

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 31 March 2022 as a Virtual Meeting
Broadcast Live via Microsoft Teams**

Members Present:

Emrys Elias	Chair
Paul Mears	Chief Executive
Jayne Sadgrove	Vice Chair/Independent Member
Ian Wells	Independent Member
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
James Hehir	Independent Member
Carolyn Donoghue	Independent Member
Lynda Thomas	Independent Member
Dilys Jouvenat	Independent Member
Hywel Daniel	Executive Director for People (In part)
Greg Dix	Executive Director of Nursing
Linda Prosser	Executive Director of Strategy and Transformation
Fiona Jenkins	Executive Director of Therapies & Health Sciences
Kelechi Nnoaham	Executive Director of Public Health (In part)
Sally May	Executive Director of Finance
Dom Hurford	Interim Medical Director (In part)
Gareth Robinson	Chief Operating Officer (Interim)
Lisa Curtis-Jones	Associate Member
Anna Lewis	Associate Member – Chair of the Clinical Advisory Group

In Attendance:

Georgina Galletly	Director of Corporate Governance
Stuart Morris	Director of Digital
Leanne Davies	Senior Nurse, Ysbyty Cwm Rhondda (In part)
Chris Beadle	Head of Operational Health, Safety & Fire (In part)
Huw Jakeway	South Wales Fire & Rescue Service (In part)
Gary Davies	South Wales Fire & Rescue Service (In part)
Cally Hamblyn	Assistant Director of Governance & Risk
Richard Morgan- Evans	Chief Of Staff
Sallie Davies	Deputy Medical Director
Paul Dalton	Internal Audit
Cathy Moss	Cwm Taf Morgannwg Community Health Council (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 extended his thanks to G Robinson and F Jenkins for the support they had provided to the Board over the last year and wished them both well for the future.

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 to ensure the Board were acting effectively.

1.2

Apologies for Absence

Apologies for absence had been received from:

- Patsy Roseblade, Independent Member

1.3

Declarations of Interest

No additional declarations were made.

2

SHARED LISTENING AND LEARNING

2.1

Patient Story

L Davies presented the patient story which related to a fire incident that occurred at Ysbyty Cwm Rhondda in 2021 which highlighted the excellent response from staff in responding to the incident. Colleagues from the South Wales Fire & Rescue Service advised the Board that they felt that the actions of all staff involved needed to be formally recognised and in this respect they had made a direct nomination to the Society for Protection of Life from Fire and added that staff had been presented with their certificates.

The Chair extended his thanks to L Davies and South Wales Fire & Rescue colleagues for sharing the story and advised that the Board welcomed the actions that had been taken by staff and the recognition that had been received from the Society for Protection of Life from Fire.

H Daniel echoed his thanks to South Wales Fire & Rescue colleagues for the ongoing support they had provided and extended his thanks to L Davies and her team whose rapid responses helped to manage the incident. H Daniel added that this incident highlighted the importance of fire training and advised that some of the actions taken by the Team was as a direct result of the training they had received over the past few years. H Daniel highlighted the importance

of ensuring that the design of our premises was correct from a Fire safety perspective and extended his thanks to Mark Swift, Senior Fire Officer for all of the work he had undertaken with local teams and Estates colleagues.

G Robinson advised the Board that a reflection report on this incident had been developed by the Team so that learning from the event could be shared more widely and added that whilst it was important to recognise the staff who responded to the incident during the moment, it was also important to recognise that a number of staff who were not rostered to work came into work to assist with the response, which is also commended.

L Thomas advised that she had the privilege of visiting the Health Board last week and visited the area affected with L Davies. L Thomas welcomed the whole sense of community and the way in which staff pulled together.

H Jakeway advised that he was aware that staff had learnt significant lessons from the incident and he was aware that learning from the incident would be used by the Health Board to enhance training moving forwards. L Davies added that ongoing support had been provided to all staff involved.

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

3 CONSENT AGENDA

3.1 FOR APPROVAL

3.1.1 Unconfirmed Minutes of the Meeting held on the 27 January 2022

Resolution: The minutes were **APPROVED**.

3.1.2 Chairs Report – Affixing of the Common Seal and Ratification of Chairs Action

Resolution: The Report was **APPROVED**.

3.1.3 Amendments to the Standards of Behaviour Policy Framework – Declarations of Interest.

Resolution: The report was **APPROVED**.

3.1.4 Amendment to the Standing Orders – Terms of Reference

Resolution: The report was **APPROVED**.

3.1.5 Children’s Charter

Resolution: The report was **APPROVED**.

3.1.6 Cwm Taf Morgannwg Decarbonisation Strategy 2022-2030

Resolution: The Report was **APPROVED**.

3.2 FOR NOTING

3.2.1 Action Log

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

3.2.2 Board Annual Cycle of Business

Resolution: The Report was **NOTED**.

3.2.3 Board Forward Work Programme

Resolution: The Board Forward Work Programme was **NOTED**.

3.2.4 Joint Committee Reports

Resolution: The reports were **NOTED**.

3.2.5 Civil Contingencies and Business Continuity Report 2021

Resolution: The Board Forward Work Programme was **NOTED**.

3.2.6 Annual Report Timetable

Resolution: The report was **NOTED**.

3.2.7 Committee Highlight Reports

Resolution: The Committee Highlight Report were **NOTED**.

4. MAIN AGENDA

4.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

5. INTEGRATED GOVERNANCE AND ASSURANCE

5.1 Chief Executives Report

P Mears presented the report and highlighted the key matters for the attention of the Board, which included the significant operational challenges being experienced in relation to the management of the Covid-19 response, which culminated in a Business Continuity incident being called during March 2022. Members noted that this issue was not unique to the Health Board and was an issue across the whole of Wales.

Resolution: The Report was **NOTED**.

5.2 Board Assurance Framework and Risk Appetite Statement

C Hamblyn presented the Board Assurance Framework and Risk Appetite Statement which had previously been discussed at Board Development and had been jointly developed by the Health Board and the Good Governance Institute.

I Wells welcomed the Framework and suggested that an amendment needed to be made to section 1 on page 182 of the report. I Wells advised that the column labelled trajectory needed to explain when the trajectory was from. C Hamblyn agreed to clarify the position prior to the May Board meeting.

Resolution: The Report was **APPROVED** subject to the changes suggested by I Wells.

Action: Clarification to be sought in relation to the trajectory column contained in section one of page 182 of the report to determine when the trajectory would be from.

5.3 Annual Board Effectiveness Self-Assessment 2021

C Hamblyn presented the report and advised that following consultation on the assessment, Board Members had agreed a Level 4 maturity. Members noted that the self-assessment score would now be included within the Annual Report.

G Galletly extended her thanks to C Hamblyn for developing this report and added that this aligned with the work being undertaken in relation to Targeted Intervention.

Resolution: The report was **APPROVED**.

5.4 Clinical Advisory Group Highlight Report

A Lewis presented the report and provided members with an update as to the discussions held at the February 2022 meeting.

D Hurford extended his thanks to A Lewis and the Clinical Advisory Group as a whole for the insights that were being shared at this forum and advised that it was a timely reminder for the Board that every piece of data being discussed had a patient story attached to it.

In response to a question raised by C Donoghue as to how members of the group felt about their voices being heard and how they felt their responses to what was being discussed were being managed, A Lewis advised that it was felt that the discussions being held at the Clinical Advisory Group would be well received by the wider clinical body within the Health Board and it was noted that staff within Bridgend would also welcome an update as to the steps being taken to address the ICT disconnect issues.

P Mears explained the reason as to why this group had been established. It was to ensure front line staff had a forum in which they could highlight and advise on some of the service issues being experienced. P Mears added that it was important to ensure that staff within the Health Board were being made aware of the discussions being undertaken by the Group and added that this is being explored with the Assistant Director of Engagement and Communications as to how best to cascade key messages from the group across the Health Board.

S Morris advised that in response to communicating ICT disconnect issues, a discussion was held at the last Digital & Data Committee on the need to launch a regular Digital Blog which would include regular updates on the progress being made to address ICT disconnect issues in Bridgend.

I Wells advised that there were a number of areas in which Bridgend staff were feeling as if they were not involved and included which needed to be addressed by the Board. P Mears advised that the work being undertaken regarding the Operating Model would hopefully address some of these issues and expressed the importance of resolving a number of legacy issues with Swansea Bay University Health Board.

The Chair extended his thanks to A Lewis for presenting the report and for the significant amount of work she has undertaken in relation to leading the Clinical Advisory Group.

Resolution: The report was **NOTED**.

5.5 Covid 19 Enquiry Preparedness to include the Charter for Families Bereaved Through Public Tragedy.

G Galletly presented the report.

P Mears confirmed that a discussion has been held on this matter at the NHS Leadership Board where it was noted that whilst individual organisations may not be called, Health Board's would need to have preparations in place with a co-ordinated approach being required across Wales in terms of responding to the Inquiry.

Resolution: The Board **NOTED** the report and **APPROVED** the adoption of the Charter for Families Bereaved through Public Tragedy.

5.6 Planning, Performance & Finance Committee Highlight Report

M Jehu presented the report and advised that the Committee wished to escalate one matter to the Board which related to the level of underlying financial deficit that had been identified which the Committee felt was a significant issue.

Resolution: The Report was **NOTED**.

5.7 Digital & Data Committee Highlight Report

I Wells presented the report which highlighted two areas for escalation to the Board. The first being ICT services and the disaggregation from Swansea Bay University Health Board, and the other being the risks in relation to failure to deliver a robust and sustainable Information Governance Function and the failure to complete a timely and robust Data Protection Impact Assessment. Members noted that these risks had been escalated to the Organisational Risk Register.

Resolution: The Report was **NOTED**.

6 DELIVERING OUR PURPOSE AND STRATEGIC DIRECTION

6.1 Quality Dashboard

G Dix, D Hurford and G Galletly jointly presented the report and highlighted the key areas to note.

J Sadgrove provided assurance to Board Members that all issues identified within the report had been discussed thoroughly at the Quality & Safety Committee and advised the Board that the Committee would be receiving a spotlight report on Patient Falls at the May meeting.

In response to a question raised by J Sadgrove as to when an improvement would be seen in relation to complaints response performance, G Galletly advised that some signs of improvement were already being seen following a pilot that had been put into place to improve response times. Furthermore, G Galletly added that a report would be presented to the May Quality & Safety Committee on the progress being made to address the recommendations highlighted in the Internal Audit Review of Concerns and the Welsh Risk Pool Review of Claims. D Hurford advised that there was a significant amount of learning that needed to be shared across the Health Board which he was working with G Dix and G Galletly to address.

In response to a question raised by J Hehir as to whether the reduction in patient falls during February was linked to the improved understanding of patient falls in relation to the patient's condition, G Dix advised that this likely related to formal variation and added that the work undertaken by staff at Princess of Wales Hospital pre Covid-19 on patient falls was now being shared across the Health Board and was being led by the Deputy Executive Nurse Director.

P Mears advised that there was still a significant amount of work to be undertaken in relation to Concerns and added that the opportunity to bring some functions together across the three Localities would help to standardise processes. Members noted that consideration was being given to which concerns were actual complaints or whether they could be addressed informally via the Patient Advice Liaison Service and noted that further consideration

would also need to be given to the tone of complaint responses. G Galletly confirmed that the Concerns Improvement Plan included training on communication and customer care which would help to improve the quality of responses.

In response to a comment made by the Chair in relation to the numbers of patients being admitted into hospital from the community with pressure areas, G Dix advised that this was being addressed via the improvement programme. Members noted that during the Covid-19 pandemic some patients were receiving a lower number of visits from the District Nursing Team which had contributed to patients presenting with lower grade pressure sores. It was noted that the Continuing Healthcare Team were working with Care Homes in relation to patients who acquire pressure ulcers within a Care Home setting. G Dix advised that he had confidence that the improvement work would have a positive impact on the position.

Resolution: The report was **NOTED**.

6.2 Integrated Performance Dashboard

L Prosser presented the report highlighting that high urgent care demand and high levels of staff sickness absence continued to present challenges for the Health Board in terms of recovery from a performance perspective.

P Mears advised that the operational picture was challenging at present with challenges being faces across the UK. P Mears added that careful consideration was being given to Diagnostic Service challenges and challenges being faced within Pathology Services also, particularly in relation to recruitment. Discussions were being held with neighbouring Health Board's to explore joint ways of working.

N Milligan made reference to the sepsis compliance highlighted within the report and advised that she was concerned to see a deterioration in compliance despite the implementation of an improvement plan. D Hurford advised that he was in the process of completing a report as to what the actual causes were in relation to the deterioration in compliance and which parts of the Sepsis 6 compliance were not being met. Members noted that the matter was being discussed by the Recognising Acute Deterioration and Resuscitation Group and noted that the report would be presented to the May Quality & Safety Committee. N Milligan advised that she would welcome sight of the plan and expressed the importance of ensuring targeted timescales for improvement were included within it.

In response to a question raised by J Hehir as to why patients who had been outsourced had been returned, L Prosser explained that if a private provider felt that they were unable to treat the patients who had been referred then they would be referred back to the Health Board for treatment.

In response to a query raised by J Hehir in relation to the numbers of patients outsourced compared to the numbers of patients treated, and whether the

Health Board was paying for a service that had not been delivered, G Robinson advised that private providers had been operating with reduced capacity and confirmed that the Health Board only pay on a cost per patient basis.

In relation to Endoscopy, L Thomas welcomed the opening of the Endoscopy Unit which would help resolve the capacity issues. In relation to Pathology, L Thomas sought clarity as to whether there were any opportunities that could be explored in relation to digital acceleration given the workforce challenges being faced. P Mears confirmed that an All Wales piece of work was being undertaken in relation to Digital Pathology which had significant costs associated with it. In relation to Endoscopy, P Mears advised that the opening of the Endoscopy Unit would not resolve the issues completely and added that discussions were being held with Cardiff & Vale and Aneurin Bevan, University Health Boards in relation to collaborative working to address the remaining gaps.

J Sadgrove welcomed the comments made by P Mears in relation to the focus being placed on Pathology Services and advised that the delays in patients presenting as a result of the Covid-19 pandemic had resulted in the department having to deal with more complex cases which was very serious.

In response to a concern raised by J Sadgrove in relation to the poor performance being achieved regarding Delayed Transfers of Care and whether the position was likely to improve over coming months, L Prosser advised that Local Authorities had experienced difficulties recruiting care workers and added that steps were being taken to combine workforces wherever possible. Members noted that improvement would be made slowly. P Mears advised that he had recently met with Rhondda Cynon Taf Local Authority colleagues to discuss what more could be done to alleviate pressures. J Sadgrove welcomed the whole system approach being taken.

The Chair extended his thanks to L Prosser for presenting the report and noted that whilst there was an increase in the numbers of patients awaiting home care packages, work was being undertaken with Local Authority colleagues to address this.

Resolution: The report was **NOTED**.

6.2.1 Organisational Risk Register

C Hamblyn presented the report and asked that it be noted that the risk submission coincided with extreme operational flow pressures and the Welsh Government 'reset' period meaning Clinical Service Group Managers were unable to dedicate additional time to make the necessary improvements and updates to the entries on the risk register this period.

N Milligan advised that whilst she appreciated that everyone was working incredibly hard, she requested updates on a number of risks to be addressed outside the meeting which she would share with C Hamblyn and G Robinson to action.

Resolution: The report was **APPROVED**.

Action: Response to be provided outside the meeting in relation to the queries raised by N Milligan.

6.3 CTMUHB as an Anchor Organisation – Update on Population Health Organisation Project 24-30

K Nnoaham presented the report and advised that notable progress had been made in a number of areas

Resolution: The report was **NOTED**.

6.4 Approval of the Integrated Medium Term Plan (IMTP)

L Prosser presented the report.

I Wells made reference to the NLP (Natural Language Processes) Auto Coding project referenced within the report and congratulated all staff involved for taking this project forward.

Following a query raised by L Thomas as to whether assurance could be provided that the plan could be achieved, L Prosser advised that the Health Board had requested an extension in order to undertake the detailed planning and added that the intention is to deliver on the plan as opposed to this being an aspiration. P Mears advised that delivery of the plan would be very challenging and added that the Health Board would need to be efficient in the way it uses its capacity to maximise opportunities.

S May advised that extensive discussions had taken place in relation to the financial plan and added that there were significant key risks within the Health Board's overall financial position. Members noted that the Health Board would need to ensure it gets the best impact of the £26m that it had been allocated and noted that there were significant capital constraints in place which would impact on the Health Board's visions for digital opportunities.

C Donoghue made reference to Academic Partnerships and advised that she would like to see this emphasised more within the plan.

H Daniel advised that discussions had recently been held in relation to the workforce element of the plan and the significant workforce challenges being experienced which needed to be addressed, some of which were national shortages and some areas which could be addressed by the Health Board locally. Members noted that a piece of work would be undertaken on increasing the discipline around workforce planning and digital opportunities in relation to workforce.

The Chair advised that noting the comments and questions raised, he suggested that the Board approved the approach being taken.

Resolution: The Board resolved to **APPROVE** the approach being taken in relation to the IMTP.

6.5 Financial Performance Report

S May presented the report and advised that as at month 11 the Health Board was reporting a small underspend and continued to forecast a breakeven position. Members noted that the forecast savings remained lower than planned and noted that it had been difficult for Teams to engage with the savings agenda given the pressures they had been facing. Members noted the financial position would be challenging next year.

Resolution: The report was **NOTED**.

6.6 Review of the CTM Operating Model

P Mears presented the report and advised that a number of discussions had been underway with various Teams regarding the potential future model. Members noted that formal consultation had not yet commenced.

A Lewis sought clarity as to whether clinicians would be given the opportunity to provide feedback on the proposed model. P Mears advised that all staff would be given the opportunity to provide feedback and advised the review would be undertaken in a way which was inclusive.

The Chair thanked P Mears for presenting the report and noted that consultation was being undertaken with staff. The Chair advised that this would need to be undertaken in a timely manner so that staff know how proposed changes could affect them.

Resolution: The proposal was **APPROVED**.

6.7 CTM 2030 – Our Health, Our Future

L Prosser presented the report.

P Mears extended his thanks to L Prosser for presenting the report and for the work that had been undertaken. Members noted that Clinical Teams would be involved in the development of the strategy moving forwards and noted that a framework would be in place as to how clinical services would progress through the programme of work.

The Chair recognised the significant amount of work that had been undertaken to develop the strategy.

Resolution: The Strategy was **APPROVED**.
The approach to future activities to be undertaken was **ENDORSED**.

7. DELIVERING OUR RECOVERY/ IMPROVEMENT PLANS

Targeted Intervention & Special Measures Progress Report

7.1

R Morgan-Evans presented the report and advised that positive feedback had been received following the escalation session held with Welsh Government in February 2022. Members noted that the next self-assessment session would be held on 28 April 2022 to assess the current level of maturity.

The report was **NOTED**.

Resolution:

Maternity & Neonatal Services Improvement Programme

7.2

G Dix and S Davies presented the report.

J Sadgrove confirmed that detailed scrutiny of the position had been undertaken at the March Quality & Safety Committee. J Sadgrove advised that one of the outstanding recommendations related to the Board's scrutiny of the performance of the Maternity & Neonates Team. Members noted that the Team were in the process of developing a performance dashboard which would hopefully provide further assurance on this matter and could potentially be incorporated into the integrated performance dashboard as a data set in future.

The Report was **NOTED**.

Resolution:

8 ANY OTHER BUSINESS

8.1

L Prosser advised the Board that correspondence had been received by the Health Board from Rhondda Cynon Taf Local Authority in relation to an evacuation centre for Ukrainian refugees, the detail of which was in the process of being worked through in terms of the numbers expected and the potential health issues that refugees may have.

8.2

F Jenkins extended her thanks to Board Members for the support they had provided to her during her time at Cwm Taf Morgannwg Health Board and added that she would have fond memories to take away.

9 How did we do in this meeting?

The Chair advised that he would welcome feedback from Board Members as to how they felt the meeting went today. The Chair advised that the technical challenges that had been experienced would be reviewed outside the meeting.

10 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at Thursday 26 May at 10am.

11 CLOSE OF MEETING

