

**MINUTES OF THE MEETING OF  
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)**

**HELD ON THURSDAY 26 NOVEMBER 2020  
AS A VIRTUAL MEETING BROADCAST LIVE VIA MICROSOFT TEAMS**

**MEMBERS PRESENT:**

Marcus Longley	– Chair
Paul Mears	– Chief Executive
Maria Thomas	– Vice Chair
Alan Lawrie	– Executive Director of Operations
Hywel Daniel	– Executive Director of Workforce & Organisational Development (Interim)
Dilys Jouvenat	– Independent Member
Giovanni Isingrini	– Associate Member
Greg Dix	– Executive Director of Nursing
Ian Wells	– Independent Member
James Hehir	– Independent Member
Jayne Sadgrove	– Independent Member
Keiron Montague	– Independent Member (Observing via the Live Stream)
Kelechi Nnoaham	– Executive Director of Public Health (In part)
Mel Jehu	– Independent Member
Nicola Milligan	– Independent Member
Paul Griffiths	– Independent Member
Phillip White	– Independent Member
Georgina Galletly	– Director of Corporate Governance
Clare Williams	– Executive Director of Planning & Performance (Interim)
Steve Webster	– Executive Director of Finance
Nick Lyons	– Executive Medical Director
Fiona Jenkins	– Executive Director of Therapies & Health Sciences (Interim)

**IN ATTENDANCE:**

Cally Hamblyn	– Assistant Director of Governance & Risk
Cathy Moss	– Cwm Taf Morgannwg Community Health Council
John Beecher	– Cwm Taf Morgannwg Community Health Council (Observed the meeting as a Member of the Public via the Live Link)
David Jenkins	– Independent Advisor to the Board (Observed the meeting as a Member of the Public via the Live Link)

## Agenda Item Number 2.1.1a

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| John Murray   | – Deloitte (Observed the meeting as a Member of the Public via the Live Link) |
| Paul Dalton   | – Internal Audit  |
| Lee Leyshon   | – Assistant Director of Engagement & Communication                            |
| Uschi Turoczy | – Creative Writing Facilitator (In part)                                      |
| Emma Walters  | – Corporate Governance Manager (Secretariat)                                  |

### A) PRELIMINARY MATTERS

HB/20/201

### AGENDA ITEM 1.1 WELCOME & INTRODUCTIONS

The Chair **welcomed** everyone to the meeting which was broadcast 'Live' via Microsoft Teams as a result of the ongoing Covid-19 pandemic. The Chair also extended a welcome to all who may be observing the meeting today.

The Chair advised that sadly staff working in the organisation had lost colleagues in recent weeks as a consequence of the pandemic. On Monday 23 November the Health Board paid tribute to Mark David Simons by holding a one minute silence, the Chair noted that the Health Board would also be reflecting on the colleagues that had been lost as a result of Covid-19 within the staff gratitude event being held on 16 December 2020.

The Chair reminded Board Members of the process that had been implemented whereby questions were sought in advance of the meeting which had been addressed by the relevant Officer lead. The Chair advised that he did not intend to read the questions out during the meeting as they had been shared prior to the meeting and had been included for ease of reference on the Admincontrol system. Members **NOTED** that the questions and answers would also be formally recorded in the minutes and uploaded to the website.

The Chair **welcomed** F Jenkins, Interim Executive Director of Therapies & Health Sciences to the meeting. Members **NOTED** that F Jenkins would be providing support to the Board for a short period of time on part time basis.

The Chair **welcomed** C Moss and J Beecher, Cwm Taf Morgannwg Community Health Council to the meeting. Members **NOTED** that J Beecher was observing the meeting today via the Live Stream. The Chair also **welcomed** D Jenkins and J Murray to the meeting, who were also observing the meeting via the Live Stream.

## Agenda Item Number 2.1.1a

The Chair extended a warm **welcome** to Uschi Turoczy who was attending the meeting to present the patient story.

The Chair advised the Board that this would be P Griffiths, Independent Member's last public Board meeting before his impending retirement in December. The Chair expressed his sincere thanks one again to P Griffiths for the contribution he had made during his time as Board Member. Members **NOTED** that the recruitment process for a replacement Independent Member was well underway.

The Chair advised that K Montague, Independent Member would also be observing the meeting via the Live Stream and would be submitting questions via the Teams meeting chat.

HB/20/202

### **AGENDA ITEM 1.2 APOLOGIES FOR ABSENCE**

Members **NOTED** that apologies had been received from:

- Sharon Richards, Associate Member
- Olive Francis, Cwm Taf Morgannwg Community Health Council

HB/20/203

### **AGENDA ITEM 1.3 DECLARATIONS OF INTEREST**

F Jenkins declared that she was also an Executive Director on the Cardiff & Vale UHB Board.

### **CONSENT AGENDA – FOR APPROVAL**

The Chair advised that all Members had read the reports and that any questions raised had been responded to. There were no reports that Members wished to move off the consent agenda onto the Main Agenda.

HB/20/204

### **AGENDA ITEM 2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 29 OCTOBER 2020**

Members **RESOLVED** to **APPROVE** the unconfirmed minutes of the meeting held on 29 October 2020.

HB/20/205

### **AGENDA ITEM 2.1.2 AUDIT & RISK COMMITTEE ANNUAL REPORT 2019/2020**

Members **RESOLVED** to **APPROVE** the Audit & Risk Committee Annual Report 2019/2020.

HB/20/206

**AGENDA ITEM 2.1.3 QUALITY & SAFETY COMMITTEE ANNUAL REPORT 2019/2020**

Members **RESOLVED** to: **APPROVE** the Quality & Safety Committee Annual Report 2019/2020.

HB/20/207

**AGENDA ITEM 2.1.4 AMENDMENT TO STANDARDS OF BEHAVIOUR FRAMEWORK POLICY – GIFTS, HOSPITALITY AND SPONSORSHIP FORM**

*A question was raised by an Independent Member prior to the meeting, as outlined below together with the response provided*

**Question:** *Page 4 Recommendation 5.1 first bullet point refers to being kept under review in light of pressures of Covid 19 and donations as a result of these. Question: We are already seeing donations across CTM via the NHS wish list can you confirm that staff will not be placed under any undue pressures to declare at this time due to the response to Covid-19?*

**Answer:** *The intention of this report is that we are reinstating the requirement for declarations and introducing a new form for ease of completion online. The timing of this report was prior to the second surge in infections, therefore, please be assured that in relation to donations received in relation to Covid-19 the position will continue to be eased in order to not place undue pressures on the service at this time whilst responding to the pandemic.*

Members **RESOLVED** to: **APPROVE** the Amendments to Standards of Behaviour Framework Policy – Gifts, Hospitality and Sponsorship Form.

HB/20/208

**AGENDA ITEM 2.1.5 BOARD CYCLE OF BUSINESS**

Members **RESOLVED** to: **APPROVE** the Board Cycle of Business.

HB/20/209

**AGENDA ITEM 2.1.6 AMENDMENT TO STANDING ORDERS**

Members **RESOLVED** to: **APPROVE** the Amendments to the Health Board's Standing Orders.

**CONSENT AGENDA – FOR NOTING**

HB/20/210

**AGENDA ITEM 2.2.1 ACTION LOG**

Members **RESOLVED** to: **NOTE** the Action Log.

**HB/20/211 AGENDA ITEM 2.2.2 CHAIRS REPORT AND AFFIXING OF THE COMMON SEAL**

Members **RESOLVED** to:

- **NOTE** the report.
- **ENDORSE** the Affixing of the Common Seal to the above listed documents.
- **RATIFY** Chair's Action in respect of the Property Acquisition and Disposal.

**HB/20/212 AGENDA ITEM 2.2.3 CHIEF EXECUTIVES REPORT**

Members **RESOLVED** to: **NOTE** the Chief Executives Report.

**HB/20/213 AGENDA ITEM 2.2.4 AUDIT & RISK COMMITTEE HIGHLIGHT REPORT**

Members **RESOLVED** to: **NOTE** the report.

**HB/20/214 AGENDA ITEM 2.2.5 DIGITAL & DATA COMMITTEE HIGHLIGHT REPORT**

Members **RESOLVED** to: **NOTE** the report.

**HB/20/215 AGENDA ITEM 2.2.6 REMUNERATION & TERMS OF SERVICES COMMITTEE HIGHLIGHT REPORT**

Members **RESOLVED** to: **NOTE** the report.

**HB/20/216 AGENDA ITEM 2.2.7 JOINT EXECUTIVE GROUP (BRIDGEND BOUNDARY CHANGE) COMMITTEE HIGHLIGHT REPORT**

Members **RESOLVED** to: **NOTE** the report.

**HB/20/217 AGENDA ITEM 2.2.8 PLANNING, PERFORMANCE & FINANCE COMMITTEE HIGHLIGHT REPORT**

Members **RESOLVED** to: **NOTE** the report.

**HB/20/218 AGENDA ITEM 2.2.9 MENTAL HEALTH ACT MONITORING COMMITTEE HIGHLIGHT REPORT**

Members **RESOLVED** to: **NOTE** the report.

HB/20/219

**AGENDA ITEM 2.2.10 STAKEHOLDER REFERENCE GROUP  
HIGHLIGHT REPORT**

Members **RESOLVED** to: **NOTE** the report.

**MAIN AGENDA**

**CO-CREATE WITH STAFF AND PARTNERS A LEARNING AND  
GROWING CULTURE**

HB/20/220

**AGENDA ITEM 4.1 SHARED LISTENING & LEARNING – PATIENT  
STORY EXPERIENCE**

The Chair advised that a number of Board Members had been fortunate enough to listen to this story at the Quality & Safety Committee held on the 18 November 2020 and added that he was delighted to have Uschi Turoczy here today to share the story with the full Board.

The Chair explained U. Turoczy's background to Board Members and advised that she had received Arts Council of Wales funding to develop The Voices Project in partnership with the Health Board as part of their Arts and Health Programme. Part of the project was to collect patient stories as creative evaluation. Most recently, she had visited Ysbyty'r Seren to meet with a patient, hear his story and turn his words into a poem. At this point, U Turoczy read out the patient's words to Members of the Board.

The Chair extended his thanks for presenting the story to the Board.

HB/20/221

**AGENDA ITEM 3.1 MATTERS ARISING NOT CONSIDERED ON THE  
ACTION LOG**

There were no matters arising.

**WORK WITH COMMUNITIES AND PARTNERS TO REDUCE  
INEQUALITY, PROMOTE WELL-BEING AND PREVENT ILL HEALTH**

HB/20/222

**AGENDA ITEM 5.1 COVID 19 UPDATE**

K Nnoaham presented Members with an update and highlighted the following key points:

- The daily test positivity rate across Cwm Taf Morgannwg (CTM) was currently showing a general downward trend across all three Local Authorities, however, the positivity rate was still above 10%;

## Agenda Item Number 2.1.1a

- In relation to the daily seven day cumulative incidence of Covid-19, prior to the fire break lockdown, there had been three weeks of day to day growth within CTM. Post fire break there had been a 7-10 day benefit, with the reduction now flattening. Members **NOTED** that it was likely that the region would enter into another period of growth;
- In relation to the relationship between test positivity rates and age specific cumulative incidents, in the 60-80 age group a reduction was being seen in the number of cases but an increase was also being seen in positivity rates. This pattern was consistent across all three Local Authority areas, but was mostly an issue for Bridgend and Rhondda Cynon Taff;
- The trends in age specific Covid-19 infections showed a consistent pattern of increase during the second wave, which despite a recent decrease, now seemed to have stalled with infection rates increasing again. This was consistent across all three Local Authority areas;
- The 14 day growth curve for community acquired Covid infections in hospitals shows that infections were on a downward trend, which was a likely result of the fire break lock down. Members **NOTED** that Hospital outbreaks were not in exponential growth;
- There had been no new Covid-19 outbreaks at Royal Glamorgan Hospital, with outbreaks at Princess of Wales and Prince Charles Hospitals showing a reducing trend;
- Hospital deaths from Covid followed a trend lag, with deaths lagging one-two weeks behind Hospital new cases. For every 3-4 cases reported, one death followed in one-two weeks;
- Community acquired infections were higher in Royal Glamorgan and Princes Charles Hospitals.

The Chair sought clarity as to what the lag effect being experienced at Princess of Wales Hospital meant for the next two weeks at the Hospital. K Nnoaham advised that all of the Health Board's Hospital outbreaks were in exponential negative growth, which was largely influenced by what was being experienced in the Community and largely related to the fire break lockdown. K Nnoaham advised that he expected to see an increase in numbers of community acquired infections presenting at Hospital.

P White made reference to the dramatic peak seen in staff infections from 22 October up to the fire break and questioned whether the Health Board was likely to see a further increase post fire break. K Nnoaham advised that he felt that the vaccine would be the best solution to reducing the number of infections and added that for this to

## Agenda Item Number 2.1.1a

work a significant amount of engagement would need to be undertaken with Communities to help encourage them to receive the vaccine. Members **NOTED** that the vaccine would be offered to staff to ensure that they were protected moving forwards.

I Wells thanked K Nnoaham for the update and sought clarity as to whether the curves would be adjusted to take into account that more tests were being undertaken. K Nnoaham advised that more staff had been tested as a result of hospital outbreaks during the second wave, which meant that there were infections that had been undetected as tests had not been carried out during the first wave.

The Chair extended his thanks to K Nnoaham for presenting the report and for all of the work that had been undertaken to date by him and his Team.

The Board **RESOLVED** to: **NOTE** the update.

HB/20/223

### **AGENDA ITEM 5.2 REGIONAL PARTNERSHIPS BOARD WINTER PLANNING AND PREPAREDNESS PLAN**

*Some questions and comments were received from Independent Members prior to the meeting, as outlined below together with the responses provided:*

**Comment** - 5.2.b Pleased to see that the Third Sector are playing an important part in delivery of the plan.

**Question:** 5.2b Page 23 point 15 Care Homes - Has the regional action plan been developed?

**Answer:** Yes a regional action plan has been developed on care homes.

A Lawrie presented the report and advised that the report detailed how the Health Board planned to address the challenges over the coming winter months, which had also been included on the Quarter 3/Quarter 4 plan that had been presented to Board.

Members **NOTED** that Welsh Government had provided funding for key elements of the plan, with £11m being invested into winter planning, £7.5m of which had been allocated to the Health Board. Members **NOTED** that the report highlighted how this resource would be deployed, which Welsh Government were content with.



## Agenda Item Number 2.1.1a

Members **NOTED** that the plan relied heavily on workforce and **NOTED** that the Health Board was aware that workforce was being pulled in a number of directions at present, not just within the Health Board but within the three Local Authorities also.

Members **NOTED** that the forecasting moving forward in relation the need for Intensive Care beds would need to be undertaken, with the capacity available at Ysbyty'r Seren playing a key role in this.

In relation to the schemes identified within the report, C Williams advised that a stronger process had been put into place to ensure the impact of these schemes was being monitored to determine which schemes would be continued post the winter period.

J Sadgrove commented that the staff within the Health Board were presently under significant pressure, which was set against a large number of vacancies and Covid-19 and added that the Board needed to be really appreciative of the staff who were all working really hard. H Daniel advised that this was a huge challenge for the Health Board, as well as being a challenge across the rest of Wales and added that the Health Board had considerably increased its wellbeing support for staff.

I Wells made reference to the population segmentation and risk stratification pilot that was being undertaken, which targeted interventions before they occurred. I Wells commended this project and advised that he would like to see this project continue further.

The Chair extended his thanks to A Lawrie for presenting the report.

The Board **RESOLVED** to: **NOTE** the update provided.

**PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE**

HB/20/224

### **AGENDA ITEM 6.1 MATERNITY SERVICES UPDATE**

*Some questions and comments were raised by Independent Members prior to the meeting, as outlined below together with the response provided:*

**Question:** *6.1a Pages 10/11: Communication issues relating to Maternity and Gynaecology in the period 1 April - 30 June represented approximately 30% of all formal concerns 'closed'. How many of the 17 formal concerns which have yet to be closed relate to communication.*

## Agenda Item Number 2.1.1a

*Could you provide some indication of the specific communication issues that are causing concern and the measures that have been or are being taken to address them?*

**Answer:** *Maternity and Gynaecology addressed a very large backlog of complaints during April to June 2020. Previous thematic reporting relating to communication issues did not enable identification of specific issues although there have been wide ranging initiatives relating to culture and information sharing as part of the response to the RCOG report. We are currently working alongside corporate colleagues to develop more robust management of actions arising and identification of themes to support remedial actions and assurance reporting.*

*Obstetrics and Gynaecology currently have two (of 17) open complaints that relate to communication.*

*Whilst we take all concerns very seriously, it is important to balance all feedback and are able to evidence overwhelmingly positive feedback from our service users during the pandemic, and both Community Health Council (CHC) and Healthcare Inspectorate Wales (HIW) have recently published reports reflecting largely positive service users views.*

**Comment: 6.1b** *Just to note there was a lengthy discussion around the poor feedback provided to those raising a Datix report at Quality & Safety Committee and I believe there is a plan in place which hopefully will help address this concern.*

G Dix presented the report and advised that during the second resurgence of Covid-19, the Team had continued to work through the delivery of the improvements required. G Dix extended his thanks to the Team for the work that had been undertaken to date.

Members **NOTED** that 59 out of the 79 original recommendations had now been completed, with the remaining recommendations being near completion. Members **NOTED** that the remaining recommendations largely focussed on leadership and culture, for which external support had been sought, which had to be paused as a result of Covid-19. G Dix advised that the leadership work had since been progressed virtually and was due to complete at the end of February 2021.

In relation to culture, the outputs from the culture questionnaire, which was completed by 100 staff within Maternity, had been included within the report. Members **NOTED** that there were plans in place to undertake another survey for staff to complete. Members **NOTED** that the results of the questionnaire identified that staff now felt psychologically safe to

## Agenda Item Number 2.1.1a

raise some concerns, however, there was further work to undertake in relation to staff receiving feedback from the incidents they had reported.

Members **NOTED** that in relation to the overall programme, there had been slippage against the miscarriage pathway and **NOTED** that bereavement support for women was now in place for babies lost prematurely under 18 weeks.

In relation to Clinical Reviews, Members **NOTED** that the first category was now complete, with correspondence sent to individuals affected last week. G Dix advised that a risk stratification exercise had taken place and women and families were being kept up to date on progress being made against this piece of work.

Members **NOTED** that a Neonatal Services Director had now been appointed and that Dr N Lyons was now undertaking the role of Senior Responsible Officer for Neonatal Services. Members **NOTED** that there were around 12 to 13 recommendations which related to Neonatal Services which were being governed under the scrutiny of the Independent Maternity Services Oversight Panel.

The Chair advised that he felt encouraged by the progress that had been made in relation to the miscarriage service and sought clarity as to the experiences of women in relation to the care being received on a week by week basis. G Dix advised that pre-Covid, the Patient Advice Liaison Services Team had actively worked with Clinical Teams on the Labour Ward in relation to women's experience, which had to be stood down during the Covid-19 pandemic. Members **NOTED** that positive feedback continues to be received in relation to the care being provided, although there were still challenges in place in relation to levels of communication. Members **NOTED** that whilst the number of formal complaints had fallen, women were still being encouraged to provide feedback on their care.

M K Thomas provided the Board with assurance as to the level of scrutiny being undertaken by the Maternity Improvement Board and Independent Maternity Services Oversight Panel and added that progress was being made.

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

The Board **RESOLVED** to: **NOTE** the report.

HB/20/225

**AGENDA ITEM 6.2 NURSE STAFFING LEVELS (WALES) ACT UPDATE**

G Dix presented the report which provided the Board with an update on the Bi Annual Patient Acuity Audit, which the Health Board was required to undertake twice a year. In relation to Section 25b of the Act, the Health Board were required to report its compliance associated with General Medical and Surgical Wards, in which there were currently 29 wards within the organisation.

Members **NOTED** that between June – September, out of these 29 wards, 22 had been repurposed to address the Covid-19 pandemic. As a result of the audit undertaken in July 2020, it was agreed that none of the wards required a recalculation of staffing levels.

G Dix advised of the need to extend the Board's heartfelt thanks to the organisations 5000 strong Nursing, Midwifery and Health Care Support Worker staff for all of the hard work they had undertaken over the last nine months.

Members **NOTED** that the Act was now being extended to Paediatric Wards and District Nursing. Members **NOTED** that the roll out of the new national system will allow Board Members to see the actual against planned staffing levels.

The Board **RESOLVED** to: **NOTE** the report.

HB/20/226

**AGENDA ITEM 6.3 SAFE, SUSTAINABLE AND ACCESSIBLE EMERGENCY MEDICINE AND MINOR INJURY AND ILLNESS SERVICES FOR THE PEOPLE OF RHONDDA TAFF ELY**

*Questions were raised by Independent Members prior to the meeting, as outlined below together with the responses provided.*

**Question:** *Page 7 Point 3 discusses risks to Emergency Department (ED) and mitigation. As part of the mitigation will there be a plan to roll out the model as discussed on Page 4 for Royal Glamorgan Hospital (RGH) to each of our ED's to maintain a safe and sustainable service to all our communities?*

**Answer:** *The 3 ED clinical leads meet and share best practice in terms of quality improvement and sharing staffing models (recognising that the challenges in different departments are very different).*

**Question:** *Page 6: Who are the members of the partnership panel?*

## Agenda Item Number 2.1.1a

**Answer:** *The Health Board has appointed 9 panel members with a range of experience in our local communities to include teaching, healthcare, charity volunteers, community forum representatives etc. Details of the expressions of interest are available upon request.*

N Lyons presented the report which described the context of the Board's decision made in June 2020. Members **NOTED** that there were three elements of work that remained to be completed.

Members **NOTED** that work had continued to be undertaken in relation to the workforce model, the medical workforce model in particular. Members **NOTED** that good progress had been made in sustaining the medical workforce and it was being proposed that this piece of work was now passed to the Integrated Locality Group (ILG) to manage moving forwards. Members **NOTED** that the safety risks had now significantly receded.

In relation to Paediatrics Support, a proposal had been made to move all Paediatrics Care to Princess of Wales and Prince Charles Hospitals, with a commitment made to provide Paediatrics support at Royal Glamorgan Hospital. It was also being proposed that this piece of work was now passed to the Rhondda Taf Ely (RTE) Integrated Locality Group to manage moving forwards.

In relation to the establishment of the Partnerships Panel, Members **NOTED** that the first Partnership Panel was held on 18 November, with really positive discussions held regarding the focus on the Connect Ahead system, the potential flows and communications and engagement.

The Chair extended his thanks to N Lyons for presenting the report and advised that he felt encouraged at the progress made in relation to the establishment of the Partnerships Panel.

The Board **RESOLVED** to: **NOTE** the content of this report and **AGREE** that:

- Subject to Management Board approval of the business case, responsibility for the implementation of the new ED service and staffing model at RGH should be formally passed to the RTE ILG, with a report being brought back to the Board in six months.
- Subject to Management Board approval of an overall paediatric service model for the Health Board, responsibility for the implementation of the most effective model at RGH should be

## Agenda Item Number 2.1.1a

formally passed to the RTE ILG, with a report being brought back to the Board in six months.

- Update reports on the operation of the Partnership Panel should be brought to the Board on a bi-monthly basis.

HB/20/227

### AGENDA ITEM 6.4 ORGANISATIONAL RISK REGISTER

*A question was raised by an Independent Member prior to the meeting, as outlined below together with the response provided:*

**Question:** 6.4c - Organisational Risk Register - Page 9 - Risk 3008 - failure to comply with manual handling training - should this be covered by Health & Safety & Fire sub-committee as well?

**Answer:** Thank you. Yes this will also be received by the Health, Safety & Fire Sub Committee and the Organisational Risk Register has been updated in readiness for the review by Management Board in December 2020.

G Galletly presented the report and advised that colleagues would be familiar with the risk improvement programme that had been launched earlier in the year and added that this would be the first time that the Board were being presented with the Organisational Risk Register in its new format which contained a number of risks that had not previously been presented to Board.

Members **NOTED** that further work was required in relation to the calibration of risks across Integrated Locality Groups and Corporate Functions and **NOTED** that all risks had been assigned to the Committees who undertake scrutiny of their risks.

Members **NOTED** that in relation to the high level risk relating to the opening of the Grange Hospital, there was a separate report on the agenda for discussion at today's meeting. Members **NOTED** that many of the remaining high level risks resulted from the impact of the Covid-19 position.

G Galletly advised Members that Internal Audit would be undertaking a review of Risk Management and added that the follow up review being undertaken by Healthcare Inspectorate Wales and Audit Wales would also include a review of Risk Maturity.

## Agenda Item Number 2.1.1a

C Hamblyn advised that some of the high level risks that had been included in the Organisational Risk Register were not new risks as they had had previously been included as risks on some of the Corporate Function's individual risk registers, which were reported separately into Quality & Safety Committee.

Members **NOTED** that work was being undertaken with Datix colleagues to restructure the Risk Module which was due for completion in January 2021 and **NOTED** that collaborative work was being undertaken with colleagues in relation to risk ownership.

C Hamblyn advised that risk training was still being delivered to Teams upon request, with further training to be delivered within the Rhondda Taf Ely ILG on the 30<sup>th</sup> November 2020. Members **NOTED** that a further Board Development Session on Risk Appetite would be held early in 2021.

In response to a question raised by P Griffiths as to whether the target dates for completion of work would be met, C Hamblyn confirmed that she felt comfortable with the target dates that had been set and advised that the Board would be kept informed of any areas of slippage.

P Griffiths made reference to the 69 risks that had been included in the register and added that it seemed that little progress had been made to mitigate the risks over the last 12 months and questioned whether any further resource would be required to address this. Members **NOTED** that risks were now being reviewed at Management Board on a monthly basis and **NOTED** that the Risk Register would be a key agenda item at all Board Committees to enable assurance to be sought that steps were being taken to mitigate the risks. C Hamblyn added that Board Members should hopefully see the process evolve moving forwards.

A Lawrie advised that when the ILG's became operational from 1 April 2020, they each inherited a number of risks and risk registers which had not been reviewed for some time and added that a significant amount of work had been undertaken to ensure the Risk Register was as refined as possible. Members **NOTED** that monthly performance reviews were being held with each ILG with focus being placed on quality and progress being made against their risk register.

J Sadgrove made reference to Risk 4106 and 4107 and advised that there were two Committees that had been assigned to scrutinise these risks and questioned whether Quality & Safety Committee would review the safety aspects, with People & Culture Committee reviewing the workforce

## Agenda Item Number 2.1.1a

elements. In response, C Hamblyn confirmed that this was the case. J Sadgrove commended the progress that had been made.

The Chair highlighted that there were nine risks that had been rated as a likelihood of five, which meant that the risk was likely to occur, there were seven risks with a likelihood of four and 37 risks where there was very little progress made against them, which was concerning. The Chair advised that whilst he appreciated that further validation was required, he added that this was highly important for the Health Board in terms of improving the quality of care the Health Board provides.

The Chair extended his thanks to C Hamblyn and colleagues for the work that had been undertaken to date.

The Board **RESOLVED** to:

- **NOTE** – the progress made against the risk journey milestones;
- **APPROVE** the recommendations in relation to New Risks and updated risks.

HB/20/228

### **AGENDA ITEM 6.5 IMPACT OF THE OPENING OF THE GRANGE UNIVERSITY HOSPITAL ON CWM TAF MORGANNWG UHB**

C Williams presented the report and advised of the importance of the Health Board being aware as to what impact the changes in flow would have on Prince Charles Hospital. Members **NOTED** that this had been identified as a risk on the Organisational Risk Register.

Members **NOTED** that the opening of the Grange University Hospital had been brought forward by six months and was originally due to open 1 April 2021. Whilst the opening had been successful, it had brought with it a challenge in relation to the Health Board's planning assumptions and the discussions being held on the impact of flows. Members **NOTED** that the Health Board had been working collaboratively with Aneurin Bevan and Powys University Health Board's since September.

Members **NOTED** that the report identified the steps that had been taken to ensure that the Health Board was ready for any potential change to flows and **NOTED** the need to ensure clinical pathways were efficient and in place.

In response to a question raised by P Griffiths in relation to potential demand, C Williams advised that whilst planning assumptions and commissioning intentions were in place, there needed to be a greater



## Agenda Item Number 2.1.1a

understanding as to how the public would respond in terms of which hospital they choose to access for their care. Consideration would also need to be given as to where Ambulances would likely transport patients to.

In response to a question raised by M K Thomas as to what the demand was looking like in the next couple of months, C Williams advised that on a daily basis there would be regular opportunities to escalate challenges to the Executive Director of Operations and monthly meetings would continue to be held with partners to discuss any issues experienced. A Lawrie confirmed that the position was being monitored on a daily basis, with ILG Teams not reporting any issues at present.

M Jehu sought clarity as to whether there was a communications plan in place regarding this. C Williams confirmed that Aneurin Bevan UHB did have a communications plan in place and confirmed that discussions had been held with the CTM UHB communications team also.

Members **NOTED** that in relation to the financial aspect of this scheme, further work would have to be undertaken on the commissioning flows and operational response.

N Milligan questioned whether the Emergency Department at Prince Charles Hospital were prepared for the potential extra flows and added that the department was already under significant pressure. C Williams advised that the Health Board's ability to respond had already been included in the risk register and added that further work would need to be undertaken on clinical pathways which would reduce the risk.

N Milligan advised that in relation to flow, Board Members had previously heard that patients had been experiencing delays in receiving a Covid-19 test before they could be moved, which was significantly impacting on flows. Members **NOTED** that steps were being taken to increase the number of testing equipment at Prince Charles and Royal Glamorgan Hospitals and Point of Care Testing was about to be increased across all three hospital sites which should have a positive impact on the position.

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

The Board **RESOLVED** to: **NOTE** the report.

**AGENDA ITEM 6.6 INTEGRATED PERFORMANCE DASHBOARD**

*Questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses provided:*

**Question:** *Where performance is particularly poor or is deteriorating significantly do you think there would be any merit in including a brief explanation for the poor performance, the potential risks involved and the measures being taken to address the position (for assurance purposes)? Two services, for example, in the latest report would seem to warrant further commentary;*

- *Page 6, Ref 2.20: Cancer Waiting Times – 62 day target for urology*
- *Page 7, Ref 2.26: CAMHS 1(a) compliance*

**Answer:** *Yes we should be adding in narrative on the solutions as well as the problems. In relation to Urology - this is an ongoing problem and I will provide a further update at the meeting if required. In relation to CAMHS - we will have a further Demand & Capacity piece of work concluded over the next fortnight, job plans for all clinical staff have been reviewed and more patient facing activity included/ prioritised, waiting list initiatives are underway.*

**Question:** *To provide the Board with a full understanding of service performance, do you think the Board's Performance Report should also include performance data for Specialist Services (commissioned on our behalf by WHSSC) as a matter of routine. Are there any other services whose performance is currently not being reported to the Board through the Dashboard Report?*

**Answer;** *A response to this question was provided during the meeting.*

**Question:** *6.5b Page 4 Given the current and long term health consequences of childhood obesity, are there any specific plans (apart from the support they get from the health visiting service which will differ depending on their postcode) to work with families and communities to help address the high percentage of those aged 4-5 who are classed as obese/clinically obese within Merthyr Tydfil.*

**Answer:**

- *As part of the preconception work we are looking to develop a tiered approach to preparing for parenthood and adulthood with a focus on healthy lifestyles/building resilience (will include programmes to promote family nutrition etc).*

## Agenda Item Number 2.1.1a

- *We are reviewing specifically what the School Health Nurse approach is in Merthyr– the approach apparently has not changed in recent years so the Senior Nurse is planning to benchmark the same.*
- *We are planning on developing the youth engagement to date and asking local young people to help co design approaches for the future (we are working with the Children’s Commissioner to progress this).*

C Williams and A Lawrie presented the report. Members **NOTED** that consideration was being given to the content of the report with plans in place to develop a balanced scorecard approach moving forward. The following key points were **NOTED**:

- Waiting list numbers continued to increase, however, treatment for patients requiring urgent care was continuing;
- The Cancer position remained challenging, particularly Urology. Members **NOTED** that there were a number of patients waiting over 104 days for treatment with harm reviews being undertaken for each patient waiting. Members **NOTED** the numbers of patients waiting was reducing;
- Challenges remained in all three Emergency Departments as a result of Covid-19 and Winter pressures;
- The Health Board must ensure that a comprehensive review of Mental Health performance was being monitored;
- CAMHS performance continued to remain challenging. Members **NOTED** that an increase in referrals had been seen as soon as children went back to school in both Primary and Secondary CAMHS. Members **NOTED** that the average wait was now around three weeks compared to an average wait of one week during the summer, with compliance for August being down to 9.1%;
- In relation to Referral to Treatment Targets, Welsh Government had requested that focus was moved from length of wait to clinical prioritisation of patients. Members **NOTED** that more detail would be provided in the next report on Stage 1-3 patients as well as Stage 4 patients and **NOTED** that additional resource had been sourced to support the ILG teams with planned care.

In response to the question raised prior to the meeting in relation to performance data for Specialised Services and whether this should be included in the report, C Williams reminded Members that this data used to be included in the dashboard and added that as a consequence of Covid-19, information flows had been suspended. Members **NOTED** that whilst information flows had now re-started, with some interim reports

## Agenda Item Number 2.1.1a

being received from Welsh Health Specialised Services Committee (WHSSC), consideration was being given as to how this information could be best presented into Committee meetings. C Williams suggested that a further update would be presented to the Board in January.

P Mears advised that it may be helpful for Stuart Brown, Programme Director, Planned Care Recovery to attend a future Board meeting to discuss the work being undertaken on Planned Care and the focus being placed on the Elective Strategy for the next 6-12 months (**added to the action log**).

In response to a question raised by M K Thomas regarding Neurodevelopment and the plans that were in place to improve the 26 week performance target, A Lawrie advised that he would provide a response outside of the meeting in relation to the detailed plan (**added to the action log**).

The Board **RESOLVED** to: **NOTE** the report.

HB/20/230

### AGENDA ITEM 6.7 COMMITTEE HIGHLIGHT REPORTS

J Sadgrove presented the Board with the People & Culture Committee Highlight Report and advised that the report contained items that the Committee wanted to escalate/alert to the Board.

Members **NOTED** that concerns had been raised by the Committee in relation to the number of vacancies and how the Health Board had planned to fill them. The Committee had noted that the Health Board had run a successful overseas recruitment campaign.

Members **NOTED** that the Committee had raised concerns in relation to Statutory and Mandatory Training rates, with a decrease being seen in levels of compliance as a result of Covid-19. The Committee had been advised that the Team were continuing to look at alternative methods of delivering training.

J Sadgrove highlighted the work that was being undertaken in relation to Values & Behaviours and added that a lot of recognition was being paid to staff via Social Media channels. J Sadgrove advised that a significant amount of work was also being undertaken on the Wellbeing agenda.

In relation to overseas recruitment, H Daniel advised that the Health Board had further plans to continue to recruit staff from overseas,

## Agenda Item Number 2.1.1a

however, issues were being experienced with sourcing accommodation for nurses at present.

In relation to Statutory and Mandatory training, H Daniel advised of the need to ensure that ESR was intuitive and user friendly and of the need to ensure that training was not being repeated unnecessarily.

The Board **RESOLVED** to: **NOTE** the report.

### **ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY**

HB/20/231

#### **AGENDA ITEM 7.1 FINANCE UPDATE**

S Webster presented the report and advised that the format had been refined further to ensure key messages were presented in narrative form for ease of reference.

Members **NOTED** that the funding received from Welsh Government for Covid-19 and winter had now been factored into the reporting with the budget being orientated against the Quarter 3/Quarter 4 plan. Members **NOTED** that the Month 7 variation from budget was an underspend of £600k, which largely related to the re-phasing of expenditure and slippage.

S Webster advised that feedback from Welsh Government had indicated that they would want to be assured that the Health Board would be able to spend the level of resource that it had planned to spend and had requested that the Health Board undertakes a further review of the Quarter 3/Quarter 4 plan to determine whether the Health Board would be able to utilise the resource. A further discussion would take place at the In Committee session being held later today.

The Board **RESOLVED** to: **NOTE** the report.

HB/20/232

#### **AGENDA ITEM 7.2 BREXIT UPDATE**

C Williams presented the report and advised that the report identified that a significant amount of Brexit preparedness was being undertaken at an All Wales level. Members **NOTED** that the work recommenced during September and work was being undertaken with key partners, for example, NHS Wales Shared Services Partnership. C Williams advised that the Health Board's internal groups had recommenced virtually.

## Agenda Item Number 2.1.1a

Members **NOTED** that the planning that had been undertaken across NHS Wales and by Welsh Government had been based on an assumed No Deal position and Members **NOTED** that this had been included as a risk on the Organisational Risk Register.

The Board **RESOLVED** to: **NOTE** the report.

### ITEMS FOR INFORMATION/NOTING

HB/20/233

#### AGENDA ITEM 8.0.0 ITEMS FOR INFORMATION/NOTING

The Board received the following items for information:

- WHSSC Joint Committee Briefing October 2020;
- WHSSC Joint Committee Briefing November 2020;
- Shared Services Partnerships Committee Assurance Report September 2020;
- CTMUHB Ombudsman Report.

HB/20/234

#### AGENDA ITEM 9.0.0 ANY OTHER URGENT BUSINESS

There was no other business to report.

HB/20/235

#### AGENDA ITEM 10.0.0 DATE OF NEXT PUBLIC BOARD MEETING

The next scheduled meeting would take place on Thursday 28 January 2020.

The Chair asked Members to remain for the In Committee Session of the meeting.

**SIGNED:**.....  
**M Longley, Chair**

**DATE:**.....