

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 27 January 2022 as a Virtual Meeting
Broadcast Live via Microsoft Teams**

Members Present:

Emrys Elias	Chair
Greg Dix	Acting Chief Executive
Jayne Sadgrove	Vice Chair/Independent Member
Ian Wells	Independent Member
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
James Hehir	Independent Member
Patsy Roseblade	Independent Member
Carolyn Donoghue	Independent Member
Lynda Thomas	Independent Member
Geraint Hopkins	Independent Member
Dilys Jouvenat	Independent Member
Hywel Daniel	Executive Director for People
Linda Prosser	Executive Director of Strategy and Transformation
Fiona Jenkins	Executive Director of Therapies & Health Sciences
Kelechi Nnoaham	Executive Director of Public Health (In part)
Sally May	Executive Director of Finance
Dom Hurford	Interim Medical Director (In part)
Gareth Robinson	Chief Operating Officer (Interim)
Lisa Curtis-Jones	Associate Member
Anna Lewis	Associate Member – Chair of the Clinical Advisory Group (In part)

In Attendance:

Georgina Galletly	Director of Corporate Governance
Stuart Morris	Director of Digital
Lauren Edwards	Deputy Director of Therapies & Health Sciences
Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Rebecca Goode	Executive Business Manager
Claire John	Sister, Ward 6 Palliative Care (In part)
Mark Jones	Audit Wales (In part)
Steve Stark	Audit Wales (In part)
Dave Thomas	Audit Wales (In part)
Owen James	Head of Corporate Finance (In part)
Sallie Davies	Deputy Medical Director
Paul Dalton	Internal Audit
Cathy Moss	Cwm Taf Morgannwg Community Health Council (In part)
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.

The Chair advised that at the end of today's meeting, he would be seeking reflections from the Board as to how they felt the meeting went today to ensure the Board were acting effectively.

1.2

Apologies for Absence

Apologies for absence have been received from:

- Paul Mears, Chief Executive

1.3

Declarations of Interest

No additional declarations were made.

1.4

Shared Listening & Learning – Staff and Patient Story Covid Challenges and Opportunities

C John presented the patient story describing the care given as part of end of life care.

The Chair extended his thanks to C John for presenting the story and for sharing how personalised the response had been from staff and added that it was evident how much the patient had appreciated all that had been done for them.

J Sadgrove also extended her thanks to C John for sharing the story which showed how the team had provided holistic care which is vitally important for patients particularly for end of life care

L Thomas welcomed the story which she had found to be inspiring and acknowledged the work that had been undertaken by C John and her team. In response to a question raised by L Thomas as to how the Team managed to find the time to achieve this, C John advised that there were no set limits as to how many times the Wish Journey could be offered to patients which was offered through the Ambulance Service and added that Ambulance Staff offer this service in their own time, with a number of services joining together to achieve the desired outcome for the patient as and when required.

D Hurford extended his thanks to C John and the whole Team for the amazing care they had provided to patients.

F Jenkins thanked C John for sharing the story which showed that the majority of patients choose to pass away in their place of choice and added that anything that the Health Board could offer to patients in their last days of life was tremendous. In response to a question raised by F Jenkins as to whether there would be capacity in place to extend these types of services, C John advised that she would welcome an extension of the service and added that the personal touches make a significant difference to the patient experience.

G Dix advised that the care provided on the Palliative Care Unit at Ysbyty Cwm Cynon was fantastic, however there were occasions where patient experience was not always positive within other settings in the Health Board and added that better support is required for patients who were experiencing their last days of life within Acute settings.

The Chair extended his thanks to C John for sharing the story about the wish journey and the positive impact this had on the patient's end of life care which had enabled the Board to consider how end of life care could be improved across all settings, particularly the Acute Care setting.

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

2 CONSENT AGENDA

3.1 FOR APPROVAL

3.1.1 Unconfirmed Minutes of the Meeting held on the 25 November 2021

Resolution: The minutes were **APPROVED**

3.1.2 Unconfirmed In Committee Minutes of the Meeting held on 25 November 2021

Resolution: The In Committee minutes were **APPROVED** as a true and accurate record.

3.1.3 Chairs Report and Affixing of the Common Seal – To include Ratification of Chairs Urgent Action

Resolution: The report was **NOTED**;
The Affixing of the Common Seal was **ENDORSED**.
The Chairs Urgent Action relating to the standing down of non-essential Board and Committee business meetings scheduled for January and February 2022 was **RATIFIED**.

3.1.4 Amendments to the scheme of Delegation

Resolution: The report was **APPROVED**.

3.1.5 Amendments to the standing orders – Board committee terms of reference

Resolution: The report was **APPROVED**.

3.1.6 Board Annual Cycle of Business

Resolution: The Board Annual Cycle of Business was **APPROVED**.

3.2 FOR NOTING

3.2.1 Action Log

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

3.2.2 Chief Executives Report

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

3.2.3 Committee Highlight Reports

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

3.2.4 Joint Committee Reports

Resolution: The report was **NOTED**.

3.2.5 Board Forward Work Programme

Resolution: The Board Forward Work Programme was **NOTED**.

4. MAIN AGENDA

4.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

5. GOVERNANCE

5.1 Charitable Funds Annual Report and Accounts

O James presented the report.

In response to a question raised by P Roseblade regarding the small amount of tax recovery on Gift Aid and whether there was a process in place to encourage donors to include a Gift Aid donation, O James advised that he would be happy to look into this further to determine whether the number of Gift Aid donations could be increased.

J Sadgrove advised that she was pleased to see that the fund was well managed in relation to income and added that whilst she appreciated that this had been an extra-ordinary year, focus needed to be kept as to how the funds were being used to meet the objectives of the charity and stated the need to

ensure that funds were being utilised wisely to the benefit of patients and staff. O James advised that discussions had been held with the Director of Finance regarding this matter and added that it was agreed at the last Charitable Funds Committee that a clear strategy would be developed as to how the funds would be utilised. Members noted that discussions would continue to be held at future meetings of the Charitable Funds Committee.

Resolution: The Annual Report and Accounts were **APPROVED**.

Action: Review to be undertaken to determine whether the number of Gift Aid Donations in relation to donations made to the Charitable Fund could be increased.

5.1.1 Audit Wales Audit of Accounts Report

M Jones presented the report and advised that Audit Wales intended to issue an unqualified opinion with no recommendations made. M Jones extended his thanks to O James and the Finance Team for the support provided throughout the year.

Resolution: The report was **NOTED**.

5.2 Organisational Risk Register

G Galletly presented the report which had been discussed at the Committee's which had not been stood down as a result of the increase in Omicron Cases. Members noted that the most recent review of the Risk Register had been undertaken by the Strategic Leadership Group where the following matters were discussed:

- Risk 4071 – this risk had been reviewed and it was agreed that the risk rating would remain at 20;
- Pathology Waiting Times – The Chief Operating Officer agreed to review this as a specific risk;
- Acknowledgement given that a number of review dates had passed which was now being treated as a high priority area of focus by Executive Leads;
- Acknowledgement given that a number of risks were reliant on business cases being developed which was not felt to be an appropriate mitigation. A review of these risks would now be undertaken.

Members noted that the Assistant Director of Governance & Risk would be meeting with the Executive Director of Nursing and Executive Director for People in relation to Risk 4106 to ensure mitigations were in place, following discussions held at the Quality & Safety Committee held on 18 January 2022.

Members noted that work continued to be undertaken with the Good Governance Institute in relation to the revision of the Board Assurance Framework, the first draft of which would be discussed at the next Board Development Session.

P Roseblade made reference to the new risk, 4888, which related to insufficient resource within the Welsh Language Team and sought clarity as to whether this risk needed to be combined with Risk 4110, failure to fully comply with all the requirements of the Welsh Language Standards as not being able to comply with the standards was a consequence of not having sufficient resource. P Roseblade added that the risk register did not reflect that the Board had agreed to mitigate this risk as much as possible given there were other areas of priority and suggested that this would need to be recorded somewhere. G Galletly advised that the point raised regarding risk tolerance was valid and added that there would be some areas where the Board would have to accept in relation to risk tolerance.

H Daniel advised that in relation to the suggestion made for the risks to be combined, the majority of the Welsh Language Standards sat outside of the Welsh Language Team and added that the resource issues within the Welsh Language Team related to translation resource.

In response to a comment made by P Roseblade as to whether it was appropriate to have reduced the risk rating for Risks 4784 and Risk 4747 given that no permanent solutions seem to be in place at present, D Hurford advised that from a Neonates perspective, the service was at much lower risk given that the recruitment position appeared to be improving.

J Sadgrove extended her thanks to G Galletly for setting out the current position and added that whilst she understood that assessment of risk was constantly changing, the Board needed to be sighted on the most current position, particularly areas where the risk rating had increased. G Galletly confirmed that there were no risks which had an increase in risk rating during this period, with some risks decreasing in terms of risk rating which was positive.

I Wells made reference to a number of risks which had attracted national attention and had not been updated since July/August, these included Risks 4253, 4688, 3563 and 4149. I Wells also made reference to risks which were allocated to Committees which had been stood down as a result of the Omicron variant, these included Risk 4672 and Risk 4693. I Wells requested that an update was provided against these risks outside the meeting.

J Sadgrove provided assurance that in relation to the risks that had been allocated to the Quality & Safety Committee, scrutiny was being undertaken on these risks at the Committee and advised of the need to ensure the risk register being presented was the most up to date version possible to enable discussions.

F Jenkins commented on Risks 4798 and 4500 which both related to staffing. Members noted that whilst the risk register had not been updated since November regarding these risks, a significant amount of work was being undertaken to ensure staffing levels were being maintained.

In relation to a query raised by J Hehir in relation to Risks 4888 and 4110 which appeared to conflict with each other, H Daniel advised that as stated earlier in the meeting, whilst the two risks were linked, they were not entirely causal. Members noted that the Welsh Language Team were not entirely responsible for the driving forward of the Welsh Language Standards. H Daniel advised that he would undertake a further review of the two risks to determine whether they were appropriately described.

The Chair extended his thanks to G Galletly for presenting the report and advised that there were a number of challenges to be considered following discussions today. The Chair also noted that some correlation was required between the Quality & Safety Committee and the Risk Register prior to future reports being presented to Board.

Resolution: The report was **NOTED**.

Action: Review to be undertaken of all comments made in relation to a number of risks contained within the risk register, with a response to be provided outside the meeting.

Targeted Intervention Self-Assessment

5.3

R Goode presented the report which outlined the progress that had been made on the Targeted Intervention Improvement Programme and sought approval of the level of Targeted Intervention and Special Measures progression as outlined and endorsed at the Self Assessment session on the 20th December 2021.

The Chair extended his thanks to R Goode for presenting the report.

Resolution: The report was **APPROVED**.

5.4 Audit Wales Annual Audit Report

D Thomas presented the report and extended his thanks to the staff within the Health Board for the support they had provided and the engagement undertaken during this difficult time.

Resolution: The report was **NOTED**.

6 CREATING HEALTH

6.1 CTMUHB as a Population Health Organisation: Progress against Population Health Goals

K Nnoaham presented the report and also provided an update in relation to the current position regarding the Covid-19 Pandemic.

F Jenkins extended her thanks to K Nnoaham for the update and to all staff for the work they had undertaken in responding to the pandemic. F Jenkins

advised that it was evident that significant work needed to be undertaken on population health within the Health Board population. F Jenkins advised that there were a large number of patients who were recovering from Covid-19 and raised awareness that the Health Board had a Covid-19 Recovery Service in place which had been recently evaluated, with the evaluation due to be submitted to the Health Minister this month.

Members noted that the Health Board had the largest number of patients who were recovering from Covid-19 compared to the rest of Wales. Members noted that the Minister was expected to make an announcement in early February regarding Long Covid Services moving in to next year.

K Nnoaham echoed the thanks expressed by F Jenkins to staff for the work they had undertaken in their response to the pandemic. K Nnoaham added that a lot of the factors that led to CTM having the highest levels of Covid-19 was as a result of the deprivation issues that were already within the Health Board's communities. Members noted that work was being undertaken jointly with the Local Authorities in relation to Health Inequalities and noted that there was an expectation there would be an increase in the levels of long terms conditions, for example, Diabetes.

The Chair extended his thanks to K Nnoaham for presenting the report and for the work he had undertaken to manage the Health Board's response to the Covid-19 pandemic.

Resolution: The report was **NOTED**.

7. IMPROVING CARE

7.1 Clinical Advisory Group Highlight Report

A Lewis presented the report which provided an update on the discussions held at the December 2021 meeting. Members noted that discussions were held in relation to the Digital environment which included the challenges being faced regarding the Digital & IT infrastructure and the disconnect with Bridgend ICT systems.

Members noted that discussions had been held between the Director of Corporate Governance and Interim Executive Medical Director in respect of the role of the Clinical Advisory Group and whether it was fulfilling the Board's expectations. Members noted that the Board would be kept updated on the discussions held.

S Morris extended his thanks to A Lewis for inviting him to attend the December meeting. S Morris provided assurance that a positive meeting had been held with Welsh Government in relation to funding for the Patient Administration System elements of the Bridgend ICT systems and it was hoped that funding would be received from 1 April 2022. S Morris added that following attendance at the Clinical Advisory Group significant engagement had been undertaken with a number of clinical colleagues with further engagement to be undertaken

with clinical staff over the next few weeks. Members noted that the issues regarding responsiveness were in the process of being addressed.

I Wells welcomed the focus that was being placed on the issues experienced and the training regarding digital systems. In response to a question raised by I Wells as to what the potential implications were in relation to Digital Dictation, S Morris advised that there was a small pilot cohort of medical staff who were using digital dictation at present. Members were informed that the roll-out of digital dictation would free up Medical Secretaries time to undertake Administrative duties currently being undertaken by Clinicians.

D Hurford made reference to the role of the Clinical Advisory Group in general and advised that the group would need to evolve moving forwards to ensure that it effectively serves its purpose from a Board perspective.

J Sadgrove extended her thanks to A Lewis for presenting the report and highlighted the quality and safety implications of not having good digital systems in place, for example, the need to have a robust e-prescribing system in place and the need to consolidate patient records across the whole of Cwm Taf Morgannwg to limit the amount of duplicate records. J Sadgrove expressed the importance, from a Quality & Safety Committee perspective, for resolving these issues and added that she was pleased that Clinicians had raised these issues with the Director of Digital to progress.

G Dix advised that at the last Board meeting concern had been raised in relation to the lack of Nursing representation at the Clinical Advisory Group and sought clarity as to whether this had now been resolved. A Lewis advised that whilst some additional nursing colleagues had joined the group, she still felt that this staff group was under represented. G Dix advised that he would be happy to discuss this further outside of the meeting.

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

The report was **NOTED**.

Resolution:

Quality Report

7.2

G Dix, D Hurford and G Galletly jointly presented the report and highlighted the key points contained within it.

In response to a query raised by I Wells in relation to pressure ulcer damage and the statement made on page 7 of the report which implied that 86% of pressure damage incidents were unavoidable, G Dix advised that not all pressure ulcers were unavoidable and advised that when pressure ulcer damage scrutiny panels take place, patients were reviewed from a holistic perspective, for example if patients have severe disease, some patients not being compliant with suggested advice given for relieving pressures and some patients at end of life. Members noted that specialist advice was being provided by the Lead Tissue Viability Nurse in relation to pressure damage incidents.

In response to a question raised by the Chair as to whether any themes could be identified regarding patient falls, G Dix advised that themes were emerging in relation to patient falls at night and inadequate footwear being worn by patients. Members noted that there had been an increase in falls across the Elderly Mentally Infirm wards which was largely associated with staffing challenges and that work was being undertaken to address the issues identified. G Dix added that some emerging evidence was starting to be seen regarding an increase in falls amongst inpatients who were awaiting onward care which would be discussed further as part of the Falls Scrutiny work being undertaken.

In response to a question raised by the Chair as to whether the Health Board undertakes its own risk assessment prioritisation of the patients waiting for treatment or admission, D Hurford advised that this was very hard to quantify for all conditions and added that each case was different and varied across specialties. Members noted that all patients were being assessed across the Health Board and noted that this needed to be undertaken sensitively alongside an understanding of the individual conditions.

J Sadgrove provided assurance to Members that all issues contained within the report had been discussed and scrutinised in detail at the Quality & Safety Committee and added that she welcomed the introduction of the summary dashboard.

The report was **NOTED**.

Resolution:

7.3 Maternity & Neonates Improvement Programme

G Dix and S Davies jointly presented the report and highlighted the key points contained within it.

P Roseblade acknowledged the significant improvement that had been made in relation to the revised format and content of the report which she found to be really helpful.

C Donoghue also welcomed the revised format of the report and made reference to the statement made within it that the leadership of the programme would transition into the Integrated Locality Group Structure in the future and sought clarity as to how the Health Board could ensure that improvements were maintained when this transition was complete. G Dix advised that discussions were held regarding this at the start of the programme and added that discussions had been held with Morecambe Bay in relation to their learning. G Dix added that resource requirements for 2022/2023 had recently been developed and a step down/step back up model was currently being worked through.

J Sadgrove reminded members of the assurance chain that was in place in relation to the Maternity & Neonates Improvement Programme and advised

that assurance had been provided on all but one item, which related to the solution that had been put into place for patients presenting with pregnancy loss at the Emergency Department at Prince Charles Hospital, with a bed not always being available as a result of other hospital pressures. J Sadgrove advised that she felt that the Board needed to be made aware of this issue given that this was identified as an area of concern by Healthcare Inspectorate Wales. Members noted that work was being undertaken to identify a more permanent solution for accommodation and noted that a detailed update report would be presented to the next Quality & Safety Committee.

N Milligan advised that she was pleased to see an improvement in attendance at the Multi-Disciplinary Team meetings and suggested that the graph on page 8 of the report needed to be amended to reflect the percentage of types of staff that had attended.

The Chair extended his thanks to G Dix and S Davies for presenting the report and asked Members to provide feedback to S Davies as to whether there were any additional areas that needed to be included within the metrics contained within the report. The Chair added that he was pleased to hear of the appointment made into the Head of Midwifery post and extended his thanks to all staff for their hard work.

Resolution: The report was **NOTED**.

Action: Detailed report on options for accommodating the pregnancy loss service to be presented to the next Quality & Safety Committee.

Action: Graph on page 8 of the report to be amended to reflect the percentage of types of staff who attended the MDT meetings.

7.3.1 Neonatal Services Improvement Briefing Update

S Davies presented the report and the key points contained within it. Members noted that there were a number of areas of concern which the team were in the process of addressing.

The Chair extended his thanks to S Davies for presenting the report which highlighted the work being undertaken in this area. The Chair noted the controls that were in place to assure and scrutinise the Health Boards progress in this work.

Resolution: The Report was **NOTED**.

7.4 Performance Dashboard

G Robinson presented the report and highlighted the key points contained within it.

L Thomas expressed her concern in relation to the update provided on Cancer performance and the 62 day wait metric in particular and sought clarity as to

whether anything could be done in relation to bringing in the mobile endoscopy unit sooner than April 2022. G Robinson advised that this related to a history of procurement and supply chain issues which he would be happy to discuss further outside the meeting. Members noted that the enhanced monitoring process that had been put into place has had a positive impact on the outpatient element of the pathway and noted that plans were in place to reduce pathology waiting times. Further work was required to address the Radiology element of the pathway. Members noted that assurance had been provided to Welsh Government that the position regarding Cancer Performance was in the process of being addressed.

In response to a question raised by I Wells as to why a green RAG rating had been given to ambulance handover times on page 4 of the report given that performance was still quite poor, G Robinson advised that this would need to be amended and corrected.

The Chair recognised that there were some areas in which performance needed to be improved and that there were action plans in place to address the position and asked for further updates to be presented to future Board meetings as to how the action plans were progressing. The Chair also welcomed the feedback that had been provided by Healthcare Inspectorate Wales on the improvements they had witnessed during their revisit to the Emergency Department at Prince Charles Hospital.

Resolution: The report was **NOTED**.

Action: RAG Rating allocated to Ambulance Handover Times on page 4 of the report to be amended and corrected.

Action: Updates to be presented to future Board meetings in relation to progress being made against the action plans for areas where there was poor performance

8 SUSTAINING OUR FUTURE

8.1 Month 9 Finance Update 2021/2022

S May presented the report.

In response to a question raised by N Milligan as to whether clarity would be provided on how many days leave staff would be entitled to carry over into 2022/2023, H Daniel advised that a staged approach was being taken regarding this matter and noted the process that had been put into place. Members noted that staff were being encouraged to take as much of their annual leave where possible. H Daniel agreed to review the communication that had been sent out to staff outside the meeting following a concern raised by N Milligan that it did not provide clarity that staff may not be able to carry over leave.

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

Resolution: The report was **NOTED**.

Action: Review to be undertaken outside the meeting of the message that had been cascaded to staff in relation to carry over of annual leave.

8.2 CTM 2030 Our Health Our Future: Strategic Goals and Priorities

L Prosser presented the report and advised that approval was being sought of the strategic goals that had been identified within the report.

P Roseblade made reference to the Creating Health goal and suggested that maybe an explanation was required in relation to this goal to provide clarity as to what this actually meant for people. The Chair advised that he would be happy for discussions to be held outside the meeting as to whether the title of this goal needed to be amended.

In response to a question raised by the Chair as to what engagement had been undertaken in relation to determining and agreeing the goals, L Prosser advised that initial discussions were held via Board Development Sessions, with discussions also held with Steering Groups and Clinical Teams. Members noted that a public engagement exercise had also been undertaken. G Dix added that a discussion in relation to the goals was also held at the Leadership Forum that had recently been held where there was a huge amount of energy shown by staff for the goals, although some comments were made that the Health Board's values needed to be made more visible.

Resolution: The Goals and Priorities were **APPROVED**.

9. Any other Business

There was no other business to report.

10 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. F Jenkins advised that she felt the meeting went well and added that in relation to future patient stories, it would be powerful if a patient or a relative could present their stories to the Board. The Chair advised that a significant amount of information that had been presented to Board had been scrutinised at other forums and advised that it may be helpful that for future Board meetings that a note be included in the paper about the scrutiny undertaken at a Committee meeting prior to Board.

11 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at Thursday 31 March at 10am.

