

**MINUTES OF THE CWM TAF UNIVERSITY HEALTH BOARD MEETING
HELD ON THURSDAY 30 MAY 2019, IN YNYSMEURIG HOUSE,
NAVIGATION PARK, ABERCYNON**

PRESENT:

Marcus Longley	– Chair
Allison Williams	– Chief Executive
Maria Thomas	– Vice Chair
Keiron Montague	– Independent Member
James Hehir	– Independent Member
Mel Jehu	– Independent Member
Paul Griffiths	– Independent Member
Jayne Sadgrove	– Independent Member
Dilys Jouvenat	– Independent Member
Nicola Milligan	– Independent Member
Giovanni Isingrini	– Associate Member
Phillip White	– Associate Member
Ruth Treharne	– Deputy Chief Executive/Director of Planning & Performance
Greg Dix	– Director of Nursing, Midwifery & Patient Care
Anne Phillimore	– Interim Director of Workforce & Organisational Development
Steve Webster	– Director of Finance
Alan Lawrie	– Director of Primary, Community & Mental Health Services
Robert Williams	– Board Secretary/Director of Corporate Services
Stephen Harray	– Board Director

IN ATTENDANCE:

Felicity Waters	– Head of Communications & Media Management
Emma Walters	– Corporate Governance / Committee Secretariat
John Beecher	– Chair, Cwm Taf Morgannwg Community Health Council (in part)
Cathie Moss	– Chief Officer, Cwm Taf Morgannwg Community Health Council
Diane Rogers	– Vice Chair, Cwm Taf Morgannwg Community Health Council
Kath McGrath	– Deputy Chief Operating Officer/Assistant Director Medicine
Angela Hopkins	– Interim Lead for Maternity Services
Emily Howell	– Wales Audit Office (observing)
David Jenkins	– Independent Support to CTMUHB Chairman
Gareth Lucey	– Internal Audit (in part)

HB/19/059

WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Ian Wells, new Independent Member for Information, Communication & Technology (ICT) & Information Governance, David Jenkins, Independent Support to the Chair & Board, Anne Phillimore, Interim Director of Workforce & Organisational Development and colleagues from Cwm Taf Morgannwg Community Health Council.

At the start of the meeting the Chair paid tribute to Councillor Robert Smith who had sadly passed away and extended his condolences to the family.

John Beecher made an observation that there had been 55 documents to read prior the meeting and felt that he did not have enough time to prepare. The Chair apologised for the lapse in normal standards and advised that this was due to extraordinary circumstances.

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APOLOGIES FOR ABSENCE

Apologies for absence were **received** from John Palmer, Kelechi Nnoaham and Des Kitto.

HB/19/061

DECLARATIONS OF INTEREST

There were none.

HB/19/062

UNCONFIRMED MINUTES OF THE HEALTH BOARD MEETING HELD ON 28 MARCH 2019 AND 30 APRIL 2019

Members **APPROVED** the minutes of the Health Board meeting held on 28 March 2019, as a true and accurate record.

Members **APPROVED** the minutes of the Health Board meeting held on 30 April 2019, subject to the following amendments:

- HB/19/056 – Page 11 – Update on Maternity Services – second paragraph should read that the Community Health Council already had an advocacy service established at the time of the report being published.

HB/19/063

ACTION LOG

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

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

Allison Williams advised that this would need to remain on the action log until the capital works had been undertaken.

Page 2, Board Assurance Framework

Robert Williams advised that a date would be agreed shortly.

Page 4, Section 33 Partnership Agreements

Alan Lawrie advised that the Health Board had written to Bridgend and Rhondda Cynon Taf County Borough Councils advising that existing current arrangements would continue until the arrangements could be finalised. Members **NOTED** that this would remain on the action log.

Page 4, Concerns (Complaints, Claims & Patient Safety Incidents)

Greg Dix advised that work was still in progress and an update would be provided at the next Board Meeting. Members **NOTED** that this would remain on the action log.

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MATTERS ARISING

There were no matters arising.

HB/19/065

REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE

Paul Griffiths, Chair of Audit Committee, advised the Board that he had met with the Wales Audit Office earlier today to consider the consolidated accounts and was pleased to advise that the Audit Committee **AGREED** to recommend that the Board approve the accounts.

Members **NOTED** that the Audit Committee were recommending approval of the 2018/19 Annual Accounts and Financial Statements.

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ANNUAL ACCOUNTS 2018/19: INCLUDING AUDIT OF THE FINANCIAL STATEMENT REPORT (ISA 260) INCLUDING LETTER OF REPRESENTATION AND CEO'S ACCOUNTABILITY REPORT 2018/19

Steve Webster presented the report.

Gareth Lucey, presented the Audit of the Financial Statements Report (ISA 260), which included the Letter of Representation and advised that the Wales Audit Office would be issuing an unqualified opinion once the accounts had been approved and signed.

Marcus Longley advised the Board that detailed discussions on the draft annual accounts had been held at the last two Audit Committee meetings.

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Allison Williams presented the Board with the Chief Executive Officer's Accountability Report for 2018-19 and advised that the report had also been received and discussed by the Audit Committee, along with other related reports, including the Annual Report and overall Reasonable Assurance opinion, of the Head of Internal Audit & Assurance. Allison Williams advised that Board Members would be familiar with the content of the report and drew Members attention to the risks contained within the report. Members **NOTED** that the Audit Committee were recommending approval of the 2017/18 Annual Accounts and Financial Statements.

Members **NOTED** that the Audit Committee were recommending approval of the 2017/18 Annual Accounts and Financial Statements.

The Board **RESOLVED** to:

- **APPROVE** the Annual Accounts for 2018-19 together with the letter of representation from the Auditors
- **ENDORSE** the Chief Executive Officer's Accountability Report for 2018-19.

HB/19/064

CHAIRS REPORT AND AFFIXING OF THE COMMON SEAL

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

Marcus Longley advised that he had been unable to Chair the last meeting of the Board as he had been meeting with the women and families who had received appalling experiences of the maternity services over the last few years. On behalf of the Board, Marcus Longley apologised to all those concerned and stated that it would be his absolute determination that the Health Board would learn lessons from these experiences in the future.

Members **NOTED** that the final meeting of the Bridgend Boundary Change Joint Transition Board had been held on 23 April 2019.

The Board **RESOLVED** to:

- **NOTE** the report
- **ENDORSE** the close down of the Joint Transition Board, and
- **ENDORSE** the Affixing of the Common Seal to:
 - **Reference 214:** Agreement between Cwm Taf UHB of Dewi Sant Hospital and Rhondda Industrial Estates Limited for lease for Unit 22 Central Production Unit Treorchy

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- **Reference 215:** Agreement between Cwm Taf UHB and PJ Saunders Limited of Unit 9 The Beeches Industrial Estate Talbot Green for upgrade of ward, window guards, new doors, locks, office works fence and bathroom at PICU Ward, RGH
- **Reference 216:** Agreement between Cwm Taf UHB and John Weaver Contractors Ltd Morfa House, 126 Neath Road, Swansea for refurbishment works at NHS Imaging Academy Pencoed Business Park Bridgend
- **Reference 217:** Agreement between Cwm Taf UHB, Merthyr CBC and Rhondda Cynon Taff CBC agreement for the provision of Cwm Taf Care Home Accommodation Pooled Fund
- **Reference 218:** Agreement between Cwm Taf UHB and Royal Voluntary Service Beck Court, Cardiff Gate Business Park CF23 8RP (the tenant). Lease relating to premises at Ysbyty Cwm Cynon, New Road, Mountain Ash RCT CF45 4BZ
- **Reference 219:** Agreement between Cwm Taf UHB and Royal Voluntary Service Beck Court, Cardiff Gate Business Park CF23 8RP (the tenant). Lease relating to premises at Ysbyty Cwm Rhondda Partridge Road, Llwynypia CF40 2LX
- **Reference 220:** Agreement between Cwm Taf UHB and Royal Voluntary Service Beck Court, Cardiff Gate Business Park CF23 8RP (the tenant). Lease relating to premises at Royal Glamorgan Hospital, Ynysmaerdy, Llantrisant
- **Reference 221:** Agreement between Cwm Taf University Health Board and Joseph Skaria of 2 Rockchase Gardens Hornchurch RM11 3NH (Landlord) relating to Hillcrest Medical Centre, Pryce Street, Mountain Ash CF45 3NT.

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CHIEF EXECUTIVES REPORT

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

Allison Williams presented the report and provided an update on the following key areas:

Maternity Services

Members were advised that a full report on maternity services was on the agenda.

Members **NOTED** that on the 30 April 2019, the Board convened an extraordinary meeting to receive the reports of the Joint Royal Colleges (Royal College of Obstetricians & Gynaecologists (RCOG) and Royal College of Midwives (RCM) and Patient Experience Report) Review of Maternity Services, along with the publication of the internal review report, undertaken by the Consultant Midwife.

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Members **NOTED** that the Chair of the Health Board had now commissioned an external review of the handling of the internal review report, as it had not been handled in line with recognised and usual Health Board governance processes. Members **NOTED** that an external independent expert had been appointed to undertake the review.

Paediatric Services

Members were advised that as agreed at the Board meeting on 30 April 2019, the complexity of the service move and the necessary alignment with other services had been discussed further with key senior clinical staff resulting in the decision being made to postpone the service move.

Members **NOTED** that a final decision had been reached that the Paediatric service consolidation was now likely to take place during the summer and by the latest September 2019. Members were advised that this might be outside of the normal board meeting cycle and could potentially require Chairs action.

Members **NOTED** that the Paediatric team had undertaken an intensive period of additional rota planning and had been able to secure strong cover arrangements for May and June 2019. Work was currently underway to provide similar cover for July and August. Members **NOTED** that the detailed logistics plan for implementing the Paediatric service consolidation in Prince Charles Hospital and the full implementation of the Paediatrics Assessment Unit (PAU) on the Royal Glamorgan Hospital site would be part of a fuller update to the July Board meeting in public.

Health Board 'enhanced' escalation status

Members were advised that on 30 April 2019 and as a consequence of the recent publication of reports and their related serious findings, the Minister for Health & Social Services had announced, that for Maternity Services, the Health Board has been escalated to 'Special Measures', the highest level of escalation. In addition the Health Board's escalation level of 'enhanced monitoring', had been increased to 'targeted intervention'.

Members were advised that the Health Board were awaiting a meeting with Welsh Government to discuss arrangements for 'targeted intervention'. Members **NOTED** that 'special measures' would be discussed under the Maternity Services report. The Board would be updated on related progress and intended actions at its Board meeting in public in July 2019.

Human Tissue Authority (HTA)

Members **NOTED** that the Health Board had received a follow up inspection by the HTA on the 8 and 9 May 2019, which tested levels of compliance.

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Official feedback had now been received which acknowledged positive progress in a number of areas and 4 corrective and preventative action (CAPA) plans remaining to close.

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

Members were advised that the Health Board were awaiting a formal response from Healthcare Inspectorate Wales (HIW) and **NOTED** that the Director of Nursing, Midwifery and Patient Care would be meeting with HIW next week to discuss.

Bridgend Boundary Change

Members **NOTED** that the Transition Programme for the Bridgend Boundary Change had been officially closed down.

Members were advised that a 'Due Diligence' financial process was now underway with Welsh Government and this would take several weeks to conclude. Members **NOTED** that there would be a need for discussions at a future development session to look at key priorities and particularly in relation to the development of a clinical services strategy.

Thoracic Surgery

Members **NOTED** that the Welsh Health Specialised Services Committee (WHSSC) met on 14 May 2019 and discussed related detail associated with the development of Adult Thoracic Surgery for South Wales and **NOTED** the copy of a recent letter received by Health Boards from the Chair of the Committee.

Executive Appointments

Allison Williams formally welcomed Greg Dix, recently appointed Director of Nursing, Midwifery and Patient Care, who had commenced employment with the Health Board on 1 April 2019 and Anne Phillimore, 'Interim' Director of Workforce & Organisational Development, who had recently joined the Health Board on a fixed term basis, following the recent retirement of Joanna Davies. Members were advised that over the coming months, the Health Board would progress with the process to secure a substantive Director of Workforce & Organisational Development.

Members **NOTED** that the Health Board were in the process of appointing a Director of Therapies & Health Sciences and also the recruitment process had commenced to appoint a substantive Medical Director to replace Kamal Asaad who had confirmed his intention to retire later this year.

The Board **RESOLVED** to:

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

QUARTER 4 INTEGRATED MEDIUM TERM PLAN (IMTP) 2018 – 2021 AND IMTP UPDATE

Ruth Treharne presented the report which provided an update on progress made in the fourth Quarter of 2018/19 (January 2019 – March 2019).

Members **NOTED** that during this reporting period, the Health Board's escalation status had changed from 'routine' monitoring to 'enhanced' and a number of key safety concerns would need to be addressed.

Members **NOTED** that action was being taken, where necessary, to address the reported issues along with changes to the Board's governance arrangements, including increased meeting frequency of the Quality, Safety & Risk Committee from quarterly to monthly, to ensure sufficient time was in place to fully consider and scrutinise this important area of the Board's work, along with reporting and where appropriate, escalation to the Board.

Members **NOTED** that during Quarter 4, the Health Board's Quality and Patient Safety Governance Framework had been approved by the Executive Board and endorsed by the Quality, Safety and Risk Committee.

Members were advised that with the direction and engagement of the Executive Team, a comprehensive implementation plan was being developed with the aim of presenting this for final agreement to the May 2019 Executive Board.

Members **NOTED** the Integrated Care Fund projects with partners listed on page 13 of the report which also included an update on capital projects which commenced last year.

Members **NOTED** that as of 1 April 2019 there would be a requirement to also receive updates from the Bridgend Public Services Board.

Members **NOTED** that the Health Board would be inheriting the referral to treatment time target (RTT) position from Bridgend and discussed the scrutiny of performance targets in relation to the board committees. Members were of the opinion that it would be helpful to review the governance arrangements which would provide an opportunity to review and revise roles and functions of the board committees. Members **NOTED** that there had been an improved format of reports during the last year which was helpful. Ian Wells queried whether there was a standard on how data was presented to the Board. Ruth Treharne advised that she would discuss this outside of the meeting.

The Board **RESOLVED** to:

- **DISCUSS** and **NOTE** the progress made against the Plan in Quarter 4 of 2018/21.
- **APPROVE** the report for onward submission to the Welsh Government.

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NURSE STAFFING (WALES) ACT UPDATE

Greg Dix presented the report which was an update on progress for the Health Board against its responsibilities in implementing the Nurse Staffing (Wales) Act, effective from the 6 April 2018.

Members **NOTED** that the Operational Guidance provided a template for Health Boards reporting under Section 25E. Members were advised that due to the Bridgend boundary change two reports had been produced, one for the former Cwm Taf Health Board area and a separate report for the Princess of Wales Hospital, Bridgend. However, for the next reporting period these would be amalgamated.

Members **NOTED** that a Nurse Staffing Act Implementation Plan had been developed which would provide a structure for monitoring and reporting progress in meeting the requirements of the Act. Members were advised that the Plan would be monitored monthly at the Nursing Workforce: Nurse Staffing Act Group chaired by the Director of Nursing, Midwifery and Patient Care.

Members **NOTED** the wards that were listed on page 3 of the report that fall under the Act, i.e. surgical and medical. Members were advised that the report highlighted the triangulated methodology of ward managers and charge nurses signing off their own establishments.

Members **NOTED** that in January 2019, the former Cwm Taf University Health Board, following the outcome of the extensive Nurse Staffing Level reviews which had been led by the 'Interim' Director of Nursing, Midwifery and Patient Services and Interim Assistant Director of Nursing in collaboration with Heads of Nursing, Ward Sisters/Managers and senior members of the finance team, approved the staffing levels for the 20 wards identified as requiring consideration under the Act. Members **NOTED** that:

- the nurse staffing levels in these areas had been uplifted
- the correct staffing levels were displayed at the entrance to wards
- staffing levels were recorded and reviewed three times daily
- all reasonable steps are being taken and recorded to maintain the correct staffing levels, and
- the processes to review the core quality indicators had been developed and implemented.

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Members **NOTED** that in relation to the Nurse Staffing (Wales) Act compliance position for the 5 medical wards and 5 surgical wards at the Princess of Wales Hospital (PoW), the Health Board was seeking further clarification based on the information recently provided by Swansea Bay University Health Board in relation to PoW, adult and medical surgical wards.

Members discussed safe staffing levels and the change in shift patterns. Nicola Milligan queried whether staff at PoW would have to work a 12 hour shift once a month. Greg Dix advised that he would look into this matter.

The Board **RESOLVED** to:

- **NOTE** the position of the University Health Board against its responsibilities to report under section 25E of the Act
- **APPROVE** the University Health Board's Nurse Staffing (Wales) Act Implementation Plan.

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MATERNITY SERVICES UPDATE

Allison Williams presented the report and advised that Greg Dix would be the Executive Lead for Maternity Services moving forward. Members **NOTED** that the report provided a high level overview of the work undertaken since last September and the last Board meeting held on 30 April 2019.

Allison Williams advised that the Board would be familiar with the background of the report and advised that the report contained links to previous reports presented.

Members **NOTED** that the report did not contain an update against the review of the 43 cases as a full update had been provided to the April meeting and **NOTED** that the 43 cases would now be subject to a further review as part of the Independent Maternity Services Oversight Panel arrangements.

Allison Williams advised that all of the Board recognised that this had been the most challenging of issues the Board had ever had to deal with. Members **NOTED** that regular engagement would need to be undertaken with women and families during the process.

Allison Williams advised that it had been known for some time as a Board the staffing challenges, issues relating to incident reporting and the impact on staff during times of significant change. Members **NOTED** that cultural issues had been highlighted alongside dysfunctionality within the Teams, which was of great concern to the Board.

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Members **NOTED** that page 6 of the report outlined the action agreed following the Board meeting held on 30 April 2019 and it was **NOTED** that the work of the Independent Oversight Panel would be critical moving forward. Members **NOTED** that the Panel would be presenting an initial report to the Minister at the end of June.

Members **NOTED** that a discussion had been held with Cath Broderick, Independent Oversight Panel Member, regarding development of the engagement plan and of the need to identifying the measure of success that would need to be delivered by the Health Board.

Allison Williams advised that meetings had been held with Mick Giannasi, Chair of the Independent Oversight Panel and it was hoped that over the next few weeks there would be clearer sight of reporting mechanisms. Members **NOTED** that Mick Giannasi would also be holding a discussion with Healthcare Inspectorate Wales and Wales Audit Office regarding the joint review they are undertaking on the Health Board's Quality Governance Arrangements.

Allison Williams advised that the various reports that had previously been presented to Board had related to isolated elements of the service, for example the Deanery report on Medical Staffing. Members **NOTED** that on reflection, even though various actions had been taken to resolve the issues, sustainable improvement had not been seen. As identified in the Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) review, it was clear that cultural and behavioural issues had not changed, which meant that the approach taken to address the issues would have to change. Members **NOTED** that the action plan developed now included the actions contained within the RCOG/RCM report and that the escalation letter discussed at the April Board clearly captured the expectations of the escalation. Members **NOTED** that there would be a need to ensure that the Health Board's internal arrangements aligned with external arrangements, and that the Maternity Improvement Board would need to be reconstituted with membership reviewed.

Members **NOTED** that clarity would be required as to how all governance arrangements connected together and that there would be a need to ensure that capacity and capability was in place to deliver the improvements required. Allison Williams advised that a discussion had been held with Welsh Government in relation to support requirements. In relation to the Putting Things Right process and the retrospective cases, it was **NOTED** that there would be families that would require dedicated support which meant that the complaints and redress process would need to be managed in a sensitive and timely way as a discreet programme of work.

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Allison Williams made reference to the link contained on page 12 of the report, which gave an overview of Morecambe Bay and outlined the achievements that could be made in one year. Members **NOTED** that page 13 outlined the proposed structure that would need to be put into place, with 3 distinct work-streams in place to support the Maternity Improvement Board. Members **NOTED** that scrutiny and assurance mechanisms would need to be aligned and how decisions would escalate through various processes.

Members **NOTED** that in addition to the retrospective group of patients the Health Board were working with, 39 women and families had contacted the Health Board's contact line, following the recent publication of the report, with concerns raised to ongoing care as well as previous care. Allison Williams advised that the Health Board would work with the Independent Oversight Panel to ensure these concerns were addressed. Members **NOTED** that Community Health Council colleagues would play an important role in the development of the engagement plan moving forward.

John Beecher, Community Health Council, advised that he fully recognised the difficulties being experienced by the organisation and questioned what was being done to alleviate the concerns of women who were pregnant and had fears in relation to their treatment in the Health Board. Allison Williams fully recognised that there were confidence issues of the public and advised that a discussion was being held with Cath Broderick as to how this could be addressed. Members **NOTED** that women who had concerns were being urged to discuss these with their Community Midwife initially and the Health Board was making it easier for women to decide where to have their baby.

Keiron Montague advised that whilst Board Members had been made aware of some of the issues, Independent Members had not been made fully aware of the scale and dysfunctionality of the service until they had sight of the Consultant Midwife report. Keiron Montague added that the links between the Board and services needed to be improved and advised that he had questioned himself as to how the issues had been missed.

Allison Williams advised that the Health Board had given evidence at the Health & Social Services Committee last week where it was advised that the complaints and concerns information did not give any indication of the scale of the issues. Allison Williams added that consideration would need to be given as to what indicators would be helpful to determine whether there were any issues and questioned whether people living within the communities felt able to raise a concern.

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Members **NOTED** that the Friends and Family test had been shared with the Health Board by colleagues at Princess of Wales Hospital, which was a patient feedback system which enabled a much simpler way of obtaining feedback from patients. Greg Dix advised that this system had been used in English Trusts for many years and allowed the Board to undertake a deep dive into any areas which they required further assurance on. Members **NOTED** that the system allowed qualitative comments to be entered which were then read out by the Senior Nurse to ward staff on a weekly basis. Members **NOTED** that the options for commissioning the system had been outlined in the report.

Mel Jehu made reference to words contained within page 5 of the report 'what was not known or understood' and advised that when the Board had received the Consultant Midwife report, issues regarding dysfunctionality were contained within that report. Allison Williams advised that if there was a look back over time, there were a number of individual reports where issues had been raised, so the Health Board were periodically made aware of some of the issues.

Jayne Sadgrove advised that at the last Board meeting, Board Members requested that actions contained within the Consultant Midwife report were carefully mapped into the Strategic Action Plan. Jayne Sadgrove added that even though she could see that significant progress had been made, she had questioned as to whether this was clear enough. Jayne Sadgrove advised that she would find it helpful if actions could be numbered and referenced appropriately.

Ian Wells advised that he found it alarming that the Board did not know what was going wrong within the service and advised that work would need to be undertaken into what data was available within other Health Boards and how they were using it to provide assurance. Marcus Longley questioned how the Health Board would learn what best practice would be in Maternity Services. Allison Williams advised that even though some of the actions would be straightforward to measure, some benchmarking data would be difficult to obtain and measure.

Paul Griffiths echoed the points raised by Keiron Montague and advised that one of the issues identified within the Morecambe Bay report was that there was a new Board in place. Paul Griffiths advised that he felt that the progress made by Morecambe Bay was remarkable and added that this related to the significant amount of financial support which had been given to the organisation. Paul Griffiths advised that the additional resource required to improve the position should not be underestimated and questioned what impact there would be if the Health Board did not receive that level of financial support.

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Allison Williams advised that this was less about the financial aspect and added that there would be a need to have appropriate skills and capacity available to undertake the work. Paul Griffiths advised that at the Board meeting held on 30 April it was advised that a fuller response would be provided on the report once further consideration had been given to its content and questioned how the Health Board would now publicise the report. Allison Williams advised that further consideration would need to be given to the best way forward regarding this.

Nicola Milligan advised that in relation to culture, this would need to be addressed in the whole of the organisation, not just in Maternity Services. Allison Williams agreed that learning would need to be shared across the Health Board and with other Health Boards in Wales.

A discussion as held as to how technology could help in the collection of data and it was agreed that technology would be an important enabler for the Health Board moving forward. Greg Dix advised that softer intelligence was also very important and that data was key as long as it was being used intelligently. Greg Dix advised that consideration would also need to be given to inviting staff and patients into the Boardroom to share their experiences.

Kamal Asaad advised that before leaving the Health Board at the end of the review, the Royal College team advised that despite the challenging and shocking feedback received, they saw the potential for the Maternity Service to become the best in Wales over the next 2-3 years, which was said in a very genuine and sincere way. Members **NOTED** that the College also advised that the move to one site was important in order to address midwifery shortages and reliance on locums.

Kamal Asaad advised that he felt that the point made by Mel Jehu was valid and added that there would be a need to differentiate what was not known and not understood, what was known but not understood and what was both known and understood. Kamal Asaad advised that the whole Board would need to question themselves as to how assurance could be driven forward and what soft markers would need to be looked out for. Members **NOTED** that a composite report had been developed by Stephen HARRY which identified what lessons could be learnt from the past and what could be achieved in the future.

Jayne Sadgrove advised that in relation to data, information and intelligence, she found it interesting to read that there should be an Information, Communication & Technology Committee established to help the Board discharge its functions and questioned whether expertise was available in the organisation to gather soft intelligence.

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Members **NOTED** that an Information Governance Group was in place within the Health Board whose main function had been to ensure there was compliance in place for information governance issues. Members **NOTED** that NWIS had established a National Council which the Health Board was a Member on. Members **NOTED** that information governance arrangements were currently being reported into the Quality, Safety & Risk Committee so further consideration would need to be given to these arrangements moving forward as a result of the proposed establishment of the Information, Communication & Technology Committee. Members **NOTED** that there would be a need to ensure the right information was being discussed in the correct forums. Dilys Jouvenat expressed the importance of spreading positive messages following the negative reports received.

Marcus Longley advised that a criticism had also been received in relation to the new Unit being too busy. Allison Williams advised that a legitimate concern had been raised by a local councillor who had given birth to her baby during the second week of the move to the new unit. Operational challenges had been raised, mainly in relation to congestion and a number of the issues raised had been addressed by staff who had now introduced daily status reports on staffing and bed utilisation. Status reports recently received indicated that activity was being managed well and some days there were empty beds.

Marcus Longley extended his thanks to Allison Williams for presenting the report which was very detailed and comprehensive. Marcus Longley recognised that there was a significant amount of work left to undertake.

The Board **RESOLVED** to:

- **NOTE** the updates contained in this report
- **AGREE** that the detailed Programme arrangements would be endorsed by the Board in July
- **AGREE** that the Chief Executive and Director of Nursing, Midwifery and Patient Care, discuss the proposed Programme arrangements and likely resource requirements with Welsh Government officials to inform the infrastructure requirements
- **AGREE** that the Chair could take Chair's action to commit resources to the Programme in advance of the July meeting if required.

HB/19/069

PATIENT EXPERIENCE REPORT

Greg Dix presented the report which provided a summary of the current patient experience activity undertaken within Cwm Taf University Health Board (CTUHB) for Quarter 4, January to March 2019, applying the All Wales Framework for Assuring Service User Experience.

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Members **NOTED** the range of systems and processes in place to capture the experience of people using the services provided by the Health Board and to ensure these influence planning and service delivery models going forward. Greg Dix advised that this could be strengthened to be mindful of trends and themes.

Greg Dix advised Members that he had spent an afternoon with the District Nurses in Merthyr Tydfil where he had witnessed compassionate care and gathered a lot of intelligence from seeing them in action.

Members were advised that at the March meeting they were informed of the work being undertaken on real time feedback on the Mental Health and Maternity Wards. Greg Dix advised that he would be bringing a proposal back to the July Board in regard to rolling the real time feedback out across other wards.

Members **NOTED** that some delays in the reporting of incidents had occurred in Ophthalmology, Pathology and Dermatology and discussions were being held with the Chief Operating Officer and Directorates around quality governance processes.

Members **NOTED** the compliments that had been received across all areas including social media, and were advised that more compliments would be integrated into the patient experience report for the future.

Members discussed the PALS activity reported on page 6. Ruth Treharne queried why CAMHS was listed 4 times within the graph and questioned whether this was an error.

Allison Williams confirmed that there were four CAMHS inpatient services for Cardiff & Vale, Cwm Taf Morgannwg, Swansea Bay and Aneurin Bevan. The graph should be amended to reflect only Cwm Taf Morgannwg data. Cathie Moss asked if the CHC could be provided with the information on CAMHS. Greg Dix confirmed that he would action this request.

Maria Thomas commented that there had been several iterations of this report to the Board and it was still not quite there. The report should be strengthened to show what the key areas of concern were that the Board needed to be reviewing. Paul Griffiths advised that the informal complaints that had increased throughout the year were showing that lessons were not being learned. Greg Dix advised that informal complaints required to be responded to within 2 days, if they were not responded to in that timeframe then they would immediately move into the redress process. Greg Dix advised that it was better to see an increase in informal complaints and a decrease in formal complaints.

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Members were advised that they would see a different style of report in July which would include the tracking of informal and formal complaints.

Members discussed the Friends and Family initiative that was previously used at the Princess of Wales Hospital but was the property of Swansea Bay UHB. Members were advised that the Health Board would be looking to commission this for Cwm Taf Morgannwg UHB.

The Board **RESOLVED** to:

- **NOTE** the content of the report.

HB/19/070

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

Greg Dix presented the report which provided the Board with a summary of high-risk concerns since the last report to the Health Board on 28 March 2019.

Members **NOTED** that the report identified that at the end of Quarter 4, there were 141 formal Complaints which were 'ongoing' and in the process of being managed. 47 of those related to Princess of Wales and 95 were related to concerns generated within the former Cwm Taf University Health Board. There were 8 historic complaints open which were received over 6 months ago; these were complex and still under investigation. Compliance with complaint response times during Quarter 4 had increased to 29%, this was due to continued targeted improvement work undertaken by the team.

Greg Dix reported that as of today the figures were showing that the Health Board were at 90% compliance in responding to complaints within the 30 working day period. Members were advised that there was still some work to do with the quality of the responses being sent.

Members **NOTED** that since the last report two inquests had resulted in Regulation 28 Reports on Maternity Services. Members were advised that the actions required to address these issues form part of the overarching maternity services improvement plan. Members **NOTED** that there were 3 Patient Safety Solutions that were non-compliant and outside of the timescale. Greg Dix advised that there were mitigating actions in place.

Members were advised that a total of 43 serious incidents had been reported to Welsh Government between 1 March 2019 and 30 April 2019. This was the number of incidents that had been submitted since the last report to Board and was therefore not reported by Quarter. Members **NOTED** that meetings had been held with the Delivery Unit in relation to support on the internal review of serious incidents management.

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Keiron Montague advised that the drop off of the Quarter 4 figures would be picked up in Quality, Safety & Risk Committee; he observed that there was a lot of data within the report but there was a need to add more analysis. Greg Dix confirmed that he would be happy to work with the Quality, Safety & Risk Committee regarding this. Jayne Sadgrove advised that the dates in the report needed to be cross referenced in the Integrated Medium Term Plan report. Greg Dix confirmed that this would be undertaken.

Cathie Moss queried the long delay in regard to medicine cabinets. Allison Williams advised that this was an All Wales issue arising out of a Healthcare Inspectorate Wales report. There was a requirement for all Health Boards to modernise storage of all medicines.

The Board **RESOLVED** to:

- **NOTE** the content of the report.

HB/19/071

PERFORMANCE DASHBOARD

Ruth 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 were current organisational challenges and achievements and/or the organisation was under formal escalation with Welsh Government. Members **NOTED** that this was the first performance dashboard to report performance data for the Bridgend area as an integral part of the new Cwm Taf Morgannwg University Health Board.

Members **NOTED** that the Health Board were working closely with Swansea Bay University Health Board and the Delivery Unit in terms of ensuring the robustness of available data, appropriate data splits, application of the correct rules and appropriate presentation of the new, integrated data for the organisation. The Delivery Unit was providing helpful oversight and assurance in this respect, with Welsh Government also being kept informed of the work as it develops.

Members **NOTED** that the report had also been scrutinised by the Finance, Performance & Workforce Committee. The following key points were **NOTED**:

Referral to Treatment (RTT)

- Members **NOTED** the reported position for patients waiting over 52 weeks for April 2019 was 318. All 318 patients were patients with resident addresses within the Bridgend area. The reported position for patients waiting over 36 weeks was 1,128.

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Of these, 169 patients were patients with resident addresses within Cwm Taf and 959 within the Bridgend area. The figure of 959 includes 318 patients waiting over 52 weeks.

- Members **NOTED** that RTT trajectories had been agreed as part of the IMTP for the former Cwm Taf footprint but not yet on a monthly basis for the combined new Cwm Taf Morgannwg organisation. Proposals were being discussed and an update would be provided at the July meeting.

Diagnosics

- Members **NOTED** that the reported position for April was 61 patients waiting over 8 weeks for diagnostic services. There were 10 patients within the Bridgend area and 51 within the former Cwm Taf area. The majority of the 51 patients within the former Cwm Taf area were awaiting treatment in three areas - diagnostic angiography, endoscopy and cardiac heart rhythm. All 10 patients within Bridgend were awaiting cystoscopy.

Unscheduled Care

- Members **NOTED** the combined performance for Cwm Taf Morgannwg University Health Board for the four hour target for April was 74.2%. Individual departmental performance was 73.9% at Prince Charles Hospital (PCH), 78.2% at Royal Glamorgan Hospital (RGH) and 66.2% at Princess of Wales (PoW). Compliance for Ysbyty Cwm Cynon (YCC) was 99.2% and Ysbyty Cwm Rhondda (YCR) was 100%.

For reference, the former Cwm Taf University Health Board compliance in April 2018 was 89.1%. Members **NOTED** that Urology had been an area of challenge for some time and that the Finance, Performance & Workforce Committee had undertaken a number of 'deep dives'.

Follow up Patients Not Booked (FUNB)

- Members **NOTED** the number of patients waiting for an outpatient follow-up (not booked) who are currently delayed past their agreed target date as at the end of March was 19,586 (the February figures was 18,918). Paul Griffiths queried whether a Business Case for FUNB had been developed. Allison Williams advised that discussions were being held with Welsh Government in relation to a proposed Business Case and agreed to obtain an update.

Primary Care CAMHS (p-CAMHS)

- Members **NOTED** that the waiting list had grown since March 2019 to 363 in April 2019.

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However, the maximum waiting time had reduced in recent months from 44 to 26 weeks at the end of the March and climbed slightly to 29 weeks at the end of April.

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

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

HB/19/072

WORKFORCE & ORGANISATIONAL DEVELOPMENT METRICS REPORT

Anne Phillimore 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 Finance, Performance & Workforce Committee.

Cathie Moss left the meeting 16.50 pm

Members **NOTED** that sickness absence in month had decreased from 6.31% to 5.69%. The continued rollout of the new Managing Attendance Policy and associated training was being positively received, and a refreshed Attendance Management Plan was in the process of being produced. Members **NOTED** that the Finance, Performance & Workforce Committee were planning to undertake a 'deep dive' on sickness absence.

Members **NOTED** that the tender to re-commence international nurse recruitment had now been released with the initial shortlisting due to happen in late May. Members were advised that 9 international nurses were currently working for the Health Board, all were in receipt of Nursing and Midwifery Registration. A further 10 individuals were working towards being able to relocate, but there was currently no indication as to when they were likely to pass the relevant exams.

Members **NOTED** that in regards to the staff survey, to date 131 members of staff had attended Dignity at Work awareness training this year. 67 staff members attended the Stress Management in the Workplace course, and 8 people were currently attending the Team Care Engagement Programme. There had been 23 participants on the Mindfulness Based Living Course. The next course was full with 12 participants and 8 on the waiting list. Members were advised that the Workforce Team continued to monitor uptake of training, working alongside HR business partner teams to identify staff or areas of need. Members **NOTED** that HR Business Partner teams were working closely with Directorate managers to progress localised staff survey action plans monitored at Clinical/Corporate Business Meetings, informed by staff survey data, engagement champions and staff input.

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Progress against these plans are captured monthly through the steering group, and any necessary support or progress these may need were being discussed and agreed.

Members discussed the Statutory and Mandatory performance rates on page 12 of the report. James Hehir commented that it was disappointing the performance rates were showing as Amber. Anne Phillimore agreed that there would be a need to keep a focus on this. Nicola Milligan commented that there was a need to ensure that what was listed as mandatory training was something that staff really need to undertake. Anne Phillimore advised that she would look into this matter as an action.

Dilys Jouvenat advised Members that the first meeting of the Call for Action would be held on the 14 June.

The Board **RESOLVED** to:

- **NOTE** the report.

HB/19/073

FINANCE UPDATE – MONTH 1

Steve Webster presented Members with an update on the Month 1 financial position.

Members **NOTED** that the annual budget for the new organisation was £1,002m. The financial plan had been updated to include assumed funding for the £6.7m recurring deficit transferred from the Bridgend Boundary Change.

Members **NOTED** that the Month 1 Income and Expenditure position was very close to budget with a small overspend of £51k. This included a delegated overspend of £1.53m offset by an underspend on non-delegated budgets of £1.48m. The delegated overspend included a shortfall in savings delivery of £1.23m plus other overspends on pay, non-pay and income of £0.3m.

The Health Board had reported a forecast break even position to Welsh Government at Month 1, together with a forecast recurrent surplus going into 2021/22 of £0.6m. This was in line with the financial plan for 2019/20.

Members **NOTED** that the delegated savings target of £16.3m represented a Month 1 target of £1.36m. Only £0.13m of savings had been reported in Month 1 resulting in an adverse variance against a plan of £1.23m.

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Members were advised that in the context of maternity services, information was showing that births were falling. Some were in relation to birth rates and also mothers choosing to give birth elsewhere which could result in a possible impact on the financial position. Members were advised that this would be closely monitored.

The Board **RESOLVED** to:

- **NOTE** the report.

HB/19/074

QUARTERLY CAPITAL UPDATE

Ruth Treharne presented the report which provided a quarterly update to the Health Board on the Capital Programme, including an update on the Capital Resource Limit (CRL) and outturn position for 2018/19.

Members **NOTED** that as reported in the January 2019 update, the recurrent discretionary CRL funding of £6.78m had been reduced to £6.48m in 2018/19 to reflect prior year slippage on the neonatal project. The updated 2018/19 funding position was set out on page 3 of the report and was based on what was reported at Executive Capital Management Group (ECMG) on 22 March 2019.

In regards to ongoing projects, Members **NOTED** that the Macmillan Unit National Garden Scheme at the Royal Glamorgan Hospital was on target to open in September.

Members **NOTED** that the Phase 2 Business Case for Dewi Sant Health Park had been recommended for approval by the Capital Programme Board and would be received by the Board at its June 2019 meeting.

Members **NOTED** that Phase 2 of the Full Business Case for Prince Charles Hospital, Ground & First Floor Refurbishment and the supporting Programme Business Case had been approved by the Health Board on the 28 March 2019 and submitted to Welsh Government. The scrutiny process had commenced and the Health Board were awaiting feedback and a date for presentation to the Welsh Government Infrastructure Investment Board.

Members **NOTED** that the issues relating to the Helipad at Prince Charles Hospital had now been resolved and discussions were currently ongoing with Air Ambulance on two options, both of which would require additional land. Both options would need to be under consultation with Merthyr Tydfil County Borough Council.

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Phillip White queried whether there would be any foreseen problems in proceeding with the work on the Sunnyside Health and Wellbeing Centre in Bridgend. Ruth Treharne confirmed that the Business Case was currently in the process of being developed and there were some minor issues in relation to the internal redesign.

The Board **RESOLVED** to:

- **NOTE** the report.

HB/19/075

WELSH LANGUAGE UPDATE

Anne Phillimore presented the report. Members were advised that in line with statutory requirements, the Health Board must submit an End of Year progress report to Welsh Government by 30 April 2019 detailing the progress made against the Year 3 targets in the 'More Than Just Words' Follow-on Framework. The Health Board must also submit a brief progress report and statistical information to the Welsh Language Commissioner's Office by 7 June 2019.

Members **NOTED** that in order to comply with the 6 underlying principles of the Welsh Language Standards the Health Board would be required to undertake some additional resources:

- Translation costs continue to escalate as the demand for translation increases in line with statutory requirements. Recruitment of another 2 translators would ease the workload of the current full time translator and be more cost effective;
- Purchase simultaneous translation equipment in order to comply with many of the Welsh Language Standards;
- Cover the cost of Welsh language training which would need to be offered free of charge and during working hours after the Standards are implemented;
- New equipment would need to be purchased to allow the outpatients department to comply with the standard in relation to recorded messages over a public address system. An extension to 30 May 2020 would need to be requested to enable the Health Board to purchase and set up the new system.

Members **NOTED** that Welsh Language Standards in relation to patient communication including appointment letters and the text and remind service were high risk areas for complaints from the general public. Although work had started, the Health Board were unable to comply with the standards by the 30 May imposition date and would need to apply for a six month extension. Members **NOTED** that progress continued to be made against national targets leading to improved bilingual service provision and an increased awareness amongst staff to deliver linguistically sensitive services to meet the needs of service users.

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Dilys Jouvenat queried whether any work was being undertaken for patients more likely to use the service such as dementia patients who in particular revert back to their first language. Anne Phillimore confirmed that they were looking at service areas including dementia patients.

Keiron Montague queried whether there would be a possibility of working jointly across Health and the Local Authority on the resources needed to deliver the Standard. Anne Phillimore confirmed that she would be happy to look into this and report back following this.

Following discussion the Board **RESOLVED** to:

- **NOTE** the risks associated with the Welsh Language Standards;
- **APPROVE** the report.

HB/19/076

BRIDGEND BOUNDARY CHANGE – TRANSITION PROGRAMME UPDATE AND CLOSE DOWN

Allison Williams presented the close down arrangements for the Bridgend Boundary Transition Programme and outlined the ongoing and mutual arrangements.

Members **NOTED** that discussions on the post boundary change financial framework were ongoing with Cwm Taf Morgannwg and Welsh Government. A due diligence exercise for finance had been commissioned by Welsh Government and was currently underway. Discussion on the financial frameworks would be progressed with Welsh Government in the context of the organisation's Annual Plan and development of the IMTP.

Members **NOTED** that a Legacy Statement and Handover Document had been approved by the Joint Transition Board at its final meeting on 23 April 2019 and subsequently approved by both Health Boards. Members were advised that the Quality & Safety Legacy Statement set out a comprehensive summary of work from the Quality and Patient Safety work stream, identifying known quality and patient safety issues, actions in train or recommended and areas of good practice.

The purpose of the Handover Statement was to provide the context within which the Health Boards would approach transferring healthcare services in the Bridgend County Borough Council (BCBC) area to Cwm Taf Morgannwg moving the Health Board boundary accordingly. The statement highlighted the work that needed to be taken forward in implementation planning and the critical issues that would influence its success.

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Members **NOTED** that at its last meeting on 23 April, the Joint Transition Board agreed the areas of outstanding and ongoing work in the context of the boundary change and agreed to take forward these via Joint Executive Team meetings, meeting initially on a monthly basis.

Phillip White commented that this had been a huge task and he thanked everyone for the work that had been undertaken.

The Board **RESOLVED** to:

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

HB/19/078

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 Board **RESOLVED** to:

- **NOTE** the contents of this report
- **APPROVE** the minutes of the Board committee meetings
- **APPROVE** the revised terms of reference for the Primary and Community Care Committee
- **APPROVE** the revised terms of reference for the Mental Health Act Monitoring Committee.

HB/19/079

ANY OTHER URGENT BUSINESS

There was no other business to report.

HB/19/080

DATE OF NEXT MEETING

The next scheduled meeting of the University Health Board, would take place on Wednesday 31 July 2019 at 2.00pm.

SIGNED:.....

Professor M Longley, Chair

DATE:.....