

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 26 January 2023 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
Nicola Milligan	Independent Member
James Hehir	Independent Member
Lynda Thomas	Independent Member
Dilys Jouvenat	Independent Member
Geraint Hopkins	Independent Member
Linda Prosser	Executive Director of Strategy & Transformation
Greg Dix	Executive Director of Nursing
Dom Hurford	Executive Medical Director
Lauren Edwards	Executive Director of Therapies & Health Sciences
Gethin Hughes	Chief Operating Officer
Sally May	Executive Director of Finance
Hywel Daniel	Executive Director for People
Sally Bolt	Associate Member

In Attendance:

Stuart Morris	Director of Digital
Sara Thomas	Deputy Director of Public Health
Matthew Butt	Chief Of Staff
Cally Hamblyn	Assistant Director of Governance & Risk
Gillian Day	Health & Wellness Programme Manager (In part)
Mohamed Elnasharty	Care Group Medical Lead
Sarah Fox	Head of Midwifery & Gynaecology (In part)
Wendy Penrhyn-Jones	Head of Corporate Governance and Board Business
Emma Samways	Internal Audit (Observing)
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:

- Carolyn Donoghue, Independent Member
- Mel Jehu, Independent Member
- Lisa Curtis-Jones, Associate Member
- Anne Morris, Associate Member

1.3 Declarations of Interest

No declarations of interest were raised at this point.

2 SHARED LISTENING AND LEARNING

2.1 Listening & Learning Story

G Day, Health & Wellness Programme Manager shared a presentation and video outlining the work being undertaken by the Wellness Improvement Service Programme.

The Chair extended his thanks to G Day for sharing the presentation and invited questions from Board Members.

L Thomas advised that she was inspired by the presentation and added that she would be happy to offer any support to the project that the team would find beneficial. In response to a question raised by L Thomas regarding what the potential of the service was, G Day advised that it would be important for the service to demonstrate the value the service adds and how it could be further developed. G Day reflected that at present the service was signposting patients who required more sustained support to other services. Members noted that this was considered to be a Bevan Exemplar project in terms of its size and scale approach. G Day advised that discussions had been held with other Health Boards who had expressed an interest in adopting the service model and added that it would be quite simple to scale up the project in terms of recruiting into posts.

P Mears also welcomed the presentation noting how pleased he was to see the positive impact of the project. P Mears explained that the purpose of the service is to support patients in a different way to avoid them from having a medical intervention, he added that consideration would need to be given to scaling up the service and quantifying the benefits. Members noted that this service would also create opportunities to engage Community and Volunteer Groups and could be incorporated into the Health Board's strategy. G Day advised that Primary Care were redesigning their prevention services around this project.

G Hughes also extended his thanks to G Day for sharing the presentation which reminded Members of the value of these types of services and advised that it was hoped that funding of the service for next year would be confirmed imminently. G Hughes advised that this services changes the focus from a medicalised model of healthcare with discussions held at Executive Leadership

Group as to how secondary care services would fit into this model. Members noted that patients had been waiting an exceptionally long time for interventions and noted that this programme had been able to help patients live more comfortably and noted that this programme could be extended to other services, for example, Women's Health. G Day advised that the Team were in the process of considering creating a pathway in relation to Women's Health.

S Thomas also welcomed the work of the programme and echoed the comments that had been made by Board Members. S Thomas advised that it would be important to consider the needs of patients and what was important to them. Members noted that a discussion in relation to the programme had been held with the Chief Medical Officer and the Public Health Leadership Team where it was highlighted that the programme had the ability to align across all aspects of care. G Day advised that she felt confident that the service would continue to grow.

The Chair once again extended his thanks to G Day for sharing an excellent presentation and extended his thanks to G Day and the rest of the Team for the work being undertaken.

Resolution: The Listening & Learning Story was **NOTED**.

3 CONSENT AGENDA

3.1 FOR APPROVAL

3.1.1 Unconfirmed Minutes of the Public Board Meeting held on the 24 November 2022

Resolution: The minutes were **APPROVED**.

3.1.2 Unconfirmed Minutes from the In Committee Board Meeting held on 24 November 2022

Resolution: The minutes were **APPROVED**.

3.1.3 Unconfirmed Minutes from the Extra-Ordinary In Committee Board Meeting held on 13 December 2022

Resolution: The minutes were **APPROVED**.

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

Resolution: The report was **APPROVED**.

3.1.5 Amendments to the Standing Orders

Resolution: The report was **APPROVED**.

3.1.6 Standards of Behaviour Framework Policy – Change to Declarations of Interest Forms

Resolution: The report was **APPROVED**.

3.1.7 Board Annual Cycle of Business for 2023

Resolution: The Annual Cycle of Business for 2023 was **APPROVED**.

3.1.8 Scheme of Delegation Report

Resolution: The report was **APPROVED**.

3.2 FOR NOTING

3.2.1 Action Log

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

3.2.2 Board Forward Work Programme

Resolution: The Report was **NOTED**.

3.2.3 Committee Highlight Reports

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

3.2.4 Joint Committee Highlight Reports

Resolution: The reports were **NOTED**.

3.2.5 Safeguarding 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. Members also received an update from M Butt in relation to the Health Board's escalation status and an update from L Prosser in relation to the current position in relation to Industrial Action.

I Wells welcomed the updates provided and advised that he was pleased to see that the Welsh Health Specialised Services Committee had now de-escalated the Ty Llidiard Unit from a Level 4 to Level 3 and noted that the Quality & Safety Committee would be monitoring the position moving forwards. In response to a question raised by I Wells as to whether the Board would be receiving further updates on progress, P Mears suggested that it may be helpful to invite the Ty Llidiard Team to a future Board meeting to outline the journey they have been through over the last few years. L Edwards agreed to discuss further with the Team as to when they would be able to attend.

I Wells also reflected on the positive feedback that had been received in relation to the engagement events that had been undertaken regarding the development of the Maesteg Community Hospital, and added that it is important that the Health Board builds on this model for future community engagement events. In response to a query from I Wells, P Mears advised that a summary of feedback and next steps was in the process of being developed which would be shared in due course.

In response to a question raised by the Chair as to what plans were in place to address the impact of the planned industrial action taking place on Monday 6 and Tuesday 7 February, P Mears advised that the Gold Command structure had been established to provide the Executive oversight and that plans were being developed in order to maintain services. Members noted that some services had been cancelled as a result of capacity issues and noted that during the previous strike held by ambulance workers low levels of demand had been seen.

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

Resolution: The report was **NOTED**.

Action: Ty Llidiard Team to be invited to a future Board meeting to outline the journey they had been through over the last few years.

5.2 Board Assurance Framework

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

P Roseblade welcomed the improved report which she found to be much easier to read. P Roseblade made reference to Principal Risk 9, "Fulfilling our Environmental and Social Duties and Ambitions", suggesting that the mitigating action should further reflect population health needs in greater detail. L Prosser advised that she would undertake a further review of this risk alongside S Thomas to ensure there was clarity regarding the particular purpose of the risk and its goal. L Prosser agreed to provide a response to P Roseblade outside the meeting.

P Roseblade made reference to the statement made on page 5 of the report that the Prince Charles Hospital Improvement Board had been stood down with each site having its own Operational Services Management Group and sought clarity as to how this worked given that the Health Board had now moved across to a Care Group model. G Dix advised that as the ICTM Business Plan progressed it was felt that improvement and innovation needed to be integrated within Care Groups as opposed to being undertaken within a centralised function as was previously the case.

J Sadgrove referred to the specific improvement groups that had been established, outlined on page 4 of the report; and highlighted recent discussions in the Quality & Safety Committee on the importance of reflection on and dissemination of learning when such groups had reached their objectives and transitioned to business as usual.

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

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

Action: Review to be undertaken in relation to Strategic Risk 9 to ensure there was clarity regarding the particular purpose of the risk and its goal. Response to be provided outside the meeting.

5.3 Integrated Performance Dashboard – Part 1

L Prosser introduced the report and advised that work continued to refine and further develop the report. L Prosser advised that in response to a question raised at the November Board meeting in relation to why only one data point had been included for the Bowel Screening Data, a review had been undertaken where it was noted that there was no further data points available beyond 2019/2020.

G Hughes presented an update in relation to the **Operational Performance** section of the report and the following key points were noted:

Urgent Care

- December was an exceptionally challenging month with attendances at Accident & Emergency Departments being 18% higher compared to December 2021;
- Acuity of patients was challenging, with an increase being seen in the numbers of patients with influenza;
- The privacy and dignity for patients during this period was sadly compromised;
- There had been issues experienced in relation to delayed patient discharge which was significantly higher compared to what had been experienced across Wales. This had impacted on the Health Board's ability to offload ambulances and the ability to provide to a timely response to patients within the community. Members noted that a number of actions had been taken with Local Authority colleagues to address the position and noted that a Navigation Hub had been

mobilised where a variety of health and social care professionals could access urgent GP advice;

- Despite pressures experienced, the Health Board had been able to keep ring fenced stroke access beds available on both Prince Charles and Princess of Wales hospital sites;
- The recent publication of the Healthcare Inspectorate Wales Review into the Emergency Department at Princess of Wales Hospital had highlighted the tremendous efforts being made by staff to keep patients safe.

In relation to Planned Care, Members noted that whilst the 52 week and 104 week metrics were green in relation to the Health Board's internal plan, the metrics were not green in relation to the Ministerial ambition. Members noted that the target date to achieve these metrics had been extended to the end of June 2023 and noted that the Health Board were in the process of revising their plans and that it would be significantly challenging to address the backlogs in a number of specialty areas, particularly ENT and Urology. G Hughes advised that funding support had been secured until the end of March 2023 from Welsh Government to outsource patients.

In relation to Cancer performance, G Hughes advised that there were specific challenges within two specialty areas, Lower GI and Urology. Members noted that modelling work was being undertaken with the Delivery Unit within both of these areas and noted that teams were working hard to reduce the numbers of patients waiting 104 days for treatment.

In relation to Mental Health activity, Members noted that work was being undertaken to address the issues being experienced in relation to access to Psychology services. G Hughes advised that whilst a reduction in the waiting list backlog was being seen against CAMHS Part 1a and 1b, there were concerns in relation to performance against Part 2 of the measure. Members noted that there was a revalidation process being undertaken in relation to the caseload. Members noted that there had been a welcomed improvement in performance in relation to the Crisis Resolution and Intensive Home Treatment Service, following concerns previously expressed in relation to low levels of performance.

G Dix and D Hurford provided Members with an update in relation to the **Quality Performance** section of the report. Members noted the poor performance against the 30 day complaints response compliance rate which had been on a downward trajectory since September 2022. The establishment of the new central concerns team was noted as a mitigation to help to address this position and ensure consistency in relation to quality of responses being provided. G Dix provided assurance to the Board that he expected the position to improve over the next few months.

D Hurford highlighted that in relation to mortality rates, the Health Board appeared to have a higher crude mortality rate compared to the rest of Wales, which may be as a result of the Health Board including palliative care and hospice data within the figures. Members noted that a Task & Finish Group had

been established to review the data and noted that a report would be shared with the Quality & Safety Committee outlining the findings of its review.

In relation to the Sepsis 6 Bundle, D Hurford advised that inpatient compliance fell in September 2022. Members noted that the Acute Deteriorating Team would be undertaking a review of the position to determine the reasons behind low levels of compliance.

H Daniel provided members with an update against the **Workforce Performance** section of the report. Members noted that slow progress had been made in relation to improving Performance, Development Reviews (PDRs) and Core Skills performance, with an uptick in performance being seen over the last couple of months. In relation to sickness absence, whilst a reduction was being seen in sickness absence levels, the position had not yet normalised to pre-covid levels. Members noted that December was a particularly challenging month in terms of workforce availability as a result of the circulation of cold and flu viruses.

N Milligan made reference to the information contained within the report in relation to the reporting of probable sepsis, which should be reported on within one hour and queried whether performance reported for Royal Glamorgan Hospital was either below 60% or 70.6% compliant. D Hurford advised that only 60% of the probables were being captured within the hour and advised that steps would be taken to present the data more clearly in future.

P Roseblade acknowledged that the content and presentation of the report was under review and recognised that some further improvements were required to refine the report. P Roseblade extended her thanks to the team for improving the reporting in relation to Nationally and Locally reportable incidents charts and added that she would be meeting with a member of the team to discuss Statistical Process Control (SPC) charts.

P Roseblade made reference to the variation within the report in relation to Locally Reportable Incidents (LRIs), particularly in relation to admission, transfer and discharge, and noted that there was one LRI reported in January 2022, then nothing reported until October 2022, 8 in November and then only one in December 2022 when there was considerable pressures in the department. G Dix agreed to undertake a review of the position, particularly the spike that occurred in November and provide a response outside the meeting.

P Roseblade drew attention to the comment around the accuracy of the falls data and suggested that it should not be included within the report if not validated. G Dix advised that consideration as to how falls data is presented moving forwards would be undertaken as it is acknowledged that this could be misleading.

J Sadgrove extended her thanks to L Prosser for the progress being made to address the presentational issues within the report and advised that she would comment further outside the meeting as to how the report could be improved

further. J Sadgrove extended her thanks to G Hughes for the comprehensive update provided in relation to operational performance and for highlighting the issues within CAMHS, she further advised that an in depth report on CAMHS was received at the January Quality & Safety Committee. Members noted that an action plan was in place in relation to CAMHS and noted that the Quality & Safety Committee would closely monitor the position moving forwards.

The Chair made reference to the crude hospital mortality rates and the appropriate use of the assessment to treatment beds and advised that he would welcome a discussion outside the meeting on the bed utilisation. D Hurford advised that the team had already commenced a review which would explore these factors.

The Chair extended his thanks to Executive Directors for presenting the report.

Resolution: The report was **NOTED**.

Action: Data to be presented more clearly in the next iteration of the report in relation to probable sepsis.

Action: Review to be undertaken of the variation contained within the report in relation to Locally Reportable Incidents, particularly the spike that occurred in November 2022.

Action: Discussion to be held with the Chair outside the meeting in relation to the use of the assessment to treatment beds.

5.4 Integrated Performance Dashboard Part 2 – Financial Performance

S May presented the financial position as at Month 9 and highlighted the key matters for Members attention.

Members noted that following approval by the Board in November 2022 relating to the application for strategic cash support from Welsh Government, confirmation had now been received from Welsh Government that £26.5m would be cash funded.

The Chair extended his thanks to S May for presenting the report.

Resolution: The report was **NOTED**.

5.5 Child T – Child Practice Review

D Hurford presented the report which had been developed following the tragic death of Child T. Members noted that the report identified a number of issues and the actions being taken to address them, with a number of lessons learnt that the Health Board would need to act upon. Members noted that an action plan had been developed which would be monitored by the Quality & Safety Committee.

J Hehir commented that he was a member of the Executive Safeguarding Board and Quality & Safety Committee and had had the opportunity to scrutinise this case in great detail. J Hehir sought assurance that the training programme that was being rolled out would also include agency and locum staff. D Hurford advised that this will be considered however, noted that the management of training for agency and locum staff did present challenges.

P Mears suggested that Independent Member and Executive Directors could ask staff if they feel safe to speak up and raise concerns as part of the 'prompt' questions in IM site visits/walkarounds. The Chair highlighted the significance of team working and suggested that consideration be given to how the importance of this could be shared as part of the development activity across the Health Board and included within the induction programme for staff.

The Chair noted that an action plan was in place and was being monitored closely by the Executive Safeguarding Board and Quality & Safety Committee.

Resolution: The report was **NOTED**.

Action: Consideration to be given to how the importance of multi disciplinary team working could be shared as part of the development activity across the Health Board and included within the induction programme for staff.

5.6 **Maternity & Neonatal Improvement Programme Report**

G Dix presented the report and advised Board Members that the service had been de-escalated from Special Measures to Targeted Intervention. Members noted that improvement activity continued. G Dix advised that he would welcome Board Members views as to whether they would be agreeable for monitoring to be undertaken by the Quality & Safety Committee moving forwards, with future reporting to Board to be undertaken by exception only.

J Sadgrove confirmed that the Quality & Safety Committee continued to have a significant role in scrutinising the delivery of the action plans and advised that she also attended the Maternity & Neonates Improvement Programme Board as an Independent Member, and added that the group were very active in relation to reflecting on practice and ensuring the actions were being delivered.

In response to a question raised by J Hehir as to the level of confidence that the improvements to date are sustainable given the challenging financial position, G Dix advised that the team had been ensuring that the conditions for sustainability moving forwards were being embedded into practice and added that whilst there would continue to be complaints and serious incidents reported, the service was in a much improved place in terms of processes. Members recognised that challenges remained within Neonatal Services and noted that the new Children and Families Care Group would be able to consider how workforce was being managed across all three sites. G Dix advised that the team had worked incredibly hard over the last four years on the improvement programme and were committed to improving the position

further moving forwards. J Hehir extended his thanks to G Dix for the assurance provided.

Following discussion, Members agreed to the suggestion made by G Dix for progress to be monitored by the Quality & Safety Committee moving forwards, with future reporting to Board being undertaken by exception only.

Resolution: The report was **NOTED**.

5.7 Turnover Position and Retention Plans

H Daniel presented the report and advised that a more detailed report would be presented to the People & Culture Committee in February 2023. Members noted that the report identified that the current turnover rate for the Health Board stood at around 12%, with a fairly linear increase being seen in turnover since 2018, across all staffing groups. Members noted the range of turnover rates across Wales was between 10-14% and noted that a further review of the position would be undertaken to determine more about the reasons as to why staff were leaving. H Daniel advised that monitoring of the position moving forwards would be undertaken by the People & Culture Committee.

N Milligan welcomed the initial scoping exercise that had been undertaken by Teams and added that significant engagement had been undertaken with Trade Union colleagues regarding this piece of work. H Daniel extended his thanks to Trade Union colleagues for their input and continued support.

Resolution: The report was **NOTED**.

5.8 Digital & Data Committee Highlight Report

I Wells presented the report which highlighted two items for escalation to the Board, one of which related to issues of capacity and resource within the Digital and Data Team and the other being a positive escalation which related to the improvements that had recently been identified following an audit into clinical coding. The Chair welcomed this positive news on the progress that had been made in this area.

S Morris advised that in relation to resourcing and capacity issues, work was being undertaken to set the foundations within the Strategic Leadership Team structure with alignment then required of the data needs to the priority areas for the Health Board.

Resolution: The report was **NOTED**.

6 ESCALATION STATUS

Members noted that an update was provided as part of the Chief Executive Officers report.

7. DELIVERING OUR PURPOSE AND STRATEGIC DIRECTION

7.1 CTM 2030 Strategy

L Prosser introduced the item and shared a video presentation which outlined what the Health Board was trying to achieve as an organisation in relation to exploring different formats for raising awareness of the CTM 2030 Strategy. Members welcomed the update provided and the way in which it had been presented.

The Chair extended his thanks to L Prosser for providing the update.

Resolution: The presentation was **NOTED**.

8 ANY OTHER BUSINESS

8.1 Clinical Advisory Group

S Bolt, Associate Member provided a verbal update on the discussions held at the newly revitalised Clinical Advisory Group which was attended by a wide range of Clinical Staff. Members noted that discussions were held in relation to the Care Group Structure where an update was requested in relation to the next phase of the development. A discussion was also held in relation to Digital Transformation and the need for a co-ordinated roll-out of various digital schemes.

P Mears extended his thanks to S Bolt for the update and advised that he was pleased to see the broader range of clinical colleagues now involved in the group. P Mears suggested that Independent Members may find it interesting to attend a Clinical Sounding Board session and asked Independent Members to contact C Hamblyn who would be able to assist in co-ordinating this request.

8.1 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.

9 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at Thursday 30 March 2023 at 10am.

10 CLOSE OF MEETING