrs Simpson outlined some of the steps taken to make savings, such as suspending the Voluntary Early Release Scheme (VERS), as well as increased scrutiny and challenge of Clinical Programme Group (CPG) financial plans as part of performance reviews. She added that income was likely to decrease at the end of this financial year and into the next.

11/079.1.2 Dr L Miles acknowledged the difficult financial climate, but questioned the feasibility of achieving financial balance at year end. Mrs Simpson responded that this should be achievable, provided that expenditure did not increase. She pointed out that a correction to page 4 of the report was required, to replace a typographical error of a decimal point with a comma. The Chief Executive commented that medical vacancies necessitating the employment of locums were having a significant impact on the financial position. Dr M Duerden concurred that significant recruitment pressures existed, particularly in Paediatrics, Care of the Elderly and Psychiatry, and that this was a national problem. He added that the employment of locums was sometimes the only means of sustaining safe services. In response to Dr L Miles, Mrs Simpson confirmed that locum costs were in excess of the cost of employed staff, and as well as VAT and additional premium charges, there were also quality of care issues to bear in mind. The Chief Executive agreed that the cost of locums was prohibitive. Mr JM Jones added that 40% of medical vacancies were at the Staff Grade and Associate Specialist (SAS) level, and he queried the degree to which BCUHB should move to Consultant led services.

11/079.1.3 Mr K McDonogh highlighted issues of significance from the September F&P Committee minutes. In respect of minute FP11/111 regarding charitable partners in hospitals, he reported that there had subsequently been further discussion on this matter at the October F&P Committee meeting. As a result, it had been decided to withdraw this section of the minutes, and the issue would be revisited. In respect of CPG savings plans, Mr McDonogh stated that further schemes had been requested by the Committee, as current profiles fell short of savings targets. He added that achieving financial balance in March 2012 would rely upon drawing down reserves originally earmarked for other priorities. He emphasised that this situation could not be permitted to continue, and that a more structured approach would need to be taken in the next financial year. The Board **noted** the papers presented.

11/079.2 Performance Report and issues of significance from the F&P Committee meeting 20.9.11

11/079.2.1 Mr M Common presented this agenda item, describing the key performance indicators set out in the report. He highlighted the fact that BCUHB had been escalated to Level 1 of the WG National Performance Framework for unscheduled care performance, and to Level 2 for continued failure to achieve the referral to treatment time (RTT) 26 week target. He explained that the consequence

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of this escalation was heightened monitoring by the WG in order to draw performance back into line. The Chairman, whilst acknowledging that the escalation referred to was at a lower level than the maximum Level 4, stated that the situation still represented a serious failing that needed to be confronted.

11/079.2.2 Mr Common stated that one of the greatest areas of concern was breaches of the Emergency Department (ED) 8 hour waiting time target at Ysbyty Glan Clwyd. The high number of patients conveyed to the hospital by ambulance, resulting in bottlenecks, was being investigated in conjunction with the Welsh Ambulance Services NHS Trust (WAST). Mr Common also described examples of good practice such as ambulatory care at Ysbyty Glan Clwyd, winter pressures planning and performance against mental health targets. He described work ongoing in respect of cancer targets and orthopaedics. In response to Mr D Scott, he stated that performance problems were not always related to resources; in EDs there were difficulties connected to patient flow from GPs, and with RTT there was scope to reduce waste and improve productivity. Mrs J Galvani commented that she was pleased to note examples of good practice at Ysbyty Glan Clwyd, and she stressed the need to examine the reasons why so many ambulance cases were being taken to the ED there. She suggested that Minor Injury Units could be used to help reduce the volume of patients taken to Ysbyty Glan Clwyd. Dr L Miles stated that primary care also had a role in assisting with this. He added that he was concerned to note that unscheduled admissions were increasing whilst the number of new patients in clinics was falling. He queried the small number of patients experiencing waiting times in excess of 40 weeks, and also whether or not optimum use was being made of optometrists out in the community. On the latter point, Mr Common responded that the current patient pathway gold standard guidance constrained the use of optometrists.

11/079.2.3 Mr H Owen-Jones pointed out a typographical error on page 22 of the report, in that the icon used in respect of upper genital tract procedures should have denoted good performance. Mr Owen-Jones went on to express a general concern that, despite much hard work, the actions being taken to improve performance were not producing the required results. Mr Common responded that progress was being made in some areas against a difficult financial backdrop, and that figures would be worse had the management actions not been taken. Whilst recognising that there was no room for complacency, he stated that BCUHB was one of the leading Health Boards in Wales on productivity and efficiency. The Chief Executive stated that even greater rigour would be required, and incentives introduced into the planning process. Existing cultures would be challenged. Mr JM Jones stated that a belief existed that BCUHB had more beds than required, and that performance in primary care and community settings was not being scrutinised with the same rigour as the acute hospital element of the system. He noted that significant investment was being made in medical hospital beds, when in fact the national strategy was to move to more community based care closer to the patient's home. Dr M Duerden suggested that there was a need to think differently and develop localities in order to address this. Dr L Miles pointed out that secondary care, and not GPs, had control over unscheduled hospital admissions. Mr G Lang clarified that the net increase in beds between Ysbyty Gwynedd and Ysbyty Glan Clwyd was 25, as this was the number of additional beds to be opened at the latter. At Ysbyty Gwynedd, 30 existing beds were involved in a rebalancing exercise to improve patient flow. Mrs H Simpson

commented that, as an integrated Health Board, appropriate use should be made of intermediate care. She stated that even bed realignment had a cost attached, and she queried whether or not some hospital wards should close in order to provide resources to invest in the community. Following further discussion, the Chief Executive summed up, noting that the discussion had been a useful precursor to the service review issues to be considered at the November Board meeting. Mr K McDonogh concluded by reminding Board colleagues not to forget achievements such as treatment developments in rapid recovery and the excellent performance in crisis resolution and home treatment services. Mr G Lang credited Dr G Harborne, Chief of Staff, and his team in the Mental Health & Learning Disability CPG for this success. The Board **noted** the Performance Report.

11/079.3 Workforce & Organisational Development Report

11/079.3.1 Mr JM Jones presented this report, which he explained had already been subject to scrutiny by the Workforce & Organisational Development (WOD) Committee. He highlighted the key issues, beginning with the employee profile included in section 2 of the report. He advised that the in-year reduction in staff numbers by 388 full time equivalents was insufficient to have the required positive impact on the financial position. He stated that agency spend was mainly in the Surgical & Dental CPG, and he also highlighted overtime expenditure and steps to reduce sickness absence. He advised that the BCUHB workforce was quite stable, with low staff turnover. He also updated on a recent conference and follow-up development sessions to support managers with workforce transformation.

11/079.3.2 Dr L Miles asked if additional controls on new starters were required. Mr Jones responded that BCUHB appeared to be on the cusp of an increase in recruitment, and he pointed out that this carried resource implications and was contrary to the need to re-size the workforce to aid the financial situation. In response to Mr G Lang, he confirmed that overtime expenditure statistics referred only to hours worked over and above full time, and not to additional hours worked by part time staff. Mrs J Galvani stated that nursing and midwifery turnover data was crucial in education commissioning. She added that she would report to the F&P and WOD Committees on her work in respect of this commissioning, and would find it useful to receive more nursing turnover data. The Chairman thanked Mr Jones for his report, which was **noted**.

11/080 Conformance

11/080.1 Draft minutes of the Annual General Meeting held on 22.9.11

The minutes were **approved**, noting that the date on page 1 should read 22.1.11.

LJ

11/080.2 Revalidation of Doctors

11/080.2.1 Dr M Duerden presented this agenda item. He described the revalidation process, forthcoming changes and their significant implications. In response to Mr K McDonogh, he stated that the ratio of trained appraisers required was 1 per 8 doctors in general practice, though he suggested this could prove very labour intensive in secondary care. Mrs J Galvani suggested that the proposed Revalidation and

Appraisal Committee referred to in the paper should be accountable to the WOD Committee.

11/080.2.2 Discussion ensued regarding outcomes, triangulation of evidence, job planning and incorporating concerns and complaints into the process. The Chief Executive stated that the Ysbyty Gwynedd appraisal system would be used in the absence of a national system. She also highlighted the need for clinicians to have sufficient numbers of patients in order to keep up their skills and ensure patient safety with clinical procedures. She stated that this was a factor that would link to service review discussions at the November Health Board meeting. Mr K McDonogh noted that outstanding 'red' and 'amber' status actions in the baseline assessment were dependent upon developments at national level. He asked that the Board be provided with regular performance updates on appraisal numbers. It was **agreed** that quarterly reports would be submitted. The papers presented were **noted**.

MS/
MD

11/080.3 First Annual report of the Betsi Cadwaladr University Health Board Organ & Tissue Donation Committee

Mr H Owen-Jones introduced this agenda item, explaining the history and background to the Organ Donation Committee's work. He explained that each benevolent act of donation could save up to 11 lives. Dr R Pugh presented the key points from the annual report, and the success in increasing donations. In response to Dr L Miles, he explained that the proposed 'opt out' system would encourage more families to have the discussion about organ donation wishes. Following discussion, the organ donation work was commended and the report **noted**. Dr Pugh was thanked and he left the meeting.

11/080.4 Welsh Health Specialised Services:-

11/080.4.1 Annual Report 2010/11

The report was **noted**.

11/080.4.2 Joint Committee Recommendations

The recommendations were **noted**.

11/080.4.3 Draft Joint Minutes 27.9.11

The minutes were **noted**.

11/080.4.4 Draft Joint In-Committee Minutes 27.9.11

The in-committee minutes previously circulated to Board members were **noted**.

11/080.5 Issues of Significance and draft minutes of Committee meetings and Advisory Groups:-

11/080.5.1 Audit Committee 1.9.11

The minutes were **noted**.

11/080.5.2 Workforce & Organisational Development Committee 2.9.11

<p>The minutes were noted.</p> <p>11/080.5.3 Charitable Funds Committee 5.9.11 Mr H Owen-Jones explained that income from fundraising had reduced, with inevitable implications for the number of charitable bids that could be supported. A Fundraising Task Group had been established to promote fundraising with the public, with a view to launching a major appeal on 25.1.12. The full Board, as Trustee, would be asked to ratify the cause chosen for the appeal. The minutes were noted.</p> <p>11/080.5.4 Healthcare Professionals Forum 9.9.11 The minutes were noted.</p> <p>11/080.5.5 Stakeholder Reference Group 19.9.11 The minutes were noted.</p> <p>11/080.6 The future structure of higher education in Wales Dr KD Griffiths presented this agenda item. He explained that BCUHB had responded to the recent consultation and had indicated its commitment to working with higher education colleagues. This included supporting a strategic partnership between Bangor and Aberystwyth Universities as well as the development of strong structural links with Glyndwr University. BCUHB had also commented that there was an urgent need for transparency in respect of funding for medical education, and a balanced funding situation across Wales. Prof D Shepherd confirmed that the views put forward were in line with those of Bangor University. The Chief Executive commented on the commissioning of training places, and stated that funding for North Wales was currently disproportionate when compared to higher funding in South Wales. Mrs J Galvani asked for further written details of Dr Griffiths' verbal update in due course, in order to update Local Service Board colleagues.</p> <p>11/080.7 Update of Register (All Wales)</p> <p>11/080.7.1 Section 12(2) Approved Doctors The update was ratified.</p> <p>11/080.7.2 Approved Clinicians The update was ratified, subject to Mr G Lang seeking clarification on missing data in respect of two fields on the approved clinicians' list .</p>	<p>KDG</p> <p>GL</p>
<p>11/081 Any other business</p> <p>None was received.</p>	
<p>11/082 Date of next meeting</p> <p>10.00am – 1.00pm, Thursday 24 November 2011, Boardroom, Optic Centre, St Asaph Business Park.</p>	

Summary Action Plan		
Name	Action	Deadline
Andrew Jones	11/078.1.2 Provide Board members with information on smoking prevention work carried out with pre-operative patients	14.11.11
Geoff Lang	11/080.7.2 Seek clarification on missing data for approved clinicians' list	14.11.11
Keith Griffiths	11/080.6 Provide written details of HE consultation response for sharing with Local Service Boards	14.11.11
Liz James	11/074 Amend previous Board minutes	1.11.11
	11/080.1 Amend AGM minutes	1.11.11
Martin Jones	11/078.1.1 Arrange Smoke Free policy amendment to include LDS clients as exempt	11.11.11
	11/078.2 Arrange inclusion of homeless people within equality plan objectives	11.11.11
Helen Simpson	11/079.1.2 Arrange to amend typographical error in Finance report	1.11.11
Mark Scriven / Martin Duerden	11/080.2.2 Arrange for quarterly performance appraisal update reports to be submitted to future Board meetings	13.2.12

Signed: Chairman

Date:

LJ/Minutes Board 27.10.11 v1.0 APPROVED

*Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*