

**MINUTES OF THE CWM TAF UNIVERSITY HEALTH BOARD MEETING  
HELD ON THURSDAY 28 MARCH 2019, IN YNYSMEURIG HOUSE,  
NAVIGATION PARK, ABERCYNON**

**PRESENT:**

Professor M Longley	– Chair
Mrs A Williams	– Chief Executive
Mrs M Thomas	– Vice Chair
Mr K Montague	– Independent Member
Mr J Hehir	– Independent Member
Mr P Griffiths	– Independent Member
Mrs J Sadgrove	– Independent Member
Mrs D Jouvenat	– Independent Member
Mrs N Milligan	– Independent Member
Mr J Palmer	– Chief Operating Officer
Ms R Treharne	– Deputy Chief Executive/Director of Planning & Performance
Professor A Hopkins	– Interim Director of Nursing, Midwifery and Patient Experience
Professor K Nnoaham	– Director of Public Health
Mrs J Davies	– Director of Workforce & Organisational Development
Mr S Webster	– Director of Finance
Mr K Asaad	– Medical Director
Mr A Lawrie	– Director of Primary, Community & Mental Health Services
Mr S Harrhy	– Board Director

**IN ATTENDANCE:**

Miss G Roberts	– Interim Board Secretary
Mrs R Myles	– Chair, Cwm Taf Community Health Council (CHC)
Mrs F Waters	– Head of Communications & Media Management
Miss E Walters	– Corporate Governance / Committee Secretariat

HB/19/030

**WELCOME AND INTRODUCTIONS**

The Chair **welcomed** everyone to the meeting. The Chair particularly welcomed Mrs R Myles who was attending her last meeting of the Board as Chair of the Cwm Taf CHC. The Chair advised that the Health Board would miss Mrs Myles and thanked her for her work on the CHC and the constructive relationships she had developed with the Health Board, during her tenure.

**HB/19/031 APOLOGIES FOR ABSENCE**

Apologies for absence were **received** from Mr M Jehu, Cllr R Smith, Mr G Isingrini, Cllr P White, Mr R Williams and Mr D Kitto.

**HB/19/032 DECLARATIONS OF INTEREST**

There were none.

**HB/19/033 UNCONFIRMED MINUTES OF THE HEALTH BOARD MEETING HELD ON 30 JANUARY 2019**

Members **APPROVED** the minutes of the Health Board meeting held on 30 January 2019, as a true and accurate record, subject to the following amendments:

- HB/19/019 – Page 15 – Update on Maternity Services – second sentence of the first bullet point to read 'chaired by Denise Llewellyn' and not the Vice Chair of the Health Board.
- HB/19/019 – Page 16 – Update on Maternity Services – fourth sentence of the first paragraph to read 'with practice across NHS Wales'.

**HB/19/034 ACTION LOG**

Members **RECEIVED** and **NOTED** the Action Log.

**Page 2, Concerns (Complaints, Claims & Patient Safety Incidents)**

Mrs A Williams advised that this was likely to remain on the action log until the refurbishment work had been completed and questioned whether the item should remain on the action log or tracked in an alternative way. Members **NOTED** that the action would remain on the action log and that a discussion would be held between Mrs A Williams and Miss G Roberts outside of the meeting in relation to tracking moving forward.

**Page 3, Continuing Healthcare Report**

Professor A Hopkins confirmed that the report had been updated and would be re-circulated to Board members.

**Page 3, Board Development Session**

Mrs A Williams advised that a provisional date had been arranged for the 11 April 2019 to discuss the Bridgend Boundary Change and questioned whether consideration needed to be given to deferring the discussion for 6-8 weeks in order to allow transition to bed in. Members **AGREED** to defer the discussion to the end of May, early June and extend the invite to Bridgend colleagues to discuss the process of the change.

HB/19/035

### **MATTERS ARISING**

There were no matters arising.

HB/19/036

### **CHAIRS REPORT AND AFFIXING OF THE COMMON SEAL**

Professor M Longley presented the report, which provided the Board with an update on relevant matters and related areas of work progressed.

Members **NOTED** that interviews had been held in relation to the vacant Independent Member position (Information, Communication & Technology) and that the Health Board was awaiting confirmation from Welsh Government regarding the appointment.

Professor Longley advised that he had recently attended the long service awards celebration, in which 67 staff attended who had achieved a minimum of 40 years of service.

Professor Longley advised that he attended a thank you event for volunteers and added that there were up to 200 people who volunteer within the Health Board on a regular basis across a wide range of services.

Members **NOTED** that Professor Longley recently attended the opening of the Macmillan Information Service at Prince Charles Hospital.

Members **NOTED** that the Health Board had recently established a staff recognition scheme in which staff could nominate their colleagues for recognition. Members **NOTED** that 60 colleagues had been nominated, who had each received a certificate and card which included the words written by the nominee about them. Professor Longley advised that this had been established to complement the annual staff recognition awards.

Members **NOTED** that the Disability Standard had recently been changed to the Disability Confidence Scheme. Mrs J Davies advised that the Health Board had to assess itself against 3 levels. Members **NOTED** that the Royal National Institute for the Blind (RNIB) had undertaken an external assessment and that the Health Board had received confirmation that it would be the first Health Board in Wales to reach level 3. Professor Longley extended his congratulations to all staff involved in achieving this.

The Board **RESOLVED** to:

- **NOTE** the report;
- **ENDORSE** the Chairs Action for the List of Properties to transfer – Bridgend Transition Programme; and

- **ENDORSE** the Affixing of the Common Seal to:
  - **Reference 232:** Agreement between Cwm Taf University Health Board and the Contractor Horan Construction Limited of Seawall Road, Cardiff CF24 5TH to carry out Remedial Works to Roads and Car Parks (phase 4a) at Ysbyty Cwm Rhondda, Partridge Road, Llwynypia, Tonyypandy CF40 2LX.
  - **Reference 233:** Agreement between Cwm Taf University Health Board and DRAC Consulting Limited. Form of agreement by deed relating to Phase 1b Ground and First Floor Refurbishment Prince Charles Hospital Merthyr Tydfil for Appointment of NEC Supervisor.

HB/19/037

### CHIEF EXECUTIVES REPORT

The Chief Executive's report was **received**.

Mrs A Williams presented the report and provided an update on the following key areas.

#### **Bridgend Boundary Change**

Mrs A Williams extended her thanks to all staff involved in the transition and for ensuring that the boundary change had been successful. Mrs Williams added that all staff involved had worked over and above what had been reasonably expected, particularly Mrs A Phillips who had steered the work forward. Members **NOTED** that there would be a significant amount of work to undertake post 1 April 2019.

#### **Major Trauma**

Mrs A Williams advised that progress had been made and that the Health Board had received correspondence from the Community Health Council (CHC) which provided an update on their position. Members **NOTED** that a meeting would be held between the CHC and the NHS Collaborative, to discuss the challenges raised by residents during the consultation undertaken. Mrs R Myles advised that the CHC had received some reassurance following receipt of the report that had been developed by the Collaborative addressing the concerns raised. Mrs A Williams advised that the Health Board would respond formally to the CHC.

Members **NOTED** that a discussion had been held at the Welsh Health Specialised Services Committee (WHSSC) in relation to the pace of the programme and that a discussion had been held at the Emergency Ambulance Services Committee (EASC) in relation to the importance of the relationship with the Emergency Medical Retrieval Service (EMRTS).

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Mr S Harray advised that approval had been given by EASC to expand EMRTS to a 24/7 service and added that there would be 3 phases to this development. Mr S Harray advised that he had provided an update to the Board of CHC's and would also be happy to provide a briefing note if members considered this useful.

### **Maternity Services**

Mrs A Williams advised that the moves had taken place during the weekend of 9 March and that a free standing midwifery unit had been established at Royal Glamorgan Hospital. Members **NOTED** that a number of babies had been born on the unit and that feedback received on the care provided had been positive. Mrs A Williams extended her thanks to staff for ensuring the moves were successful.

Members **NOTED** that the Health Board were awaiting the outcome report from the review undertaken by the Royal College of Obstetricians & Gynaecologists (RCOG), which should be released within the next 4 weeks. Mrs A Williams advised that the report would be shared with Board Members and published by the Minister, once it had been made available. Members **NOTED** that support arrangements would be put in place for staff and recommendations would be addressed quickly where considered appropriate.

Members **NOTED** that the move of Obstetrics services was part of a 2 phased move, with work ongoing to deliver the Health Board's commitment to change the configuration of Paediatric services in June and that a communications programme had commenced regarding this. Members **NOTED** this change would require a whole community communication exercise which would be challenging, but essential.

### **Executive Director Appointments**

Members **NOTED** that Mr G Dix would be commencing on 1 April 2019 as Director of Nursing & Midwifery. Mrs A Williams extended her thanks to Professor A Hopkins for undertaking the role as Interim Director of Nursing and advised that she was happy to confirm that Professor Hopkins would be staying in the Health Board, to help support the work required in relation to the Quality agenda.

Members **NOTED** that head hunters had been commissioned to support with the appointment of replacement Workforce Director and Director of Therapies and Healthcare Scientist.

### **Brexit**

Members **NOTED** that the Health Board had been engaging for several months with colleagues across NHS Wales and that the Health Board was as prepared as possible for a potential 'No Deal' exit from the European Union. Members **NOTED** that this came with a great deal of uncertainty. Members **NOTED** that concerns had been raised specifically in relation to access to medicines and that this was being addressed at a national level and that contingency arrangements had been put into place at a local level.

### **Director of Workforce & Organisational Development**

Mrs A Williams advised Members that this could be Mrs J Davies's last public Board meeting, as she was due to retire at the end of May. Mrs A Williams extended her sincere thanks to Mrs J Davies and welcomed the contribution she had made to Cwm Taf Health Board. Professor Longley also extended his thanks to Mrs J Davies and Professor A Hopkins for the support they had provided.

The Board **RESOLVED** to:

- **NOTE** the report and the related updates presented by the Chief Executive.

HB/19/038

### **INTEGRATED MEDIUM TERM PLAN (IMTP) 2018 – 2021 QUARTERLY UPDATE**

Ms R Treharne presented the report which provided an update on the progress made in implementing the Health Board's Integrated Medium Term Plan (IMTP) 2018-21 in the third quarter of 2018/19 (October 2018 – December 2018) and sought approval for the report for onward submission to Welsh Government.

Members **NOTED** that the report made reference to the work being undertaken by the Public Services Board and that a number of work-streams had been established. Members **NOTED** that a Cwm Taf Social Value Forum had been established and had held its first event on 11 December 2018, which had been well attended.

Members **NOTED** that in relation to the Integrated Care Fund (ICF), Cwm Taf Health Board had been allocated £5.015m which would be spent on a number of projects, one of which related to Age Morgannwg in Aberdare which was being led by the third sector.

Mrs N Milligan made reference to the numbers of patients waiting for neurodevelopment and that performance had declined to 61% in December within Cwm Taf.

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Mr A Lawrie advised that the position had improved recently to 71% and advised that further investment was being made into the service during 2019/20. Mrs A Williams advised that when undertaking comparisons, it would be important to note that in other Health Board's, neurodevelopment patients were being treated within general Paediatrics as opposed to CAMHS. Professor Longley questioned how long it would take to achieve 100% performance against the under 26 week target.

Members **NOTED** that it would be difficult to predict if referrals continued to increase. Mrs M Thomas advised that a significant amount of service redesign would be required, which would be dependent on transformation monies.

Mr K Montague declared an interest at this point in relation to the scheme identified on page 8 of the report which related to Supported Living for People with Learning Disabilities in Rhondda Cynon Taff (RCT) and advised that he worked for the employer. Mr Montague added that ICF funding had enabled projects to bring in extra funding for the communities.

Professor M Longley advised that he had recently visited the Gurnos Community Zone and Ferndale Hub where he had witnessed fantastic enthusiasm and team working in place and paid tribute to Mr K Montague for the support he had provided in developing these schemes.

The Board **RESOLVED** to:

- **NOTE** the progress made against the Plan in quarter two of 2018/21.
- **APPROVE** the report for onward submission to the Welsh Government.

HB/19/039

### **INTEGRATED MEDIUM TERM PLAN (IMTP) 2019/2022 – REVISED SUBMISSION TO WELSH GOVERNMENT**

Mrs R Treharne presented the report, the purpose of which was to provide an update on the feedback received from Welsh Government (WG) and the subsequent steps taken following the feedback received.

Members **NOTED** that confirmation had now been received that the Minister had approved the IMTP, which would be the sixth consecutive year that the Health Board had achieved an approved plan. Members **NOTED** that the plan covered the new Cwm Taf Morgannwg Health Board from 1 April 2019 and that work would now be undertaken on developing the plan for next year.

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Mrs A Williams advised that the Board had received and approved earlier versions of the plan and that it was the updated version of the IMTP that the Board were being asked to endorse. Members **NOTED** that the updated IMTP had also been presented to the Finance, Performance & Workforce Committee on the 21 March 2019.

The Board **RESOLVED** to:

- **ENDORSE** the IMTP 2019-2022, revised following Welsh Government feedback and resubmitted on 8 March 2019.

HB/19/040

### **ENHANCED MONITORING REPORT**

Mr S Harrhy presented the report which provided an update on the escalation status of Cwm Taf University Health Board (CTUHB) and the plans in place to address the issues raised to return to routine monitoring status.

Members **NOTED** that the Health Board recognised that a number of reasonable concerns had been raised by WG in relation to aspects of the services that the Health Board had been delivering. Members **NOTED** that areas of concern included:

- Maternity services;
- IR(ME)R (Ionising Radiation (Medical Exposure) Regulations) which was a potential Health & Safety breach;
- Human Tissue Authority (HTA) inspection;
- Quality & Governance arrangements;
- Quality of Serious Incident reporting, which included the level of reporting and how lessons were being learnt;
- Healthcare Inspectorate Wales (HIW) inspections, which included how outcomes were being monitored and how lessons were being learnt; and
- Compliance against the Nurse Staffing Act.

Members **NOTED** that a review of the actions against each of the above areas had been undertaken and the key actions taken had been outlined within the report. Members **NOTED** that the current escalation level would be reviewed in 3 months, from January 2019, and that the Health Board would be responding to WG to provide an update on progress made. Mr S Harrhy advised that this was a key priority for the Health Board to address and advised that the delivery of actions were being monitored weekly by the Executive Team. Members **NOTED** that discussions had been held with Committee chairs' in relation to which Committee progress needed to be reported into.

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In relation to IR(Me)R, Members **NOTED** that good progress had been made and a response had been received from HIW advising that the Health Board had provided sufficient assurance which had enabled them to subsequently approve the submitted action plan.

Members **NOTED** that in relation to the HTA inspection, 25 out of the 32 Corrective Action Plans had been completed and the Team had been congratulated on the significant progress made. Work was being progressed on the remaining 7 and liaison with the HTA continued.

Members **NOTED** that a specific issue had been raised by WG in relation to Mortuary services in CTUHB and that a Service Level Agreement (SLA) had now been put in place with Swansea Bay Health Board for the responsibility of mortuary services at the Princess of Wales Hospital, Bridgend.

In relation to HIW inspections, Members **NOTED** that progress had been made to strengthen the process with a number of actions being undertaken which had been outlined within the report.

In relation to the Nurse Staffing Act, Members **NOTED** that funding had been agreed by the Executive Board in order to comply with the Act. Mrs R Myles advised that even though additional funding had been provided, the ability to recruit nursing staff still remained a national and local challenge. Mrs J Davies advised that a Business Case had been developed and approved in relation to International Recruitment and advised that the tender proposed an approach to Agency to source nurses who had passed their English competency.

The Board **RESOLVED** to:

- **NOTE** the report and the actions being taken to address the issues raised.

HB/19/041

### PERFORMANCE DASHBOARD

Mrs R Treharne presented the report which provided the Health Board with a summary of current performance across a range of indicators and key issues, in particular where there are current organisational challenges and achievement and/or the organisation is under formal escalation with the Welsh Government. Members **NOTED** that the report had also been scrutinised by the Finance, Performance & Workforce Committee. The following key points were **NOTED**:

#### Unscheduled Care

- The predicted position for 4 hour performance for this year was 88.5%, compared to 85.3% in 2017/18;

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- In relation 12 hour waits, the predicted year end position was 3568 patients waiting, compared to 3322 in 2017/18. Members **NOTED** that there had been an increase in attendances.

### Referral to Treatment (RTT)

- Members **NOTED** that the predicted performance for year-end was 0 patients waiting over 36 weeks for treatment, compared to 4 patients waiting at year end in 2017/18. Members **NOTED** that a discussion had been held at FP&W Committee on the need to have a stepped change throughout the year;
- The predicted performance at year end for 26 week performance was 92%, compared to 92.8% last year.

### Diagnostics

- There had been a continued improvement against diagnostic waits, with the predicted performance for year-end being 39 patients waiting over 8 weeks compared to 72 patients waiting last year.

### Cancer Performance

- The predicted year end performance for Non Urgent Suspected Cancer was 98% and for Urgent Suspected Cancer predicted year end performance was 90%.

Mr P Griffiths advised that the new format of the report had helped FP&W Committee Members focus on the priority issues and how the targets would be achieved during the next year with a sustainable position being aimed for on a daily basis, which would be a challenge.

Ms R Treharne advised that Bridgend performance figures had started to be included within the report and an integrated position would continue to be reported post 1 April 2019.

Mr J Palmer extended his thanks to Mrs K McGrath, Mrs D Lewis and Mrs A Davies for their respective roles in managing performance and to Mr A Roderick for the support he had provided in relation to RTT. Mr J Palmer added that the Health Board needed to get to a balanced position in relation to Demand & Capacity planning.

Professor Longley questioned whether the Health Board were allowing performance priorities to override clinical necessity and questioned whether there was any risks in the system if focus was being placed in the wrong areas. Mrs A Williams advised that clinicians worked very closely with the management team in relation to performance and the profiling of mean waits was at 8-9 weeks, which indicated that clinicians had freedom in determining clinical urgency.

Members **NOTED** that no concerns had been raised through the Hospital Medical Staffing Committee (HMSC) or the Local Medical Committee (LMC).

Following discussion, the Board **RESOLVED** to:

- **NOTE** the Integrated Performance Dashboard, the report and performance actions outlined to support the achievement of targets.

HB/19/042

### **WORKFORCE & ORGANISATIONAL DEVELOPMENT METRICS REPORT**

Mrs J Davies presented the report which provided an update on the key workforce metrics for December/January, with historic trends shown as appropriate. Members **NOTED** that the report had also been scrutinised at the FP&W Committee.

Members **NOTED** that there had been an increase in sickness absence rates and it had been agreed that a deep dive would be undertaken into the reasons behind this and presented to the FP&W Committee for further discussion.

Members **NOTED** that there had been a marginal improvement in Statutory and Mandatory Training compliance and Personal Development Review (PDR) performance and significant progress had been made against job planning.

Members **NOTED** that the Health Board was still seeing a reduction in nursing staff with a number of nursing staff leaving the Health Board. Members **NOTED** that a higher demand was being seen for temporary staffing and the additional element of demand was not being filled. Members **NOTED** that the demand for registered nurses had increased significantly during January & February and work was being undertaken on staff retention with focus being placed on why nurses were choosing to leave the Health Board.

Mrs M Thomas expressed concern at the nursing position and advised that it was known that 40% of nurses were retiring. Mrs M Thomas questioned why there were so many Healthcare Support Worker (HCSW) vacancies and **NOTED** that rolling adverts had been placed for HCSW staff and posts were being recruited to on an ongoing basis.

Mrs M Thomas questioned how many Midwifery vacancies there were at present and it was **NOTED** that there were currently 13.77 WTE vacancies. Members **NOTED** that there was also concern at the number of registered nurse vacancies at the Princess of Wales Hospital.

In relation to sickness absence, Members **NOTED** that this continued to be discussed at Clinical Business meetings and even though short term sickness absence had reduced concern remained in relation to long term sickness absence.

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Mrs M Thomas expressed concern in relation to the external agency supply continuing to exceed internal bank supply which posed as a risk in terms of quality. Mrs J Davies advised that external agency staff were being used to fill vacancies and advised that the number of registered nurses on the internal bank was very low. Mrs J Davies confirmed that no off contract agency was being used and that no issues had been reported in terms of quality of agency nurses and that the Health Board worked within the framework in Wales regarding the agencies used. Mrs J Davies advised that this issue had been included in the organisational risk register and that steps would be taken to cease the use of Thornbury at Princess of Wales Hospital post 1 April 2019.

Mr P Griffiths extended his thanks to Mrs J Davies for all of the support she had provided to FP&W Committee Members over the past few years.

Professor Longley welcomed the introduction of the exit questionnaire and **NOTED** that out of 43 questionnaires that had been issued, 7 had been responded to.

The Board **RESOLVED** to:

- **NOTE** the report.

HB/19/043

### **FINANCE UPDATE – MONTH 11**

Mr S Webster presented Members with an update on the Month 11 financial position. Members **NOTED** that the Health Board were continuing to forecast a break even position.

Members **NOTED** that pay was increasing slightly and there would be a cost associated to higher sickness levels. Members **NOTED** that a piece of work had been undertaken on year end equipment replacement and that this would need to be replicated at the Princess of Wales Hospital. Professor Hopkins advised that the replacement of modular racking on wards had made a positive difference to staff and also had a positive impact on patient care.

The Board **RESOLVED** to:

- **NOTE** the report.

**UPDATE ON MATERNITY SERVICES**

Professor A Hopkins presented the report, the purpose of which was to provide the Board with an update on the current position within the maternity service, including information regarding the recent successful transfer of obstetric services to Prince Charles Hospital (PCH) and the establishment of the Freestanding Midwifery Unit (FMU) at Royal Glamorgan Hospital (RGH). The report also provided an update regarding the retrospective review of cases previously identified to the Board and actions taken based on initial feedback following the review undertaken by the Royal College of Obstetricians and Gynaecologists (RCOG) between the 15-17 January 2019.

Members **NOTED** that focus had been placed on communication and engagement with staff with direct engagement undertaken and staff communication sessions were being held regularly. The focus of the sessions was to allow discussions to take place on improvements that needed to take place.

Members **NOTED** that in relation to the retrospective review undertaken of the 43 incidents, all cases had been reviewed in detail and the case review identified that 25 cases in total met the threshold to be reported as a Serious Untoward Incident (SUI), the reasons for which had been outlined in the report. Members **NOTED** that of the 25 cases, 18 had been reported at the time of the incident as an SUI. Professor Hopkins **AGREED** to circulate an explanation and breakdown of the cases to the Board outside the meeting (**added to the action log**).

Professor A Hopkins advised that of the 25 cases, 5 had already been managed through the Putting Things Right redress process. Mr P Griffiths questioned whether every SUI would result in redress. Professor Hopkins advised that a case would only result in redress if there was harm associated with the incident. Members **NOTED** that redress did not necessarily result in a compensation payment being made and conclusions could range from an apology up to financial compensation.

Mr P Griffiths questioned the seriousness of the 25 cases. Mrs A Williams advised that in some cases there was no lasting harm to the patient and advised that all redress cases were scrutinised by the Claims panel which had Community Health Council and Independent Member representatives on the panel.

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Members **NOTED** that in relation to the RCOG review, an update had been included within the report on progress made against the immediate actions that had to be undertaken. Members **NOTED** that in addition to the immediate action, work was also being undertaken on the Maternity plan which was being heavily scrutinised on a weekly basis. Professor Hopkins advised that an assurance process and framework had been put in place for Maternity and added that a Maternity Improvement Board had been established which was being chaired by an Independent External chair.

In relation to workforce, Members **NOTED** that 16 new Midwives had been recruited into the service and that the Health Board now had around 13 Whole Time Equivalent (WTE) vacancies out of an establishment of 148 WTE. Members **NOTED** that rolling adverts were in place. Members **NOTED** that some key appointments would also be made into the Management team during April.

Members **NOTED** that extensive planning had been undertaken in relation to the Obstetrics and Gynaecology moves which had successfully taken place during the 9 and 10 March 2019 from Royal Glamorgan Hospital to Prince Charles Hospital. Members **NOTED** that Consultant led services would now only be delivered from Prince Charles Hospital with some services being retained at Royal Glamorgan Hospital (RGH).

Members **NOTED** that there had been some accommodation issues following the move into the new building and work had been undertaken to address them. Members **NOTED** that there had been no issues reported in relation to the freestanding midwifery unit at RGH and that feedback received from the patients had been positive.

Members **NOTED** that there was a significant amount of work left to undertake and that there was a significant Organisational Development work programme in place. Members **NOTED** that Professor Longley and Mrs M Thomas had undertaken a number of visits to PCH during the last week where they identified superb hard work being undertaken by a lot of highly skilled professional dedicated staff which could only be commended during difficult circumstances.

Mrs R Myles made reference to the enhanced role for the Maternity Services Liaison Committee. Professor Hopkins advised that the Committee would be reinvigorated once key staff were in post and added that the Committee included CHC representation. Members **NOTED** that the Committee was an important opportunity for staff and patients to discuss how services could be improved. Mrs R Myles welcomed the addition of more user representatives onto the group.

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In relation to the one outstanding case, Mr P Griffiths questioned whether a decision had been made on how to take this case forward. Professor Hopkins advised that the Health Board had still been unable to locate the case-notes, however, the Health Board had the history of care received from the mother, who was now engaging with the Health Board regarding the review of her care.

Professor M Longley made reference to the number of personnel changes within the service, and questioned whether there were enough medical staff in post to lead significant change. Professor Hopkins advised that each consultant had a responsibility to provide leadership which was described within the job planning process. Members **NOTED** that each Consultant in post within the service at present had an interim job plan in place whilst the moves take place. Mrs A Williams advised that as part of the work moving forward in relation to structures, the intention moving forward would be to introduce a Women & Children's service group which would be led by a medical Service Director.

The Board **RESOLVED** to:

- **NOTE** the report.

HB/19/045

### **CONCERNS (COMPLAINTS, CLAIMS AND PATIENT SAFETY INCIDENTS) – UPDATE ON HIGH-RISK EVENTS**

Professor A Hopkins presented the report which provided the Board with a summary of high-risk concerns since the last report to the Health Board on 31 January 2019.

Members **NOTED** that the report identified the breakdown of information in relation to the latest position on long overdue complaints and that there was a significant backlog which the team were in the process of addressing. Members **NOTED** that additional support had been recruited into the Team and that work was being undertaken to improve the content of complaints responses.

Members **NOTED** the types of complaints being received and the improvement work being undertaken and that an external review had also been undertaken by the Delivery Unit, the outcome of which would be discussed at the next Executive Catch Up meeting.

Professor A Hopkins advised that there were 9 cases which had been open 6 months, 3 of which were being considered as part of the Independent Review process, with 6 predicted to close in April 2019.

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Members **NOTED** that from 1 April 2019, Welsh Government would be addressing the approach taken across Wales in relation to recording of concerns and that WG had requested any concerns that take longer than 2 days to resolve, to be logged formally and managed within the 30 working day target. Professor Hopkins advised that this change in recording would have a significant effect on compliance with predicted improvement in response times.

Members **NOTED** that the report identified that there had been a significant reduction in the numbers of serious incidents reported, which was as a result of a change in reporting of pressure ulcer damage. Mrs A Williams requested that 2018 data was reviewed with and without pressure ulcers so that additional reassurance could be provided to Board Members on the data. Professor Hopkins **AGREED** to action this request (**added to the action log**).

Members **NOTED** the inquest held for a baby who sadly died as a result of hypoxic ischemic encephalopathy which arose from fetal distress and bradycardia to which she was subject within the hour prior to emergency caesarean section. Professor Hopkins advised that sadly a second inquest was being held in relation to a similar case and detailed information had been sent to the Coroner outlining the actions undertaken since the tragic events.

In relation to a query raised by Mr S Harrhy as to the lack of incidents reported for Merthyr & Cynon areas, Professor Hopkins **AGREED** to request that the Team undertakes a review of the data to determine whether there had been any incidents in the Merthyr & Cynon areas (**added to the action log**). A discussion was also held in relation Primary Care incidents where a peer review had identified that the number of Primary Care incidents was low .

Mr J Hehir questioned which areas were being targeted to undertake the incident review and investigation training. Professor A Hopkins advised that focus was being placed on Maternity services and other hot spot areas.

In response to a question raised by Mrs R Treharne, Professor Hopkins explained that a complaint which was in a holding area was either waiting for closure or waiting for investigations to be undertaken.

The Board **RESOLVED** to:

- **NOTE** the report.

HB/19/046

**PATIENT EXPERIENCE REPORT**

Professor A Hopkins presented the report which informed the Board of the current patient experience activities undertaken across Cwm Taf University Health Board (CTUHB) for quarter 3, October to December 2018

Members **NOTED** that the format of the report was in the process of being refined and that Internal Audit had recently undertaken a review of patient experience, the outcome of which had been included in the report. Members **NOTED** the review identified the areas where improvement was required and that an action plan had been put into place to address the recommendations.

Members **NOTED** that the report identified the main areas of concern being raised within informal concerns and that positive feedback received had also been included within the report. Professor A Hopkins advised that she would welcome feedback on the format and content of the report.

Mr S Webster suggested that the format of the report was amended to reflect trends in graphical format. Mrs M Thomas welcomed the report and advised that she was pleased to see progress being made and the reduction in the number of formal complaints being received. Members **NOTED** that this was as a result of the Patient Advice and Liaison Services (PALS) team managing to resolve concerns raised at an informal level.

Members **NOTED** that there were very good liaison services in place at Princess of Wales (POW) Hospital who were achieving 100% compliance against the 30 day target. Professor A Hopkins advised that the Cwm Taf Concerns team had been visiting the team at POW to learn lessons from the processes followed.

The Board **RESOLVED** to:

- **NOTE** the contents of the report.

HB/19/047

**BRIDGEND BOUNDARY CHANGE**

Mrs R Treharne presented the report which provided the Board with a final update before the effective date of the Bridgend Boundary Change on 1 April 2019.

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Members **NOTED** that the Boundary Change was on target to be achieved on 1 April with some work to continue into the next year. Members **NOTED** that the Area Change Order was laid on 25 February 2019 and work was continuing to be undertaken in relation to the commission of SLA's for clinical and non clinical services.

Members **NOTED** that a Handover Statement had been developed and presented to the Joint Transition Board and work continued to be undertaken on finalising the legacy statement which would identify the risks that would be inherited by the Health Board.

Mrs R Treharne advised that a Memorandum of Understanding had also been developed which sets out the principles of the ways of working and that the Health Board would be running sets of services from complex areas.

In relation to workforce transfers, Members **NOTED** that the volume of appeals had been low, with 3500 staff transferring over. Mrs R Treharne advised that successful welcome meetings had been held which were attended by over 200 staff.

Members **NOTED** that work was ongoing to finalise the financial implications which should be presented to the Joint Transition Board in April. Members **NOTED** that discussions were being held on the programme of work moving forward and how the work would be managed and that Board approval was being sought for the revised clinical services transfer list.

The Board **RESOLVED** to:

- **NOTE** the report;
- **APPROVE** the revised Clinical Service Transfer Listing

*Mrs R Myles left the meeting at 16.51pm.*

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### **AGREEMENT OF SECTION 33'S**

Mr A Lawrie presented the Board with a verbal update. Members **NOTED** that there was a Section 33 legal agreement between the Health Board and Local Authority to jointly provide services. Members **NOTED** that within Primary, Community & Mental Health Services in Bridgend, 3 section 33 agreements had been identified.

Members **NOTED** that one of the agreements related to ARC which had been in place since April 2017 and just required a name change. The second agreement related to a Community Equipment Store, which was 100% funded by ABMU Health Board to the sum of £656k.

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Members **NOTED** that this agreement would expire on 31 March 2019. The third agreement related to the Intermediate Care Service which was 50% funded between the Health Board and Local Authority and would also expire on 31 March 2019.

In relation to the Community Equipment Store, Mr A Lawrie advised that a discussion had been held with the Local Authority who confirmed that they would be happy to continue to provide the service. Members **NOTED** that a letter of intent would be required.

In relation to the Intermediate Care Service, the agreement had recently been approved and had been presented through legal functions. Members **NOTED** that services would continue to be provided from 1 April 2019 whilst the agreement was being finalised and that an update on progress would be presented to the Board over the course of the next month.

Members **NOTED** that there were no risks associated with the agreement. Following discussion, Mrs A Williams requested that an exchange of letters would need to be undertaken with the Local Authorities advising that the position would remain the same whilst the agreement was being finalised. Mrs A Williams advised that if Rhondda Cynon Taff wished to rebase the contract there would be a need to determine whether this would give the Health Board any financial exposure and if so any additional costs would need to be dealt with as a legacy issue. Mrs A Williams advised that advice would need to be sought quickly from Legal & Risk and asked for a further update to be presented to the April Board Development Session (**added to the action log**).

The Board **RESOLVED** to:

- **NOTE** the update provided;
- **RECEIVE** an update on progress made at the April Board Development Session.

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### COMMITTEE CHAIRS REPORT

The Board **received** the report, which provided an update on the business discussions held at meetings of the Board's Committees. The following key updates were provided:

#### Quality Safety & Risk Committee

Mrs M Thomas advised that the revised Quality & Safety Governance Framework had been presented to the March meeting with good external and internal engagement undertaken on the content.

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Members **NOTED** that the Framework would form part of the Board Assurance Framework and had been developed in response to the Structured Assessment undertaken by the Wales Audit Office. Members **NOTED** that the Committee would closely monitor the progress being made.

The Board **RESOLVED** to:

- **NOTE** the content of the report and
- **APPROVE** the minutes of the Board Committee meetings

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**ANY OTHER URGENT BUSINESS**

There was no other business to report.

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**DATE OF NEXT MEETING**

The next scheduled meeting of the University Health Board, would take place on Thursday 30 May 2019 at 2.00pm.

**SIGNED:**.....

**Professor M Longley, Chair**

**DATE:**.....