

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 30th September 2021 as a Virtual Meeting
Broadcast Live via Microsoft Teams**

Members Present:

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| Marcus Longley | Chair |
| Paul Mears | Chief Executive |
| Dilys Jouvenat | Independent Member |
| Ian Wells | Independent Member |
| James Hehir | Independent Member |
| Jayne Sadgrove | Independent Member/Vice Chair |
| Mel Jehu | Independent Member |
| Nicola Milligan | Independent Member |
| Patsy Roseblade | Independent Member |
| Carolyn Donoghue | Independent Member |
| Hywel Daniel | Executive Director for People |
| Linda Prosser | Executive Director of Strategy and Transformation |
| Fiona Jenkins | Executive Director of Therapies & Health Sciences (Interim) |
| Kelechi Nnoaham | Executive Director of Public Health |
| Sally May | Executive Director of Finance |
| Gareth Robinson | Chief Operating Officer (Interim) |
| Georgina Galletly | Director of Corporate Governance |
| Anna Lewis | Associate Member – Chair of the Clinical Advisory Group |

In Attendance:

| | |
|----------------------|--|
| Lee Leyshon | Assistant Director of Engagement & Communications |
| Cally Hamblyn | Assistant Director of Governance & Risk |
| Richard Morgan-Evans | Chief Of Staff (In Part) |
| Debbie Bennion | Deputy Executive Nursing Director (attending for Greg Dix) |
| Sallie Davies | Deputy Medical Director (attending for Dom Hurford) |
| Claire Goatson | Ward Manager (In part) |
| Ann Orrells | Senior Nurse (In part) |
| Harish Bhat | Consultant (In part) |
| James White | Consultant (In part) |
| Emma Walters | Corporate Governance Manager (Secretariat) |

Agenda Item

1

PRELIMINARY MATTERS

1.1

Welcome & Introductions

The Chair **welcomed** everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also **noted** by the Chair.

The Chair advised that this would be the last meeting for Independent Members Keiron Montague and Councillor Philip White. The Chair extended his thanks to both Keiron and Philip for their contributions on the Board during their term at Cwm Taf Morgannwg and wished them both the very best for the future. Members **noted** that interviews were held last week for Keiron's successor which was awaiting a final decision from the Minister. The Chair advised that he had recently written to the three Local Authorities to seek nominations for a Local Authority Independent Member to replace Councillor White.

The Chair advised that today would also be his last Board meeting prior to his retirement as Chair of the Health Board and added that he wished to extend his sincere thanks to all of his colleagues who had supported him during his time as Chair over the last four years. The Chair advised that Emrys Elias would be taking over the Chair's role, commencing on the 1 October 2021 for a period of 18 months.

The Chair advised that at the end of today's meeting, he would be seeking reflections from the Board as to how they felt the meeting went today to ensure the Board were acting effectively.

1.2

Apologies for Absence

Members **noted** apologies from:

- Phillip White, Independent Member
- Keiron Montague, Independent Member
- Greg Dix, Executive Director of Nursing, Midwifery and Patient Care & Safety
- Dom Hurford, Executive Medical Director (Interim)
- John Beecher, Cwm Taf Morgannwg Community Health Council
- Cathy Moss, Cwm Taf Morgannwg Community Health Council

1.3

Declarations of Interest

As declared previously, F Jenkins advised that she was also an Executive Director of Therapies & Health Sciences on the Cardiff & Vale University Health Board.

1.4

Shared Listening & Learning – Staff and Patient Story Covid Challenges and Opportunities

A short video from Pinewood House was played which recognised the importance of maintaining contact with friends and family during Covid restrictions and developed a creative writing group to meet these needs. Weekly handwritten notes and gifts were made and posted out.

The Chair welcomed the story and added that it was good to hear what patients have to say in their own words.

A Orrells advised that Pinewood House was an exceptional place and added that she was extremely proud of the staff and patients within the unit. C Goatson advised that the two patients wanted to tell their stories themselves and added that social inclusion was key for the patients on the unit.

The Chair advised that he had visited the unit some time ago where he found the location of the unit to be a great asset and found that there was a feeling of warmth, recovery and a therapeutic atmosphere. The Chair extended his thanks to A Orrells and C Goatson for the development of the story.

Resolution: The Patient Story was **NOTED**.

2 CONSENT AGENDA

Members confirmed there were no reports they wished move from the Consent Agenda to the Main Agenda.

3.1 FOR APPROVAL

3.1.1 Unconfirmed Minutes of the Meeting held on the 29th July 2021

Resolution: The minutes were **APPROVED** as a true and accurate record.

3.1.2 Unconfirmed In Committee Minutes of the Meeting held on 29th July 2021

Resolution: The In Committee minutes were **APPROVED** as a true and accurate record.

3.1.3 Unconfirmed In Committee Minutes of the Annual General Meeting held on 29th July 2021

Resolution: The Annual General Meeting minutes were **APPROVED** as a true and accurate record.

3.1.4 Chairs Report and Affixing of the Common Seal

Resolution: The report was **NOTED**;
The Affixing of the Common Seal was **ENDORSED**.

3.1.5 Board Committee Annual Reports

Resolution: The reports were **APPROVED**.

3.1.6 WHSSC Report – Commissioning Future New Services for Mid, South and West Wales.

Resolution: The report was **APPROVED**.

3.1.7 Amendment to the Standing Orders

Resolution: The report was **APPROVED**.

3.1.8 South East Wales Vascular Network Business Case

Resolution: The Business Case was **APPROVED**.

3.1.9 Pharmaceutical Needs Assessment

Resolution: The report was **APPROVED**.

3.1.10 WHSSC Standing Orders and Standing Financial Instructions

Resolution: The reports were **APPROVED**.

3.1.11 Scheme of Delegation Report

Resolution: The report was **APPROVED**.

3.2 FOR NOTING

3.2.1 Committee Action Log

Resolution: The Action Log was **NOTED**.

3.2.2 Board Committee and Advisory Groups Highlight Reports

Resolution: The Highlight Reports were **NOTED**.

3.2.3 Joint Committee Reports

Resolution: The Highlight Reports were **NOTED**.

3.2.4 Putting Things Right Annual Report

Resolution: The report was **NOTED**.

3.2.5 Healthcare Standards Annual Report

Resolution: The report was **NOTED**.

3.2.6 Infection, Prevention & Control Annual Report

Resolution: The report was **NOTED**.

4. MAIN AGENDA

4.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

5. GOVERNANCE

5.1 Chief Executives Report

P Mears presented members with the report which kept the Board up to date with key issues affecting the organisation.

Resolution: The report was **NOTED**.

6 CREATING HEALTH

6.1 Population Health Update

K Nnoaham presented Members with the report and highlighted the key points contained within the report.

J Sadgrove welcomed the investment that had been made in the obesity service and the renewed activity being undertaken in relation to smoking cessation and added that both of these elements would help to contribute to improving the health of expectant mothers.

In response to a question raised by the Chair as to whether a Covid Recovery plan for Public Health needed to be developed, K Nnoaham advised that discussions had been held over the last couple of months regarding population health recovery and added that at the appropriate point in time it would be helpful to present the Board with progress being made against this programme.

P Mears advised that the Local Authorities recognised the challenges as a consequence of the pandemic and added that discussions held with Local Authority colleagues on aspects such as obesity had been really helpful and had provided the Health Board with a positive platform to work from.

Resolution: The report was **NOTED**.

Action: Update to be presented to Board at a future meeting in relation to the work being undertaken on Population Health Recovery.

6.2 Covid Booster Vaccinations

K Nnoaham presented Members with the report.

In response to a comment made by N Milligan in relation to the data contained on page 6 of report which did not seem to correlate, K Nnoaham advised that he would undertake a review of this outside the meeting. Members **noted** that it was evident that uptake was lower in areas of higher deprivation which did not correlate with what had been reported within the report.

In response to a question raised by I Wells as to why everyone would now be receiving a single booster dose of the Pfizer-BioNTech vaccine as opposed to Astra Zeneca, K Nnoaham advised that the Pfizer-BioNTech vaccine was best delivered at the Mass Vaccination Centres which would enable GP practices to concentrate on providing their routine treatment for patients.

Resolution: The report was **APPROVED**.

Action: Review to be undertaken of the information contained on page 6 of the report which did not seem to correlate.

6.3 Future Plans of the Regional Partnerships Board and Public Services Board

L Prosser presented Members with the report.

J Sadgrove advised of the importance of the Board understanding the work of the Regional Partnerships Board and the Public Services Board and encouraged Board Members to visit the Regional Partnerships Board website which was highly informative and provided links to make contributions to the population needs assessment currently being undertaken.

In response to a question raised by the Chair as to whether the Board would receive regular updates on this matter, L Prosser recommended that an update was provided to the Board twice a year. The Chair added that at an appropriate point in the future it would be helpful to have some reflection from L Prosser as to the effectiveness of the both the Regional Partnerships Board and Public Services Board.

Resolution: The report was **NOTED**.

Action: Twice yearly updates to be provided to the Board in relation to the Regional Partnerships Board and Public Services Board.

Action: Further reflection to be provided at a future Board meeting as to the effectiveness of the Regional Partnerships Board and Public Services Board.

7. IMPROVING CARE

7.1 Quality Report

D Bennion presented the report.

In response to a question raised by N Milligan in relation to the oversight group moving from weekly to monthly meetings and the membership of the group, G Robinson advised that a decision was made to move to monthly meetings as slight improvements were being seen and the programme rhythm was impacting on staff undertaking the work that needed to be done. Members **noted** that weekly workstream meetings sat underneath the programme board. G Robinson advised that the recent Healthcare Inspectorate Wales review had meant that a further review of the programme structure needed to be undertaken and steps had been taken to ensure weekly reporting to the Executive Team was in place from an assurance perspective. Members **noted** that a weekly review of progress was also being undertaken with the Integrated Locality Group team.

Members **noted** that a review of Mental Health Services within the Health Board was in the process of being undertaken with options recently discussed by the Executive Team. P Mears advised that a final proposal should be available within the next few weeks.

In relation to the Welsh Health Specialised Services Committee escalation of Ty Llidiard, Members **noted** that a joint meeting was held in July where a number of actions were agreed. P Mears added that active dialogue was being held with the Welsh Ambulance Services NHS Trust to finalise the agreed arrangements for emergency admissions.

The report was **NOTED**.

Resolution:

Quality & Safety Committee Highlight Report

7.1.1

J Sadgrove presented the report and highlighted that at its meeting in August the Committee wished to escalate their concerns to Board in relation to Ophthalmology services for awareness. Members **noted** that a further discussion was held on this matter at an In Committee session of the Quality & Safety Committee held on 29 September 2021 where it was noted that an improvement plan was in the process of being developed for discussion at the October Management Board, prior to being presented back to Quality & Safety Committee for ongoing monitoring.

Resolution:

The report was **NOTED**.

7.2

Performance Dashboard

G Robinson presented the report.

In response to a question raised by P Roseblade in relation to reference made on page 10 of the report regarding waiting lists in the Rhondda Taff Ely Integrated Locality Group, G Robinson confirmed that activity increased significantly during April and May with a decrease in capacity being seen in July, which primarily related to Breast Services.

In response to comments made by P Roseblade in relation to a statement made on page 18 of the report, which seemed to state that despite the number of attendances to the emergency department decreasing, there seemed to be a worsening position in relation to four hour performance; and that there was no information recorded in the report regarding red release performance, G Robinson advised that the reduction in four hour performance was as a result of teams trying to address the increase in Covid cases during June, July and August and added that he would ensure data on red release was included in the next iteration of the report.

In response to a question raised by N Milligan as to why the Health Board were not achieving the target for the sepsis bundle which had now fallen to 52% compliance and what was being done to address this, G Robinson advised that he would discuss this in the Integrated Locality Group performance review meetings and would provide a response outside the meeting.

In response to a comment made by N Milligan regarding performance against Part 1a CAMHS referrals which was now at 14.7% against a target rate of 80%, G Robinson advised that he would need to check the detail behind this as this may be a data recording issue as improvements in performance had recently been reported.

In response to a question raised by N Milligan regarding reference made to the recruitment being made into the school in-reach provision and the job descriptions being ready to advertise, G Robinson agreed to review the position outside the meeting as to why the posts had not yet been advertised and added that this may be down to the timing as to when the report was written.

In response to a comment made by M Jehu regarding the statement made on page 6 of the report that no never events had been reported which was inconsistent with the one never event reported on page 4 of the report, S Davies advised that there had been one never event reported which was then reclassified and downgraded by the Delivery Unit.

In response to a question raised by M Jehu as to whether the 116 complaints reported on page 6 of the report was the average number that should be expected during a month, D Bennion confirmed that this would be seen as an average number. In response to a question raised by M Jehu as to when improvements were likely to be seen, G Galletly advised that steps were being taken to recruit into the team and added that as well as trying to reduce the number of complaints, work would also need to be undertaken to ensure the quality of complaint responses and response times are improved. These improvements will take a few months to address and improvements embedded.

I Wells made reference to Follow Up Outpatients Not Booked and advised that whilst the report identified the main areas of risk, the report did not identify the work that was being undertaken to resolve the situation. G Robinson advised that a redesign of the outpatient pathway would need to be undertaken in order to address the issues and added that resources were now in place to

take forward the work in relation to the See on Symptom project which was part of the Planned Care Programme of work. Members **noted** that detailed discussions were taking place at Quality & Safety Committee in relation to Follow Up Outpatients not Booked.

Members **noted** the plans that were being put into place to develop the performance dashboard report further over the next six months and the Chair advised that the Board would look forward to receiving a revised report at a future meeting.

P Mears advised that consideration would need to be given as to how much information needed to be presented to the Board and added that this linked closely to risk appetite and advised that a flexible approach may be required as there may be some issues that the Board would wish to be sighted on more regularly. G Robinson added that a significant amount of development work would need to be undertaken with the Integrated Locality Groups in relation to performance reporting.

Resolution: The Report was **NOTED**.

Action: G Robinson to ensure data on red release calls was included in the next iteration of the report.

Action: Discussion to be held at the Integrated Locality Group performance review meetings regarding poor performance against the sepsis bundle target. Response to be provided outside the meeting.

Action: Detail to be checked outside the meeting in relation to poor performance against Part 1a CAMHS referrals to determine whether this was a data recording issue.

Action: Review to be undertaken outside the meeting in relation to the school in reach provision posts to determine whether the posts had now been advertised.

7.3 **Stroke Services – Position Statement**

F Jenkins presented the report alongside her colleagues J White and H Bhat.

In response to a question raised by P Roseblade as to what the one best single intervention would be to improve patient outcomes, J White advised that there was not one intervention in particular that improved patient outcomes, however, it was well known that patients need to be admitted to a stroke ward as quickly as possible to ensure the best care is provided. Members **noted** that from a life changing perspective, rapid access to thrombectomy was one of the best interventions for patient outcomes.

K Nnoaham advised that one of the best interventions was to prevent stroke in the first instance and added that early detection of atrial fibrillation was key in terms of stroke prevention.

In response to a question raised by M Jehu as to the resilience of staff at the present time, F Jenkins advised of the ambition to provide a 7 day stroke service. Members **noted** that at present there was not enough resource in place to provide seven day cover and added that the Health Board were trying to provide the best service possible with the existing resource. Members **noted** that Stroke was a very complex and challenging area and staff were feeling exhausted. F Jenkins added that a plan was in the process of being developed in order to address this.

D Jouvenat extended her thanks to F Jenkins and her colleagues for presenting the report and welcomed the action plan which was clear and concise. D Jouvenat also extended her thanks to staff within the service for all of their hard work.

The Chair extended his thanks to J White and H Bhat for attending the meeting and advised that there was a very strong commitment from the Board to provide the best service as possible.

Resolution: The report was **NOTED**.

7.4 Organisational Risk Register

C Hamblyn presented the report noting the key highlights. The Chair extended his thanks to C Hamblyn and colleagues for the work that had been undertaken on this report which was much improved.

In response to a question raised by P Roseblade regarding Risk 4203 and whether it was now possible to restart waiting list initiatives as a result of the revised Waiting List Initiative arrangements, H Daniel advised that this was a complex issue which was being addressed on an All Wales basis and added that whilst it was having an impact, this was not preventing the Health Board from undertaking the activity required. G Robinson confirmed that there had been a 50% drop in activity as a result of the revised arrangements which may be of benefit to staff as they had been working a number of additional hours.

The Chair expressed concern at the heat map which identified that there were 15 risks graded as certain to happen.

Resolution: The report was **APPROVED** and **NOTED**.

7.5 Three Yearly Welsh Government Nurse Staffing (Wales) Act Report

D Bennion presented the report.

Members **noted** that the impact of Covid had meant that 22 out of 29 wards had been repurposed in order to meet Covid demand, which had been a challenging exercise for staff in terms of keeping data up to date and ensuring staffing levels were appropriate. Members **noted** that there had only been

four incidents during the three year period which related to a decrease in staffing levels on wards.

Resolution: The report was **NOTED**.

7.5.1 The Nurse Staff Levels (Wales) Act Extension to 2nd duty of the Act – Paediatric Inpatient following calculation in August 2021.

D Bennion presented the report.

N Milligan sought clarity as to how Registered Mental Health Nurses (RMN's) would be utilised if there were no Child and Adolescent Mental Health Services (CAMHS) patients admitted on the wards and sought assurance that these staff would not be utilised to bolster the numbers to make it appear that the Health Board had the recommended registered sick Children's nurses looking after these patients. D Bennion confirmed that the rosters would be defined so that it would be clear that the RMN would not be part of the staffing numbers. In response to the question raised as to how these nurses would be utilised if there were no CAMHS patients admitted to the ward, D Bennion advised that RMN's were in place on some of our Acute Medical Wards who supported in different ways and added that the detail would need to be worked up as to how they would be supported and what else they could do to support our other workforce teams as an enhancement. D Bennion confirmed that the staff should not be redeployed to other wards and confirmed that there would be training in place for them.

In response to a comment made by P Roseblade as to whether the Board would be in a position to approve the release of the remaining funding without knowing the opportunity costs for example, S May confirmed that this had formed part of the financial plan and monies had been set aside to meet this commitment. P Roseblade confirmed that she felt happy to approve as a result of the explanation provided.

Resolution: The report was **APPROVED** and **NOTED**.

7.6 Neonatal & Maternity Improvement Programme

S Davies presented the report.

J Sadgrove reminded the Board of the detailed scrutiny structure that was in place which included the Maternity & Neonates Improvement Board and added that the position was also scrutinised in detail at the Quality & Safety Committee.

Resolution: The report was **NOTED**.

7.6.1 Neonatal Services Escalation

S Davies presented the report.

In response to a question raised by J Sadgrove in relation to the deep dive that was being undertaken within Neonatal Services and whether it would be helpful to have direct engagement between clinicians in place, P Mears advised that there would be no reason as to why the Health Board would not encourage the IMSOP Neonatal Leads to directly engage with clinicians.

Resolution: The report was **NOTED**.

7.7 Strategy Development

L Prosser presented the report. Members **noted** that the first round of workshops had been held with Clinicians where a discussion was held in relation to the areas which needed to be focussed on in more detail.

The Chair extended his thanks to L Prosser for presenting the report.

Resolution: The report was **NOTED**.

7.8 Continuous Improvement Self-Assessment Process in response to Targeted Intervention

R Morgan-Evans presented the report. Members **noted** the proposal being made to self-score every four months as opposed to every two months and noted that the next report would be presented to the January 2022 Board for approval.

Resolution: The report was **APPROVED** and the proposal to change the frequency of self-scoring to four months was **SUPPORTED**.

7.9 Clinical Advisory Group Highlight Report August 2021

A Lewis presented the report. Members **noted** that a discussion was held at the August meeting in relation to sustainable healthcare and the Green Strategy. Members **noted** that there were a number of individuals within the organisation who were making good progress in trying to reduce the carbon footprint within the organisation which needed to be recognised and celebrated.

L Prosser advised that a communications event was being planned for the end of October where the intranet site would be launched. An appeal for local champions to take some of this work forward would also be undertaken which would be welcomed by Clinicians.

The Chair advised that this would be a key element to the Health Board's mission to improve population health.

Resolution: The report was **NOTED**.

7.10 Mental Health Act Monitoring Committee Highlight Report

J Sadgrove presented the report which highlighted some positive escalations to the Board.

Resolution: The Highlight Report was **NOTED**.

7.11 LINC Business Care – Verbal Update

L Prosser presented Members with a verbal update and advised that the proposal to invest into a laboratory information network as part of a national procurement exercise was approved by the Board at its In Committee session held earlier today.

Resolution: The update was **NOTED**.

8. INSPIRING PEOPLE

8.1 CTM – Becoming an Engaging Organisation

L Leyshon presented the report.

N Milligan extended her thanks to L Leyshon for presenting the report which contained great vision and ambition and suggested that the report needed to make more reference to staff in order to build on trust and actions. N Milligan also suggested that more information needed to be used in relation to the compliments being received within the Health Board and not just concerns. L Leyshon agreed to address both of these points raised.

Members **noted** that P Mears and M Jehu would be undertaking a further visit to one of the communities within Cwm Taf Morgannwg and **noted** that a model would need to be developed in relation to future Community Engagement Walkabouts.

Resolution: The report was **NOTED**.

Action: Report to be amended to make more reference to staff and more information to be included in the report on the compliments being received within the Health Board.

9 SUSTAINING OUR FUTURE

9.1 Month 5 Finance Update 2021-2011

S May presented Members with the report.

In response to a question raised by P Roseblade as to whether the Integrated Locality Groups had now completed their 'bottom up' savings plans, S May advised that there was still further work required on this and added that additional support was being provided to the teams to help them develop their plans. G Robinson advised that there were concerns regarding the ability to deliver the plans which continued to be an area of risk to the Health Board.

Resolution: The report was **NOTED**.

9.1.1 Planning, Performance & Finance Committee Highlight Report

M Jehu presented Members with the report which highlighted an escalation the Committee wished to make to Board regarding the Month 4 financial position. S May confirmed the position at Month 5 was consistent to what had been recorded in the report.

Resolution: The report was **NOTED**.

10 ANY OTHER BUSINESS

The Chair sought views from Board Members as to 'How did we do in this meeting'. The following key points were noted:

- It was felt that it was beneficial to have clinical voices at the Board which provided a really good opportunity to hear from front line clinicians;
- A question was posed as to whether the Board were asking the right questions in order to get to the heart of certain issues;
- Further reflection needed to be undertaken as to the amount of information that was being presented to Board which was very significant.

J Sadgrove advised that the Board wished to thank the Chair for his leadership over the last four years and added that during that time the Health Board had faced a number of challenges which the Chair had calmly supported the Board to work through. J Sadgrove added that the Chair had enabled the Board to interrogate matters fully and had developed and strengthened relationships and trust with stakeholders and members of the community. J Sadgrove extended her thanks to the Chair for everything that he had done and wished him all the very best in his retirement.

The Chair extended his thanks to J Sadgrove for her kind and touching words and extended his thanks to the Board and all the staff within the organisation and advised that he had been astonished of the kindness and professionalism that had been shown by teams. The Chair added that he wanted to thank Board and Independent Members for their support during some incredibly difficult times.

10 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 10:00am on Thursday 25th November 2021.

11 CLOSE OF MEETING

Unconfirmed