

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 24 November 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
Patsy Roseblade	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
Geraint Hopkins	Independent Member
Linda Prosser	Executive Director of Strategy & Transformation
Gethin Hughes	Chief Operating Officer
Kelechi Nnoaham	Executive Director of Public Health
Sally May	Executive Director of Finance
Hywel Daniel	Executive Director for People
Anne Morris	Associate Member
Sally Bolt	Associate Member
Lisa Curtis-Jones	Associate Member

In Attendance:

Debbie Bennion	Deputy Director of Nursing
Sallie Davies	Deputy Medical Director
Stuart Morris	Director of Digital
Cally Hamblyn	Assistant Director of Governance & Risk
Christopher Waters	Frailty & Chronic Conditions Nurse (In part)
Melissa Duffy	Frailty & Chronic Conditions Nurse (In part)
Suzanne Hardacre	Director of Midwifery (In part)
Wendy Penrhyn-Jones	Head of Corporate Governance and Board Business
Stephanie Muir	Assistant Director Concerns and Claims
Paul Dalton	Head of Internal Audit
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.

1.2 Apologies for Absence

Apologies for absence had been received from:

- Greg Dix, Executive Director of Nursing
- Dom Hurford, Executive Medical Director
- Lauren Edwards, Executive Director of Therapies & Health Sciences
- Daniel Price, Chief Officer, Cwm Taf Morgannwg Community Health Council

1.3 Declarations of Interest

A Declaration of Interest was made prior to the meeting by C Donoghue, Independent Member where she advised that she wished to make a declaration against agenda item 5.2, Board Assurance Framework, as she is Chair of the Welsh Wound Innovation Centre which is referenced within the report.

2 SHARED LISTENING AND LEARNING

2.1 Patient Story

C Waters and M Duffy, Frailty & Chronic Conditions Nurses shared a presentation outlining the work being undertaken by the Frailty Service.

K Nnoaham extended his thanks to the Team for sharing the presentation and added that he was delighted to see the activity underway and suggested that further consideration needed to be given as to how the work of the Team could be expanded to further support the lives of patients living with chronic conditions.

P Mears welcomed the presentation and the case study that had been shared and advised that he was pleased to hear about the broader work being undertaken by the Team. P Mears added that this activity is closely aligned to the ongoing work to improve out of hospital care and sought clarity as to what the barriers were to the Team expanding the service across the whole organisation. M Duffy advised that the Team was small, with only two staff members and advised that they could only see a certain amount of patients. Members noted that the Team were trying to make direct referrals and pathways to other services with the Team having to provide reassurance to some services that processes and pathways were in place to direct patients requiring extra support to the appropriate areas.

K Nnoaham advised of the need to allocate resources to the areas that will achieve the best outcome and added that greater investment would be required into services like this moving forwards. M Duffy advised that they felt reassured by the discussions held today.

The Chair extended his thanks to the Team for sharing the presentation and for sharing the positive work being driven forward by the Team.

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

3 CONSENT AGENDA

3.1 FOR APPROVAL

3.1.1 Unconfirmed Minutes of the Public Board Meeting held on the 29 September 2022

Resolution: The minutes were **APPROVED**.

3.1.2 Unconfirmed Minutes from the In Committee Board Meeting held on 29 September 2022

Resolution: The minutes were **APPROVED**.

3.1.3 Chair's Report – Affixing of the Common Seal and Ratification of Chair's Action

Resolution: The report was **APPROVED**.

3.1.4 Committee Annual Reports

Resolution: The reports were **APPROVED**.

3.1.5 Amendments to the Standing Orders

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 Committee Highlight Reports

Resolution: The reports were **NOTED**.

3.2.5 Joint Committee Highlight Reports

Resolution: The reports were **NOTED**.

3.2.6 Clinical Education Annual Report

Resolution: The report was **NOTED**.

3.2.7 Health & Care Standards 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. 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.

P Mears provided an update on Executive Team Leadership and advised that G Galletly, Director of Corporate Governance had now joined Welsh Government's NHS Executive Implementation Programme Team. P Mears extended his thanks to G Galletly for the significant contribution she had made to the Health Board.

P Mears also extended his thanks to K Nnoaham, Executive Director of Public Health, who would be leaving the Health Board to join lead international health programmes for Shell based in London. P Mears advised that K Nnoaham had been a fantastic advocate for Public Health and had made a significant contribution over the last two years during the response to the Covid-19 pandemic. P Mears extended his best wishes to K Nnoaham for the future and advised that he would be leaving behind a legacy for the organisation to focus on.

The Chair extended his thanks to P Mears for presenting the report.

Resolution: The report was **NOTED**.

5.2 Board Assurance Framework

C Hamblyn presented the Board Assurance Framework drawing the Boards attention to the significant changes to the Strategic Risks this period.

I Wells made reference to Risk Number 5, Community & Partner Engagement and advised that he was not quite clear as to what the rationale was for reducing the risk from 16 to 12. K Nnoaham advised that the Public Services Board and Regional Partnerships Board had recently completed a comprehensive wellbeing assessment for the Health Board and added that the Health Board was a very active partner in this space. I Wells requested that an explanation was included in the report as to what rationale/trigger led to the reduction in score for this risk.

P Roseblade extended her congratulations to the Team for the continuous improvement of the Board Assurance Framework. She expressed caution in including risks around Business Continuity planning which the Health Board has to do as part of its Strategic Goals activity. P Roseblade added that she agreed with the change of consequence and impact score to 3 – Finance Revenue Resources.

The Chair extended his thanks to C Hamblyn for presenting the report.

Resolution: The Board Assurance Framework was **APPROVED**.

Action: Explanation to be included in the report as to the rationale/trigger for the reduction of the risk score from 16 to 12 in relation to Risk 5.

5.3 Nurse Staffing Act Report

D Bennion presented the report which demonstrated how the Health Board maintained compliance with the Nurse Staffing Act (NSA) and explained the changes and amendments to the wards and specialities between the periods of October 2021-Sept 2022.

C Donoghue welcomed the report and advised that she was pleased to see the systematic approach that was being taken. C Donoghue sought clarity as to how the cost pressures were being managed in relation to the temporary increase in staffing and whether this was an ongoing issue. D Bennion advised that the Corporate Nursing Team were undertaking a piece of work at Prince Charles and Royal Glamorgan Hospitals in relation to enhanced levels of care where they are exploring ways in which patients could be supported, she added that the position was likely to remain ongoing post January 2023. Members noted that if the Team felt that a more permanent uplift in staffing was required then this would be presented to Board for approval as appropriate.

In response to a query raised by C Donoghue regarding the consistency of the provision of the hostess service, , D Bennion advised that there was disparity across all three sites and work is underway with Catering colleagues to align resources and determine the most cost effective way to provide the service.

The Chair extended his thanks to D Bennion for presenting the report.

Resolution: The report was **NOTED**.

5.4 Planning, Performance & Finance Committee Highlight Report

M Jehu presented the report drawing attention to the matter in the alert/escalate section which related to Ophthalmology Follow Ups Not Booked, and the significant challenges that were in place within the Health Board. Members noted that a detailed activity report was received by the Committee outlining the actions and mitigations that were being undertaken. It was noted that the Committee would continue to monitor the position moving forwards.

J Sadgrove advised that she had also attended the Planning, Performance & Finance Committee when this matter was discussed and added that the Quality & Safety Committee were reviewing aspects of harm as a result of delays and would continue to give this matter further attention from a Quality & Safety perspective. J Sadgrove advised that Members will monitor and assure progress moving forwards given the level of scrutiny being undertaken.

P Mears advised that the position remained challenging within Ophthalmology and added that Operational Teams were working hard to increase capacity in the service. Members noted that work was also being undertaken with neighbouring Health Board's to further address capacity challenges and explore joint ways of working.

The Chair extended his thanks to M Jehu for presenting the report.

Resolution: The report was **NOTED**.

6 DELIVERING OUR PURPOSE/STRATEGIC DIRECTION

6.1 Integrated Performance Dashboard

6.1.1 Introduction and Overview

L Prosser introduced the report noting that further progress was being made in relation to developing the Executive Management Scorecards and narrative contained within the report.

J Sadgrove welcomed the report and the ongoing development of the scorecards and advised that she noted that some of the scorecards only had single data points, for example, staff engagement and bowel screening, and sought clarity as to whether this was because data was not available or whether the mechanism was not yet in place for data to be inputted into the charts. L Prosser confirmed that staff engagement was undertaken annually so there would only be one single data point and agreed to seek clarity in relation to the bowel screening data outside the meeting.

H Daniel advised that in relation to the data on staff engagement, which was from 2020, it should be noted that the Health Board was expecting an NHS Wales Staff survey to be carried out annually which had not happened. Members noted that Healthcare Inspectorate Wales were in the process of procuring a new system to undertake staff surveys and suggested that it may be worthwhile removing this data from the report until there was some data available that the Health Board could review comparatively. J Sadgrove advised that she would be content with this approach and suggested that it may be worthwhile undertaking a review of all data sets contained within the report to determine whether there were other areas where regular data was not available.

P Mears advised that the report was still in development and feedback was welcomed from Board members on what needed to be included in the report. It was agreed that further discussion be held at a future Board Development Session in relation to the volume of metrics and how they can be best presented within the report.

I Wells welcomed the report and the graphs that had been included which were showing trends and developments. I Wells made particular reference to the charts containing data on the Emergency Response to red calls and Ambulance patient handover within 1 hour, which were both showing a deteriorating position and questioned whether the data would improve once the measures being put into place take effect. G Hughes advised that he would respond to this matter when presenting the report on Improving Urgent Care.

P Roseblade made reference to the graphs contained on page 11 of the report in relation to nationally and locally reportable incidents and advised that it would be helpful if the 'Y' axes were the same so that Members could see the differences on the charts. L Prosser advised that a review of this could be undertaken to determine whether the charts could be presented more commonly.

In response to a query raised by P Roseblade as to how many staff had received their flu vaccinations this year, K Nnoaham advised that as of the 17 November 2022, uptake within the Health Board was 42.6%, compared to a Wales average of 32.85%. Members noted that work continues to drive forward an increased uptake.

In response to queries raised by P Roseblade in relation to some of the Statistical Process Control Charts contained within the report, where the boundaries seemed to change a number of times in relation to upper and lower limits, L Prosser advised that she would welcome a discussion with P Roseblade on this matter outside the meeting.

P Roseblade commented on the red release information contained within the report which made very difficult reading, particularly at the Princess of Wales Hospital and advised that in depth discussions had taken place and would continue to take place at the Quality & Safety Committee on this matter. D Bennion confirmed that patient safety incidents were discussed weekly at the

Executive Team meetings with deep dives being undertaken into any trends and clusters identified.

In response to a question raised by N Milligan in relation to the work being undertaken regarding exit interviews, H Daniel confirmed that the new exit interview process would be re-launched at the beginning of January 2023 and added that the new process should have a positive impact on performance in this area.

In response to a question raised by M Jehu as to whether the Welsh Government were likely to follow the UK Government in considering the number of targets that Health Boards have to achieve, P Mears advised that following a recent Chairs and Chief Executives meeting with the Health Minister, there did not seem to be an approach being put forward by Welsh Government in relation to reducing some of the targets. P Mears suggested that it may be helpful to have a future discussion at Board Development in relation to developing specific local metrics that were more responsive to our communities and how outcomes could be measured from a Health Board perspective. This was confirmed as a positive approach to measuring and assuring progress.

Action: Clarity to be sought outside the meeting in relation to Bowel Screening Data to determine why only one single data point had been included.

Action: Review of the nationally and locally reportable incident charts to be undertaken to determine whether the charts could be presented more commonly.

Action: Discussion to be held with P Roseblade outside the meeting in relation to Statistical Process Control Charts contained within the report where the boundaries seemed to change a number of times in relation to upper and lower limits

Action: Discussion to be held at a future Board Development Session in relation to the potential development of local metrics that would be more responsive to the Health Board's local communities.

6.1.2 Operational Delivery Performance

G Hughes presented Members with an update on the key matters in relation to Operational Delivery Performance.

L Thomas advised that the position was sobering in relation to cancer performance and suggested that it would be helpful if the Board could be provided with a Deep Dive into Cancer Performance which outlined the most significant disease areas. P Mears suggested that this could be the topic of a future Board Briefing session.

In response to questions raised by L Thomas as to whether the Health Board would be able to achieve the 70% cancer performance target by year end, whether the Health Board was seeing an increase in patients presenting with late diagnosis of cancer and whether the Health Board had the resources to

cope with the additional numbers of patients presenting, G Hughes confirmed that patients within Cwm Taf Morgannwg were presenting later with disease compared to the rest of Wales and the UK. G Hughes advised that a significant amount of work was being undertaken to ensure that the Health Board did meet its target of 70% and added that whilst the vast majority of patients presenting did not have cancer, improvements needed to be made in diagnosing quickly. Members noted that the Health Board's imaging performance had improved and work was being undertaken to develop a Nurse Led biopsy service. G Hughes advised that the two areas of significant concern related to Urology and Lower GI. Members noted that some improvements were now being seen within Urology as a result of the work being undertaken in relation to pathways. In relation to Lower GI, work was being undertaken with Bowel Screening Wales to ensure patients were presenting into the Health Board quicker.

In relation to Elective Care and Diagnostics, P Mears advised that work was being undertaken with Cardiff & Vale and Aneurin Bevan University Health Boards to explore opportunities for creating more capacity. Members noted that regular discussions were being held with Clinicians who were committed to addressing the challenges.

The Chair extended his thanks to G Hughes for providing the update.

Resolution: The Operational Delivery Performance section of the report was **NOTED**.

Action: Discussion to be held at a future Board Development Session in relation to Cancer Performance.

6.1.3 Quality Performance

D Bennion, S Davies and S Muir presented an update on quality performance highlighting key areas of activity during the period in relation to their respective portfolios.

Resolution: The Quality Performance section of the report was **NOTED**.

6.1.4 Workforce Performance

H Daniel presented the report and highlighted the key messages in relation to workforce performance and advised that work was being undertaken to determine the reasons behind the increase in turnover in a number of staffing group areas, particularly within the nursing and medical workforce. H Daniel agreed to provide feedback to Members once the analysis had been undertaken, particularly in relation to the turnover of staff within the 26-30 age group.

Resolution: The Workforce Performance section of the report was **NOTED**.

Action: Feedback to be provided to Board Members following the analysis being undertaken to determine the reasons behind high turnover of staff in a number of staffing group areas.

6.1.5 Financial Performance

S May presented Members with an update and advised that the Board were being asked to approve the application for Strategic Cash Support from Welsh Government to cover the cash requirement resulting from the projected Core Plan deficit of £26.5m. Members noted that this would be applied for via an Accountable Officer letter to be submitted by 8 December 2022. Members were advised that there is a separate process with Welsh Government to cover movement in working balances, such as release of annual leave accrual and other balance sheet movements. Mitigating actions will continue to be applied where possible to reduce the Health Boards cash support requirements including timely recovery of income such as Welsh Risk Pool reimbursements.

Members noted that the Health Board was maintaining its forecast core deficit of £17.8m and that the Month 6 position had been reviewed in detail at the Planning, Performance & Finance Committee.

P Roseblade advised that she would be happy to support the application for Strategic Cash Support from Welsh Government and welcomed the improvements in the report which provides an informative and clear position for Board Members.

Resolution: The report was **NOTED**.
The Board **APPROVED** the application for Strategic Cash Support from Welsh Government

6.2 Capital Programme

S May presented the report which provided the Board with a Month 6 update on the capital resource limit and capital expenditure and provided an update on all current major capital projects.

P Roseblade congratulated the Team on having spent 48% of the capital allocation which was a significant achievement and advised the Board that the Audit & Risk Committee continued to receive positive audit reports in relation to the Prince Charles Hospital Ground and First Floor Scheme.

I Wells extended his thanks to S May for the comprehensive update and sought an update against the Bridgend Health & Wellbeing Centre (Sunnyside) scheme which seemed to have stalled as a result of issues in appointing a contractor. S May advised that the lead partner was in the process of working through the appointment of a new contractor which had proved challenging as a result of fragilities within the construction market. Members noted that positive progress was now being made.

I Wells drew attention to the Theatres Scheme at the Princess of Wales Hospital with reference being made to five different options and advised that there appeared to have been a delay in finalising the options. S May advised that whilst there was a favoured scheme, the costs far exceeded the funding that had been made available by Welsh Government. L Prosser added that it was hoped that a preferred plan would hopefully be finalised early in the new year.

M Jehu advised that a significant amount of work had been undertaken as detailed within the report and suggested that it may be helpful for Board Members to have a tour the Prince Charles Hospital site to see the work that had been undertaken. Members were advised that a visit to the site had already been organised for Board Members in the new year.

Resolution: The report was **NOTED**.

7.0 DELIVERING OUR RECOVERY/IMPROVEMENT PLANS

7.1 Improving Urgent Care

G Hughes presented the report and advised that the Six Goals for Urgent and Emergency Care programme had four key areas of focus which included Admission Avoidance; Integrated Front Door; Acute Hospital Flow and Discharge; and Integrated Discharge. Members noted that work was being undertaken to introduce a single standardised process for offloading of ambulances across the Health Board and noted that there were some very unwell patients who were presenting via the Emergency Departments directly.

The Chair extended his thanks to G Hughes for presenting the report.

Resolution: The report was **NOTED**.

7.2 Planned Care Recovery

G Hughes presented the report. Members noted that the primary focus was to have no patients waiting over four weeks for an outpatient appointment and noted that there was confidence that this could be delivered in all but four speciality areas (Dermatology, Urology, Ophthalmology and Ear, Nose and Throat). Members noted that the Health Board had instigated Super Saturdays, with a number of clinical teams working weekends to treat the vast majority of patients. G Hughes advised that the vast majority of patients with the longest waits had reduced significantly.

The Chair extended his thanks to G Hughes for a comprehensive overview of the Planned Care Recovery activity.

Resolution: The report was **NOTED**.

7.3 Regional South East Wales Working – Progress Report

L Prosser presented the report which provided an update on the commitment made between Cwm Taf Morgannwg, Cardiff & Vale and Aneurin Bevan University Health Boards to work collaboratively, where clinically appropriate, across Orthopaedics, Ophthalmology and Diagnostics.

In response to a question raised by P Roseblade as to whether residents within the Powys area were included within this programme, L Prosser advised that whilst Powys Teaching Health Board were not members of the Oversight Board, they were Members of the Steering Group where discussions were being held in relation to shifts in flow patterns, including within the Powys area.

Resolution: The report was **NOTED**

7.4 Integrated Medium Term Plan – Planning for 2023/2024

L Prosser presented the report which provided an update on the process and requirements for the development of the Health Board's Integrated Medium Term Plan for 2023-2026. Members noted that confirmation had been received from Welsh Government that the Board will be required to approve the plan by the end of March 2023 and noted that an additional Board Briefing session would be arranged for January 2023 to discuss the plan further.

P Mears advised that the Minister had advised that the planning process for next year would be easier, with simpler templates to complete, which was welcomed. P Mears advised that there were still some significant challenges ahead and added that there would be a need for some radical thinking when considering the plan for next year.

J Sadgrove commented that she found the clarification in relation to the timetable helpful and made reference to the update contained on page 5 of the report which stated that the Executive Team and Committees would appraise the draft plan during December. J Sadgrove added that this may be difficult given that some Committees were not due to meet in December and advised that consideration would need to be given to the quality & safety elements within the plan. L Prosser noted the comment and advised that all discussions would need to conclude in February to enable the final plan to be presented to the Board in March.

In response to a question raised by P Roseblade as to whether Welsh Government were likely to request that the Health Board submits an annual plan as opposed to a three year plan given the current financial position, L Prosser advised that the Health Board was currently in Enhanced Monitoring for the current financial position.

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

Resolution: The report was **NOTED**.

Action: Integrated Medium Term Plan to be added to the agenda's for the Committee meetings taking place during December 2022 and January and February 2023.

7.5 Integrated Medium Term Plan (Annual Plan) – Quarterly Update

L Prosser presented the report which provided a quarterly update on progress against the Health Board's current Annual Plan. Members noted that positive progress had been made in some areas.

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

Resolution: The report was **NOTED**.

7.6 Winter Plan Update

L Prosser presented the report which provided an update on the development of the Health Board's winter plans, which were in addition to the changes and improvements resulting from the Six Goals Improvement Programme. Members noted that since the Board were last briefed on the plan in September, an additional £1.7m had been identified for investment into additional activity.

Resolution:

- The Board **ratified** the approval of the executive team to mobilise the prioritised surge bed schemes to enable them to be successfully brought on line before winter;
- The Board **approved** the mobilisation of the prioritised associated green schemes and to enable them to be successfully delivered in time to support winter resilience;
- The Board **ratified** the approval of the executive team to implement the proposed therapies services to support further augmenting the integrated front door discharge teams and also enable an acute frailty assessment offer at the health board's three acute hospital sites.

8. Escalation Status: Special Measures and Targeted Intervention

8.1 Maternity & Neonatal Services Improvement Programme

S Hardacre and S Davies presented the report. Members noted that the Health Board had now received the seventh progress report from the Independent Maternity Services Oversight Panel and that a briefing had been held with staff regarding the report which was well attended. S Davies advised that the Neonatal Services Team were on course to deliver the four remaining immediate escalations over the next few months and added that a robust plan was in place to deliver these.

J Sadgrove extended her thanks to S Hardacre and S Davies for presenting the report and added that detailed discussions were being held at the Neonatal and Maternity Improvement Board meetings in relation to the Dashboard that had been developed and how the service continues to improve. J Sadgrove

confirmed that targeted focus remained on the outstanding neonatal improvement areas and added that she would continue to represent the Board in these processes.

Resolution: The report was **NOTED**.

9 ANY OTHER BUSINESS

There were no other areas of business identified.

9.1 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 outside the meeting.

10 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at Thursday 26 January 2023 at 10am.

11 CLOSE OF MEETING

The Chair advised that the Board would now be holding an In Committee session, the outcome of which would be presented to the Board in January 2023.