

# Health Board Meeting

29 October 2020, 09:30 to 11:30  
Virtually Via Microsoft Eams

## Agenda

### 1. Preliminary Matters

#### 1.1. Welcome & Introductions

#### 1.2. Apologies for Absence

#### 1.3. Declarations of Interest

### 2. CONSENT AGENDA

#### 2.1. FOR APPROVAL

##### 2.1.1. Unconfirmed Minutes of the meeting held on 30 September 2020

For approval

Decision

Marcus Longley



2.1.1 Unconfirmed Mins UHB 30 September 2020  
UHB 30 September 2020.pdf

(29 pages)

##### 2.1.2. Unconfirmed Minutes of the Annual General Meeting held on 30 September 2020

For approval

Decision

Marcus Longley



2.1.2 Unconfirmed MINUTES AGM 30.9.20 UHB 29  
October 2020.pdf

(7 pages)

##### 2.1.3. Governance Assurance - Frequency of Board Meetings

For approval

Decision

Cally Hamblyn

Questions Raised by Independent Members

**Question:** If the proposal to move to a bi-monthly Board meeting cycle is approved, presumably, this will mean that the next Board meeting will take place in December. Will the change in meeting cycle have any implications for those issues which are due to be discussed at the November Board meeting (such as, for example, some of the items referred to in the action log).

**Answer:** The November Board meeting, as the next 'regular' meeting of the Board, will meet as planned. The change to Board meetings to every other month will come into effect after the November meeting."

**Question:** States in the paper that if agreed that Board would meet bi monthly from October. There are on the action log dates of papers due to come in November. Does that mean that we will then receive these in our December meeting.

**Answer:** See above response



2.1.3 Governance Assurance - Frequency of Board  
Meetings UHB 29 October 2020.pdf

(4 pages)

#### 2.2. FOR NOTING

For approval

Decision

Cally Hamblyn

##### 2.2.1. Action Log

To note for assurance

Information



2.2.1 Action Log UHB 29 October 2020.pdf

(3 pages)

### 3. MAIN AGENDA

#### 3.1. Matters Arising not Considered within the Action Log

To note for assurance

Discussion

Marcus Longley

#### 3.2. Integrated Governance

##### 3.2.1. Covid 19 Update - Verbal Update

To note for assurance

Discussion

Sara Thomas



3.2.1 Covid 19 update board 29 Oct 20.pptx

(8 pages)

#### 3.3. Planning, Performance & Finance

##### 3.3.1. Resetting Cwm Taf Morgannwg Operating Framework 2020/2021 Quarter 3 & Quarter 4

For approval

Decision

Clare Williams

#### Questions Raised by Independent Members

**Question:** Core Elective Capacity : Are we confident that all priority patients in the priority category 1 - 3 groups who need to be treated urgently will receive their treatment within 3 months; could you clarify the treatment target date i.e. within 3 months or by 31st March 2021 (see references to the 31st March deadline in Governance Framework part of Report).

**Answer:** The initial work to develop the Q3/Q4 Plan sought to address all of the recurrent and backlog patients in categories 1-3. Triangulation of the competing demands: TTP, unscheduled care including winter, elective care, COVID-19 and the opening of the Grange University Hospital have been built into the modelling of the final Plan. As a result, we are only forecasting to stabilise our waiting list position through Q3/Q4. Our ambition however, remains to improve this position through focused work in Q3/Q4, including exploring further collaborative working with neighbouring health boards. Planning the recovery of our elective services is a continuous process which as recently highlighted by Welsh Government will span a number of years.

Royal College of Surgeons categories: 1a&b, operation within a 24hrs, b 72hrs; Cat 2, 4 weeks, Cat 3, 3 months, Cat 4, greater than 4 months.

**Question:** Core Elective Capacity: The papers refer to our commitment to develop appropriate alternative pathways for category 4 patients, including possible regional solutions. Are we making any progress and do we have a timeframe for completion.

**Answer:** Alternative pathways are being developed however it is any area which needs further focus to ensure that alternatives are evidence based and systematically resourced and applied across CTM. This process will need to grow over the coming years as the programme of recovery for our elective services will take many years.

**Question:** Core Elective Capacity: Are we intending to carry out comprehensive harm reviews for all patients who have potentially suffered harm as a result of delays in diagnosis/treatment.

**Answer:** All patients waiting over 52 weeks will have a harm review, also those cancer patients breaching 104 days will have a harm review. Where harm is identified, it will be appropriately recorded and escalated.

**Question:** Financial Plan: Are we exploring every possible avenue to make use of the 'financial headroom' within the plan to reduce waiting times, treat patients earlier and mitigate potential harm.

**Answer:** We are exploring all feasible avenues and will continue to do so. The limitations to what we can do are not primarily financial. In terms of internal options they are predominantly capacity and workforce constraints. Given that private hospitals are already being extensively being used by the NHS there are limited external/outourcing options beyond those we are currently utilising (use of the Vale and Cardiff Bay private hospitals and temporary CT and endoscopy

units).

**Question:** Other Matters: Apart from specialist paediatric services, there is little mention in the Qtr 3/4 plan to describe what we are planning to do in relation to specialist services more generally despite the wider concerns raised by the Managing Director of WHSSC in a recent meeting with Board Members. Are there any specific plans in place to help ensure that CTM patients are accessing and receiving the 'specialist' care and treatment required.

**Answer:** The Health Board will continue to work with WHSCC and with provider partners to ensure that CTM residents continue to receive treatment in line with the WG Essential Service Framework.

**Question ;** Are we confident that in Q3/4 we have enough capacity from the bed modelling to meet our elective work to treat priority groups 1-3 while dealing with the ongoing demand of COVID, Winter pressures and unscheduled care.

**Answer:** The initial work to develop the Q3/Q4 Plan sought to address all of the recurrent and backlog patients in categories 1-3. Triangulation of the competing demands: TTP, unscheduled care including winter, elective care, COVID-19 and the opening of the Grange University Hospital have been built into the modelling of the final Plan. As a result, we are only forecasting to stabilise our waiting list position through Q3/Q4. Our ambition however, remains to improve this position through focused work in Q3/Q4, including exploring further collaborative working with neighbouring health boards. Planning the recovery of our elective services is a continuous process which as recently highlighted by Welsh Government will span a number of years.

Royal College of Surgeons categories: 1a&b, operation within a 24hrs, b 72hrs; Cat 2, 4 weeks, Cat 3, 3 months, Cat 4, greater than 4 months.

**Question ;** There is a commitment in Q3/4 that those patients in priority four will be reviewed and those over 52 weeks will have harm reviews done. Will this be achieved





**Answer:** All patients waiting over 52 weeks will have a harm review, also those cancer patients breaching 104 days will have a harm review. Where harm is identified, it will be appropriately recorded and escalated.

**Question;** What are the alternative pathways for those priority group four patients.

**Answer:** Alternative pathways are being developed however it is any area which needs further focus to ensure that alternatives are evidence based and systematically resourced and applied across CTM. This process will need to grow over the coming years as the programme of recovery for our elective services will take many years.

**Question ;** The workforce plans in relation to the required capacity and the ratio of trained to untrained staff raises questions around the Nurse Staffing Act and patient safety

**Answer:** The options to staff the competing demands of the Plan include, in extreme circumstances, reviewing staffing ratios across wards. An initial paper on this has been received by the Quality and Safety Committee and before any changes were made on the wards, a further paper would be brought to the Committee. All changes would be taken with following discussion with the Chief Nursing Officer.

	3.3.1a Board Report Q3-4 Return V2 22.10.20 UHB 29 October 2020.pdf	(13 pages)
	3.3.1b Appendix 1 CTM UHB Resetting Operating Framework Q3Q4 FINAL UHB 29 October 2020.pdf	(43 pages)
	3.3.1c Appendix 2.3 Summary of Essential Services UHB 29 October 2020.pdf	(6 pages)
	3.3.1d Appendix 3.4 Workforce Plan UHB 29 October 2020.pdf	(1 pages)

#### 4. Any other business

To note for information

- 5. Any other business
- 6. Date & Time of Next Meeting