

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board  
(CTMUHB) held on Thursday 26 May 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
Hywel Daniel	Executive Director for People
Greg Dix	Executive Director of Nursing
Gethin Hughes	Chief Operating Officer
Kelechi Nnoaham	Executive Director of Public Health
Sally May	Executive Director of Finance
Dom Hurford	Interim Medical Director
Lisa Curtis-Jones	Associate Member
Anna Lewis	Associate Member – Chair of the Clinical Advisory Group

**In Attendance:**

Stuart Morris	Director of Digital
Mandie Welch	Heart Failure Nurse Specialist (In part)
Melanie Barker	Assistant Director of Therapies & Health Sciences
Sharon O'Brien	Assistant Director of Nursing & People's Experience (In part)
Claire Nelson	Assistant Director of Planning
Wendy Penrhyn-Jones	Head of Corporate Governance and Board Business
Richard Morgan- Evans	Chief of Staff
Lee Leyshon	Assistant Director of Engagement and Communications
Paul Dalton	Internal Audit
Daniel Price	Chief Officer, Cwm Taf Morgannwg Community Health Council
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:

- Geraint Hopkins, Independent Member
- Lauren Edwards, Executive Director of Therapies
- Linda Prosser, Executive Director of Strategy and Transformation
- Georgina Galletly, Director of Corporate Governance

#### 1.3 Declarations of Interest

No additional declarations were made.

### 2 SHARED LISTENING AND LEARNING

#### 2.1 Patient Story

M Welch presented the patient story which related to a patient's experience of using the heart failure app whilst managing his condition. The Chair extended his thanks to M Welch for sharing the story.

S Morris welcomed the fantastic work that was being undertaken by M Welch and her team and advised that this app was part of the Health Board's longer term plan in relation to the roll-out of self-monitoring, which would change the way in which patients interacted with our services moving forwards.

K Nnoaham also welcomed the presentation and advised that 95% of patients with heart failure had at least one other condition and sought clarity as to how the team were helping patients manage their other long term conditions. M Welch confirmed that a recent survey identified that patients had at least 7 co-morbidities and that close links were in place with Diabetes colleagues, Clinical Nurse Specialists across a number of specialties and Primary Care colleagues. Members noted that whilst the app was only being used for heart failure, it would be important moving forward to ensure that apps could cover multiple co-morbidities before investment was made.

P Mears advised that he had spoken to M Welch a number of times over the last few months regarding this initiative and advised that the Health Board would have to find different ways of caring for patients outside of a hospital setting. P Mears added that this did not just relate to making clinical

efficiencies, this also related to ensuring patients were able to live their lives as normally as possible despite having a chronic illness.

P Mears confirmed that this was pilot project funded through the Life Sciences Hub and added that he had been discussing possible digital solutions with the Director of Digital that could be used across a wide range of specialties. P Mears extended his thanks to M Welch for her personal resilience in championing this piece of work and added that the evidence gathered highlighted that this would now be much easier to roll-out into other specialty areas.

I Wells welcomed the work that had been undertaken and declared an interest in that he was an advisor to the Life Sciences Hub, of which this project was one.

G Dix also welcomed the work that had been undertaken and advised the Board that M Welch, alongside one of her colleagues, had recently won the British Journal of Nursing Cardiovascular Nurse of the Year National award and advised that the Health Board was very lucky to have M Welch working within the organisation.

The Chair reiterated his thanks to M Welch for the excellent presentation and extended his thanks to Mr Watkins for sharing his experience.

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

### **3 CONSENT AGENDA**

P Mears made reference to the Hosting Assurance Framework report at agenda item 3.1.4 and advised that as a result of the work being undertaken in relation to the NHS Executive, which may have an impact on some of the hosting arrangements, a further discussion on this matter would be required at a future Board meeting. Members noted that clarity was also required in relation to the Board's responsibilities and P Mears advised that he would discuss further with G Galletly following her return from leave.

#### **3.1 FOR APPROVAL**

##### **3.1.1 Unconfirmed Minutes of the Meeting held on the 31 March 2022**

Resolution: The minutes were **APPROVED**.

##### **3.1.2 Chair's Report – Affixing of the Common Seal and Ratification of Chair's Action**

Resolution: The Report was **APPROVED**.

##### **3.1.3 Amendments to the Standing Orders – Terms of Reference**

Resolution: The report was **APPROVED**.

### **3.1.4 Hosting Assurance Framework**

Resolution: The report was **APPROVED**.

### **3.1.5 Risk Management Strategy & Risk Management Policy**

Resolution: The report was **APPROVED**.

### **3.1.6 Amendment to the Standards of Behaviour Framework Policy**

Resolution: The Report was **APPROVED**.

### **3.1.7 Cwm Taf Morgannwg Carers End of Year Progress 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 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 Report**

Resolution: The reports 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 Executive's Report**

P Mears presented the report highlighting the key matters for the attention of the Board. P Mears extended his congratulations to D Hurford for successfully

being substantively appointed into the role of Medical Director and advised that the all of the Executive Team substantive appointments had been completed.

The Board noted the collaborative work that was being undertaken with Cardiff & Vale and Aneurin Bevan Health Board's regarding the development of regional services for Orthopaedics, Ophthalmology and Diagnostics. The Board also noted that positive visits to the Emergency Departments had recently been undertaken by local authority Leaders and Chief Executives which had enabled further discussions in relation to joint-working around patient discharge.

Members noted that a successful event was held with CTM Consultants attended by more than 170 consultants. P Mears advised that positive feedback had been received from the session and added that further sessions would be held throughout the year.

The Chair extended his thanks to P Mears for presenting the report and welcomed the work that was being undertaken with local authority colleagues.

Resolution: The Report was **NOTED**.

## **5.2 Board Assurance Framework**

W Penrhyn-Jones presented the Board Assurance Framework.

C Donoghue commended the report and advised that she had found the Board Assurance Framework to be exceptionally helpful in terms of providing assurance. C Donoghue added that she did not feel that the Board needed to receive the full risk register to each meeting given that the risk register was being scrutinised at relevant Board Committees.

J Sadgrove welcomed sight of the Board Assurance Framework in its full form, advising that she felt it provided the Board with a significant amount of assurance and added that as the risk register was considered in detail at each Committee she saw no additional benefit to the Board receiving the full risk register for consideration. J Sadgrove advised that any concerns raised by the Committees regarding the risk register would be highlighted in the alert/escalation section of the Board Committee Highlight Reports.

J Sadgrove welcomed the new section in relation to emerging risks which identified that escalation procedures were actively working and provided the Board with early notice of emerging matters of concern.

P Roseblade advised that she supported the comments that had been made and added that the framework linked directly with the strategy. P Roseblade advised that whilst she agreed that the Board did not need to receive the risk register at every meeting, she would find it helpful if the organisational risk register was received by the Board once a year.

P Roseblade commented that for many of the risks/goals that had been identified, whilst the consequence of the risk changes, the description of the

risk had remained the same and advised that whilst she agreed that the likelihood of the risk occurring could change, then in such circumstances the the risk description would need review along with the relevant potential consequences. .

I Wells echoed his Board colleague's comments and welcomed the continued improvements that were being made to the report. I Wells advised that he would support the suggestion that had been made by P Roseblade regarding the risk register being presented to Board annually.

Resolution: The Board Assurance Framework was **APPROVED** with agreement that the Organisational Risk Register be presented to Board annually. .

### 5.3 Clinical Advisory Group Highlight Report

A Lewis presented the report which highlighted the matters discussed at the meeting held on the 27 April 2022. Members noted that a meeting was also held in May where discussions were held in relation to Organ Donation and 'Attend Anywhere' virtual consultation software and the potential opportunities and benefits that this could create.

D Hurford extended thanks to A Lewis for presenting the report to Board and advised that the report highlighted how essential clinical input was when considering the new operating model.

G Hughes also extended his thanks to A Lewis for presenting the report and advised that he would find it helpful if he could engage with members of the Clinical Advisory Group on the work being undertaken in relation to bed modelling to test the options that had been identified.

S Morris advised that he had also found the Clinical Advisory Group extremely helpful in terms of providing a forum for engagement with clinical staff which had helped him to understand the challenges being faced regarding the digital agenda. In relation to 'Attend Anywhere', S Morris advised that the service improvement element would need to be mapped-out as there would still be a need for some face-to-face clinics

P Mears emphasised the importance of the Clinical Advisory Group and advised that clinical colleagues wanted their voices to be heard. Members noted that further work would be undertaken to ensure a good cross-section of staff was being included in the membership moving forward. P Mears advised the Board that A Lewis would be stepping-down from the Chairs role and extended his thanks to A Lewis for the work that she had undertaken in establishing the group.

Resolution: The Chair also extended his thanks to A Lewis for her important contribution. A Lewis advised that she was grateful to the Board for all of their encouragement.

The report was **NOTED**.

## 5.4 **Nurse Staffing Levels (Wales) Act Report – Annual Assurance Report**

S O'Brien presented the report and highlighted the key points for the attention of the Board.

Resolution: The report was **NOTED**.

### 5.4.1 **Nurse Staffing Level Bi-Annual Acuity Report for January 2022**

S O'Brien presented the report and highlighted the key points for the attention of the Board.

P Roseblade asked whether the significant financial implications regarding the workforce changes had been included in the plan and the potential implications if funding was not available. S O'Brien advised that this had not been included in the plan as a result of the process being dynamic due to Covid-19. Members noted that the ILG Nurse Directors, alongside the Ward Managers and Heads of Nursing had recognised that immediate changes needed to be made to support patient safety and noted that the acuity audit was only a small part of the Nurse Staffing Act triangulation.

G Dix added that there were challenges in relation to the dynamism of the wards being repurposed and that he had not yet approved the establishment of the five wards as he was keen to ensure that triangulated methodology was being used from next month as wards continued to be repurposed. S May confirmed that the situation had been dynamic over the last couple of years adding that P Roseblade was correct to identify that costs were being incurred. S May advised that there was an expectation that these costs would start to reduce which would need to be monitored closely as there was no core funding available to meet this cost within the current plan.

In response to a question raised by the Chair as to whether consideration was being given to building environments when making decisions regarding staffing levels, Members noted that Senior Nursing staff regularly considered environmental factors as part of their professional judgement when determining the staffing levels required.

The Chair extended his thanks to S O'Brien for presenting the report and advised that the Board recognised the challenges that had been faced over the last two years and extended his thanks to G Dix and S O'Brien for the work that had been undertaken.

Resolution: The Board **NOTED** the report.

## 6 **DELIVERING OUR PURPOSE AND STRATEGIC DIRECTION**

### 6.1 **Integrated Performance Dashboard - Introduction**



G Hughes introduced the report and advised that whilst there were a number of areas which had seen sustained performance, performance was still below trajectory in a number of areas, with some not seeing the expected change in performance.

Resolution: The report was **NOTED**.

### **6.1.2 Quality Performance Section of the Integrated Performance Dashboard**

G Dix and D Hurford presented the report

J Sadgrove extended her thanks to G Dix and D Hurford for the update and confirmed that the Quality & Safety Committee were reviewing the position regarding falls and pressure ulcers.

In response to a question raised by J Sadgrove as to when a digital solution was likely to be in place to help reduce the numbers of prescribing errors, S Morris advised that a procurement exercise was being undertaken to add a number of suppliers to the national framework. S Morris added that a draft business case would need to be developed and submitted to Welsh Government once the procurement exercise had been completed. S Morris advised that this was a high priority area of focus for Welsh Government and the Health Board and that he envisaged that subject to completion of the procurement exercise, the Health Board would have clarity as to the options available by September 2022.

In response to a question raised by the Chair regarding the investigation that was undertaken in relation to pressure ulcers and what the main reasons were regarding the 250 pressure areas identified which were avoidable, G Dix advised that causes varied between community and inpatient settings. Members noted that in relation to Community, during the Covid Pandemic there were some patients who had received limited District Nursing visits which could have contributed to pressure care issues and noted that there had also been challenges with patients finding it difficult to relieving their pressure areas themselves. G Dix advised that in relation to inpatients, further work was required in relation to undertaking regular assessments throughout the inpatient journey and added that Improvement CTM had interrogated the data regarding pressure ulcers and had identified the areas that required further focus. Members noted that all pressure ulcers that were deemed to be avoidable were scrutinised by the Scrutiny Committee.

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

### **6.1.3 Operational Delivery Performance Section of the Integrated Performance Dashboard**

G Hughes presented the report and highlighted the key matters for the Board's attention. Members noted that operational performance was significantly challenged across all domains across the Health Board which was in the process



of being addressed by Teams. G Hughes advised the Board that there was unlikely to be an improvement in performance for some time as a result of the significant backlog of patients that needed to be treated.

The Chair extended his thanks to G Hughes for providing a clear overview of the position, the challenges and the plans for addressing performance both in the short and longer term.

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

#### **6.1.4 Workforce Performance Section of the Integrated Performance Dashboard**

H Daniel presented the report and highlighted the key points for the Board's attention. Members noted that workforce performance was discussed in detail at the People & Culture Committee.

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

#### **6.1.5 Financial Performance**

S May presented an update on the Month 12 position and also shared a presentation on the Month 1 position. Members noted that as at Month 1 the Health Board was continuing to forecast a deficit of £26.5m and noted the considerable challenges in managing costs down as result of run rates remaining high.

P Roseblade welcomed the new format of the report which she found to be much improved and easier to read.

P Mears advised that the financial position was a significant challenge moving forward given the significant scrutiny being undertaken by Welsh Government on the Health Board's financial position. P Mears added that focus would need to be placed on driving forward productivity and efficiencies, whilst maintaining quality of care, and advised that there were significant issues across the whole of Wales.

S May advised that a meeting was recently held with Welsh Government to discuss the financial position and that the Health Board was expected to develop plans to address the deficit. Members noted that work had commenced to develop value and effectiveness work streams in order to deliver savings and return to a sustainable financial position.

In response to a question raised by C Donoghue in relation to energy costs and whether the forecast reduction in energy costs as a result of renegotiation of contracts had been factored in to the plan, S May advised that the Health Board utilised a company to secure its energy contracts and added that a further 12 month deal had recently been secured which had protected the Health Board from the worst of the increases. Members noted that the position was highly volatile and would need to be monitored closely throughout the year.

L Thomas sought clarity as to whether there was anything that Independent Members could do to support the Executives at this difficult time. S May advised that continued focus would need to be placed on how the Health Board could deliver intelligent savings which the whole of the Board would need to consider. P Mears expressed the need for scrutiny of the position to be undertaken at all Board Committees as opposed to just the Planning, Performance and Finance Committee and added that further consideration would need to be given to future presentations to the Board in relation to savings and the key programmes of efficiencies that were being undertaken. P Mears advised that he would discuss future reporting with S May outside the meeting.

The Chair advised that achieving integrated governance around quality, finance and performance was a significant challenge for the organisation and expressed the need to ensure that the right processes and systems were in place.

Resolution: The report was **NOTED**.

## **6.2 Updated Annual Plan 2022/2023**

C Nelson presented the report. Members noted that feedback was expected from Welsh Government in June 2022.

S May confirmed that as this was deficit plan the Board could only receive and note the plan as opposed to approving the plan.

Resolution: The updated Annual Plan 2022/2023 was **NOTED**.

### **6.2.1 Annual Plan 2021-2022 Update on Deliverables**

C Nelson presented the report and highlighted the key matters for the attention of the Board.

Resolution: The report was **NOTED**.

## **6.3 Population Health Report**

The Chair advised that it needed to be noted that the work that had been undertaken by K Nnoaham and his team regarding Population Health had been recognised as being the best in Wales.

K Nnoaham presented the report and highlighted the key matters for the attention of the Board.

I Wells commented that whilst he was pleased to see the progress set out in the report, a significant amount of data within the report was very 'Cwm Taf centric' as opposed to 'Cwm Taf Morgannwg centric' and asked whether it would be possible to include more data on the Bridgend area moving forward.

K Nnoaham advised that there were challenges being faced in relation to the disaggregation of survey data and added that a lot of the data provided by Public Health was derived from surveys.

P Roseblade sought clarity as to whether a RAG rating and trend could be included in future iterations of the report against the 37 actions that had been identified. K Nnoaham agreed to action this request.

The Chair extended his thanks to K Nnoaham for presenting the report and extended his thanks to the Public Health Team for taking this work forward.

Resolution: The report was **NOTED**.

Action: Future iterations of the report to include RAG Rating and Trend against the actions identified.

#### **6.4 CTM Operating Model – Reconfiguration Proposal**

R Morgan-Evans presented the report. Members noted that a Care Group structure was being proposed and noted that a consultation document had been shared with staff on the 9 May 2022 or comment. Members noted that the consultation period would end on 6 June 2022. R Morgan-Evans advised that feedback received to date had been generally positive and added that the proposed model was scheduled to be live during July 2022.

The Chair extended his thanks to R Morgan-Evans for the update provided.

Resolution: The report was **NOTED**.

#### **6.5 CTM 2030 Our Health, Our Future Presentation**

K Nnoaham shared the presentation with Members.

P Mears endorsed the update and highlighted that this work was being fed through the development of the strategy. Members noted that the Communications Team were undertaking proactive engagement with the Voluntary and Third Sector organisations on the topics set out in the presentation and noted that discussions were also being held with partner organisations regarding the issues that impact on people's health the most. P Mears advised that this would be an opportunity to lead the way in how the NHS can work in a different way with Voluntary Community Groups and added that there would also be opportunities to engage with staff, 85% of which lived within the CTM footprint..

The Chair extended his thanks to K Nnoaham for sharing the presentation and noted the comments made by P Mears as to how the Health Board could lead the way in partnership working.

Resolution: The presentation was **NOTED**.

## 6.6 Regional Acute Oncology Service

C Nelson presented the report and advised that the regional case was agreed by the South Wales Collaborative Cancer Leadership Group and added that the proposal had also been presented to Cardiff & Vale and Aneurin Bevan University Health Board's in relation to the early phasing.

In response to a question raised by P Roseblade regarding costs identified within the report, C Nelson confirmed that the Board were being asked to approve £400,000 which related to the initial phase as opposed to the £785,000 which was the full cost of the project. S May confirmed that this had been accounted for within the financial plan.

In response to a comment made by P Roseblade regarding the operating hours and whether further consideration would be given to operating a seven-day week service, C Nelson confirmed that the operating hours had been considered by the Cancer Business Unit Lead and added that a further review would be undertaken to determine weekend demand to establish whether a further extension of hours was required.

S Morris welcomed the report and advised that this would create a real opportunity to undertake data quality and data definition join up across the region with Health Boards and Third Sector partners.

In response to a question raised by I Wells as to the reasons behind there being a localised and regional digital solution, Members noted that the local solution was required to ensure that the Health Board could link-up with national systems in the future.

Resolution: The Board **APPROVED** the locally proposed model.

## 7. DELIVERING OUR RECOVERY/ IMPROVEMENT PLANS

### 7.1 Continuous Improvement Self-Assessment Process in Response to Targeted Intervention

R Morgan-Evans presented the report.

Resolution: The Board **APPROVED** the level of Targeted Intervention (TI) and Special Measures (SM) progression as outlined and endorsed at the TI & SM Self-Assessment Board on 28<sup>th</sup> April 2022.

### 7.2 Maternity & Neonatal Services Improvement Programme

G Dix presented the report and highlighted the key matters for the attention of the Board.

J Sadgrove endorsed the update and added that extensive discussions had taken place at Quality & Safety Committee and the Maternity & Neonates Improvement Board. J Sadgrove advised that she had encouraged the Team

to give more focus to the Neonatal Service element of the programme and added that she had requested for a detailed Neonatal Service Improvement update to be provided to the Quality & Safety Committee in July 2022.

The Chair extended his thanks to G Dix for providing the update and for the assurance that had been provided by J Sadgrove that scrutiny was being undertaken by the Quality & Safety Committee.

Resolution: The Report was **NOTED**.

### **7.3 Elective Care Recovery**

G Hughes shared a presentation with Members and highlighted the key areas for the attention of the Board.

In response to a question raised by the Chair as to whether assessment was being undertaken of quality of life whilst patients were waiting for treatment, G Hughes confirmed that there were interventions being undertaken, which included continued contact being undertaken with patients. Members noted that this included clinical validation to determine whether the patient needed to be brought forward for treatment if there were concerns regarding their clinical condition. Members noted that patients were also being signposted to other services where support could be accessed whilst waiting for treatment. G Hughes added that harm reviews were also being undertaken to provide assurance regarding the safety of patients on the waiting list.

S Morris advised that in relation to digital join-up, which was a complex programme of work, a discussion would be held at the June 2022 Board Development Session regarding the Digital Plan which was multi-faceted in terms of the number of systems involved. Members noted that the plan would require a staged roll-out over a two year period and additional funding. Members noted that there would also be a dependency on colleagues at Swansea Bay University Health Board in order to prioritise aspects of this work.

The Chair extended his thanks to G Hughes for sharing the presentation.

Resolution: The presentation was **NOTED**.

### **8 ANY OTHER BUSINESS**

There was none.

### **9 How did we do in this meeting?**

The Chair advised that he would welcome feedback from Board Members as to how they felt the meeting went today outside the meeting.

### **10 DATE AND TIME OF THE NEXT MEETING**

The next meeting would take place at Thursday 28 July at 10am.

**11**

**CLOSE OF MEETING**