Agenda Item Number: 3.1.1

Minutes of the Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 28 July 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
Geraint Hopkins	Independent Member
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
James Hehir	Independent Member
Carolyn Donoghue	Independent Member
Dilys Jouvenat	Independent Member
Greg Dix	Executive Director of Nursing
Linda Prosser	Executive Director of Therapies & Health Sciences
Gethin Hughes	Chief Operating Officer
Kelechi Nnoaham	Executive Director of Public Health (attended via the public session)
Sally May	Executive Director of Finance
Dom Hurford	Interim Medical Director
Lisa Curtis-Jones	Associate Member
Anne Morris	Associate Member

In Attendance:

Georgina Galletly	Director of Corporate Governance
Stuart Morris	Director of Digital
Bryany Tweedale	Consultant Midwife (In part)
Melanie Barker	Assistant Director of Therapies & Health Sciences
Michelle Hurley-Tyers	Assistant Director of Employee Experience and Wellbeing
Ana Llewellyn	Bridgend ILG Nurse Director
Wendy Penrhyn-Jones	Head of Corporate Governance and Board Business
Richard Morgan- Evans	Chief of Staff
Lee Leyshon	Assistant Director of Engagement and Communications
Emma Samways	Internal Audit
Sara Utley	Audit Wales
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:

- Lynda Thomas, Independent Member
- Lauren Edwards, Executive Director of Therapies
- Hywel Daniel, Executive Director for People
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1.3 Declarations of Interest

No additional declarations were made.

2 SHARED LISTENING AND LEARNING

2.1 Patient Story

The Patient Story was not shared at this point in the meeting due to technical issues.

3 CONSENT AGENDA

3.1 FOR APPROVAL

3.1.1 Unconfirmed Minutes of the Meeting held on the 26 May 2022

Resolution: The minutes were **APPROVED.**

3.1.2 Unconfirmed Minutes of the Meeting held on 14 June 2022

Resolution: The minutes were **APPROVED.**

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

Resolution: The Report was **APPROVED.**

3.1.4 Committee Annual Reports

Resolution: The reports were **APPROVED.**

3.1.5 Committee Highlight Reports

Resolution: The report was **NOTED** and the Terms of Reference were **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 Joint Committee Highlight Reports

Resolution: The reports were **NOTED.**

3.2.5 Putting Things Right Annual Report

Resolution: The report was **NOTED.**

4. MAIN AGENDA

4.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

5. INTEGRATED GOVERNANCE AND ASSURANCE

5.1 Chief Executive's Report

P Mears presented the report and highlighted the key points for the attention of the Board.

Resolution: The Report was **NOTED.**

5.2 Board Assurance Framework

G Galletly presented the Board Assurance Framework and drew Members attention to the risk score changes in particular.

P Roseblade commented on the consequences of the risks which appeared to change considerably and added that it would be the probability of the risk that was likely to change as opposed to the consequence, other than in special circumstances. P Roseblade advised that she welcomed the rewording of the

digital risk which was an example of a risk where the consequence of the risk may change.

I Wells also welcomed the changes that had been made to the rewording of the digital risk and added that he felt much clearer on where the gaps were and the mitigating actions that were being taken. I Wells added that the maturity of the process had made it a lot easier to navigate through the documentation.

G Galletly advised that whilst she recognised that the Board had agreed not to receive the organisational risk register as a result of the introduction of the Board Assurance Framework, the risk register had been uploaded to Admincontrol for Board members to view if they wished.

M Jehu made reference to risk number 5 which related to community and partner engagement and advised that he felt sure that this risk would reduce in time as a result of the work being undertaken with partners.

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

Resolution:

The Board Assurance Framework was **APPROVED.**

5.3

Digital & Data Committee Highlight Report

I Wells presented the report and made reference to the item included in the alert/escalate section which related to the fragile position regarding the Information Governance function and the recent resignation of the current Head of Information Governance. Members noted that since the discussion was held there had been further resignations within the team and noted that work was being undertaken to mitigate the risk through the new operating model changes. Members noted that the risk had now increased to a 5 and had been escalated to the Executive Team for discussion.

G Galletly advised that this had been an area of focus for the Digital & Data Committee and had been identified on the risk register for some time. Members noted that the Information Governance function would be moving into the portfolio of the Director of Digital imminently and that whilst interviews had been held for the Head of Information Governance, a successful appointment could not be made. Members noted that work was now being undertaken to re-evaluate the position in relation to short term mitigations and longer term plan.

S Morris confirmed that consideration was being given to the structure of the Digital function to determine how a compliance function could be developed and supported. S Morris added that a review of the Job Description in respect of the Head of Information Governance post was being undertaken to ensure that the post attracted a broader pool of candidates as possible into the organisation. Board Members noted that an additional post was being incorporated into the function to help the function's resilience with a view to

delivering an improved position by the autumn. Members noted that interim support was also being provided by Digital Health Care Wales.

The Chair extended his thanks to I Wells for presenting the report.

Resolution:

The report was **NOTED.**

At this point, the Chair reported that due to on-going technical issues, it was still not possible to play the patient story video but efforts were continuing to resolve the problem to enable the story to be shared before the end of the meeting.

6 DELIVERING OUR RECOVERY/IMPROVEMENT PLANS

6.1 Improving Urgent Care

G Hughes shared the presentation with Members reminding them of the principles of the six goals programme.

In response to a question raised by M Jehu regarding the definition of a high intensity frequent attender and what work was being undertaken to reduce the admissions of these patients, G Hughes advised that patients often frequently attend A&E for a number of reasons and a list of such attenders was being compiled. Members noted that this aimed to determine the reason for attendance and the type of help that was required including psychological support. G Hughes added that work was being undertaken with GP colleagues to determine whether alternative support arrangements needed to be put into place for patients who were frequent attenders Members noted that consideration was also being given to signposting patients to sources of community based support.

D Hurford advised that whilst there were a number of initiatives that could be put into place for frequent attenders, Members noted that whilst GP Practices were under strain, this was having an impact on the increased number of attendances at A&E.

N Milligan made reference to the 20 Task & Finish Groups that had been established within this programme of work and commented that the majority of these groups were likely to include the same staff and added that Task & Finish Groups had a tendency to drift, with attendance reducing as the meetings progress. G Hughes advised that the groups were not running simultaneously and added that some had been amalgamated into existing forums. G Hughes advised that steps would be taken to ensure that each group were very clear about the task they had been allocated together with clear governance arrangements in terms of reporting systems. .

In response to a question raised by J Hehir as to whether there were any other dependencies to achieving the milestones, G Hughes advised that workforce was a significant area of concern and added that consideration was being given

to innovative workforce solutions, which included bringing staff into the organisation who had not previously considered working in healthcare.

J Sadgrove extended thanks to G Hughes for the presentation and sought clarity as to the plans in place in relation to partnership working. G Hughes advised that the appetite for joint-working was strong with good engagement arrangements in place with the three local authority areas and discussions being held in relation to moving to a greater level of joint working and integration. L Prosser added that focussed pieces of work were being undertaken to describe what was meant in relation to a 'fully integrated Health & Social Care system', which would include joint ventures, joint management posts and pooled budgets. Members noted that a plan was in the process of being developed and it was hoped that a further update could be presented to the September 2022 Board meeting outlining the work being undertaken.

P Mears advised that the work being undertaken with local authority partners would be key in resolving some of the issues being experienced and added that he had recently held discussions with county borough council colleagues in relation to bringing Health & Social Care Teams closer together. P Mears advised that the Health Board would also need to ensure it links into the pieces of work being undertaken by Welsh Government, for example, GP Cluster Development. Members noted that moving towards a Care Group structure within the new Operating Model would help in terms of management and leadership of this area of work.

G Hopkins stated there was a real appetite in place within the local authority for joint working and added that patients just wanted to be assured that they would be able to access the most appropriate healthcare when required. G Hopkins expressed his concern about the phrase 'in due course' being used. P Mears advised that the Health Bard were committed to moving forward with this piece of work at pace and advised that a proposal for an integrated Health & Social Care Community Based Team would be developed by September 2022.

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

Resolution: The presentation was **NOTED.**

6.2 Elective Care Recovery

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

C Donoghue commended the presentation and the innovative approach being taken to address the challenges and sought clarity as to whether there was more scope for Health Boards to work more collaboratively and share expertise given some of the pressures certain services were under, for example, Pathology. P Mears confirmed that a Chief Executives Group had been established between Cwm Taf Morgannwg, Cardiff & Vale and Aneurin Bevan and added that all three health board's had agreed to work collaboratively in

relation to Diagnostics, Orthopaedics and Ophthalmology. Members noted that a number of options were being discussed which included developing more community based capacity to deliver scanning and developing regional pathology services.

I Wells made reference to the long term issues that had been in place regarding the digital merger of Bridgend Information Technology systems and sought clarity as to the term used regarding inequity of waiting lists which may be caused by the digital merger. G Hughes advised that at present the Health Board had differential waiting lists between Bridgend and the rest of Cwm Taf Morgannwg and steps were being taken to move towards one single list to ensure that patients were not being disadvantaged, particularly in the Bridgend area. S Morris advised that as an interim solution, his Team had been asked to consider how some of the administrative processes could be automated to enable the lists to be derived outside of the Patient Administrative system to assist the Chief Operating Officer in achieving a single organisation wide waiting list system. .

In response to a question raised by J Hehir as to the degree of confidence held in relation to achieving the targets given the digital and workforce challenges, G Hughes advised that this would be dependent on each specialty, with some specialty areas having more challenges than others. G Hughes added that a review of each service was being undertaken to determine how they can best be delivered.

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

Resolution: The presentation was **NOTED.**

6.3 Maternity & Neonatal Services Improvement Programme

G Dix and D Hurford presented the report and highlighted the key points for Members.

In response to a question raised by P Roseblade as to 'what good look like' in relation to the rotation observation graph on page 8 of the report, D Hurford advised that the graph had been included to demonstrate and provide assurance that nursing and medical staff were starting to rotate between tertiary centres.

J Sadgrove provided further assurance that detailed scrutiny of Maternity and Neonatal Services had been undertaken at the Quality & Safety Committee as well as the Maternity & Neonatal Improvement Board. J Sadgrove also advised that as an Independent Member she was actively participating in the detailed evidence review being undertaken in relation to Neonatal Services improvements. Members noted that there was a change process in place which was in operation which was being sustained and noted that further work was being undertaken to develop the dashboards. J Sadgrove advised that she looked forward to visiting Prince Charles Hospital the next day to undertake the 'first 15 steps' visit to the service.

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

Resolution: The report was **NOTED.**

6.4 Ty Llidiard Improvement Plan

A Llewellyn presented the report.

D Jouvenat commented on the engagement event that had been held and extended her congratulations as to how well attended this had been. In response to a question raised by D Jouvenat as to how the team would act on the feedback received at the event, A Llewellyn advised that the feedback would be included in an integrated action plan that would be discussed at the Improvement Board. Members noted that the Team were already in the process of addressing some of the feedback received.

P Mears advised that he wanted to recognise the significant amount of work that had been undertaken by staff at Ty Llidiard, particularly in light of the level of external scrutiny that the service had been under which had been incredibly challenging. P Mears advised that the team had undertaken an excellent job at improving the service and added that recruitment of Therapies staff into the team would be a significant step forward. Members noted that positive feedback had been received from the Welsh Health Specialised Services Committee and the Minister regarding the improvements that had been made and P Mears extended his thanks to A Llewellyn and all staff involved for turning the position around.

P Roseblade welcomed the report which she found to be very informative and sought clarity as to whether there was any physical activity being provided for the patients to help address any potential boredom issues. A Llewellyn firstly extended an invitation to P Roseblade for her to come to visit the unit and advised that there was a gym on site and added that whilst there were lots of opportunities for patients to undertake physical activities, as a result of staffing pressures it was not always possible to provide some of these. Members noted that staff resources had since been reviewed to ensure physical activity was possible. .

J Sadgrove extended her thanks to A Llewelyn for presenting the report and advised Members that detailed scrutiny of the position had been undertaken by the Quality & Safety Committee on a number of occasions. J Sadgrove advised that improvement journeys often take a long time to undertake and added that it would be important to ensure that changes were being embedded to ensure they become sustainable. J Sadgrove advised that the recruitment of Therapists would be a major component of the improvements being made in relation to transformation and added that the team were not complacent and were committed to thinking and doing things differently, which needed to be demonstrated to stakeholders. J Sadgrove also extended her thanks to A Llewellyn and the team for all of the work they were undertaking which was very much appreciated.

M Jehu also extended his thanks to the team for the work that had been undertaken and sought clarity as to what the leadership and culture was like at present. A Llewellyn advised that the culture felt more open, transparent, inclusive and outward looking with staff feeling much more empowered to make suggestions and be part of the solutions. Members noted that whilst there were a number of key posts that had not yet been filled, there was an ambition amongst staff to drive towards excellence.

In response to a question raised by M Jehu as to whether there were any lessons learnt that could be transferred into other areas, A Llewellyn advised of the need to gently remind colleagues that we as a Health Board are there to serve young people and their families as opposed to external stakeholders and added that whilst external stakeholders were important and had a role to play, staff became focussed on addressing the external action plans rather than listening to the needs of young people. M Jehu advised that he had recently attended the Merthyr Forum with P Mears where it was noted that Mental Health and CAMHS were two main areas of concern for the local population.

P Mears advised that there had been opportunities to ensure the model of care being delivered was multi-professional and everyone's contribution to the service and the care that had been provided had been recognised. P Mears expressed the importance of asking individual patients what was important to them and what would make them feel better.

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

Resolution: The report was **NOTED.**

6.5 Continuous Improvement Self-Assessment Process in Response to Targeted Intervention

R Morgan-Evans presented the report.

The Chair extended his thanks to R Morgan-Evans for presenting the report.

Resolution: The report was **NOTED**.

7. DELIVERING OUR PURPOSE AND STRATEGIC DIRECTION

7.1 Integrated Performance Dashboard

L Prosser introduced the report and invited questions from the Board.

P Roseblade noted the mortality rates distribution seemed higher in Cwm Taf Morgannwg compared with other Health Boards. It was confirmed that Cwm Taf Morgannwg was higher as CTM included palliative care deaths as acute deaths as the deaths had occurred on the acute sites as opposed to within a Hospice. D Hurford provided assurance that despite the crude mortality data

being higher than the Welsh average, mortality had in fact decreased to below average.

P Roseblade sought more information on ambulance handover actions and what work was being undertaken during the present time to help patients who were waiting in ambulances. G Hughes advised patients who were waiting in ambulances were being assessed by a doctor if the patient was unable to be transferred into a hospital and added that if any diagnostics were required the patient would undergo these and be taken back to the ambulance whilst they await for a space to become available within the Emergency Department.

G Hughes advised that work was being undertaken with the Welsh Ambulance Services NHS Trust in relation to reducing the overall quantum of delay and added that a new red release policy was being developed to ensure that red release activity was undertaken as quickly as possible. Members noted that there were a large proportion of self-presenting patients within the Emergency Department waiting rooms who were sometimes sicker than the patients waiting on ambulances and noted that the teams were working hard to ensure the sickest patients were being allocated a bed as quickly as possible which remained an ongoing challenge.

Members noted that work was being undertaken to improve the position, particularly at the Princess of Wales Hospital which were experiencing the larger proportion of delays.

N Milligan made reference to the stroke position and the short term action plan which had been due for review in April 2022. N Milligan advised that the report indicated that in May, just 2.9% of stroke patients were admitted directly to an acute stroke unit within 4 hours, which indicated that the short term actions had not made a difference regarding performance and no date had been given as to when the improvements would be made. G Hughes advised that Lauren Edwards, Director of Therapies was the Executive Lead for Stroke and was taking a number of issues forward as part of the improvement work. Members noted that only 40% of patients with stroke were presenting by ambulance, with the majority of patients self-presenting which was challenging. Following discussion, it was suggested that it would be helpful if a further discussion on Stroke Services could be undertaken at a future Board Development session.

N Milligan made reference to page 8 of the report which referred to 71% staff engagement and sought clarity as to what this related to and what was being classed as staff engagement. N Milligan advised that she had already raised this query previously at People & Culture Committee. M Hurley-Tyers advised that she would provide a response to this query outside the meeting.

Action:

Update on Stroke Services Improvement to be presented to a future Board

Action: Development Session.

Clarity to be provided outside the meeting regarding what 71% staff engagement related to and what was being classed as staff engagement

7.1.2

Quality Performance

G Dix, D Hurford and G Galletly presented the Quality Performance Section of the report and highlighted the key matters for the attention of the Board.

Resolution:

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

7.1.3

Operational Delivery Performance

G Hughes presented the Operational Delivery Performance section of the report and made particular reference to cancer performance and the work being undertaken to improve the position.

Resolution:

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

7.1.4

Workforce Performance

M Hurley-Tyers presented the Workforce Performance section of the report.

Resolution:

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

7.1.5

Financial Performance

S May presented the Financial Performance section of the report.

P Roseblade welcomed the continued development of the report which was now much easier to read. In response to a question raised by P Roseblade as to whether all health boards were in the same position in relation to removing Covid losses from the position which had created a greater than expected deficit, S May advised that there was significant variation between organisations in relation to the assumed income for Covid response, with Cwm Taf Morgannwg being at the lower end of the scale. Members noted that clarification had now been provided as to what could be included in the assumed income.

In response to a question raised by P Roseblade in relation to the 'Year to Date deficit' being on a straight line basis until year end, S May advised that she would provide P Roseblade with more detail regarding this outside the meeting and added that the transition out of Covid had not been as smooth as hoped.

P Roseblade welcomed the improved position in relation to Public Sector Payment Performance. S May advised that whilst there had been some improvements, there were further improvements that needed to be made, particularly in raising awareness of the correct use of ORACLE and Purchase to Pay processes.

Resolution:

The Financial Performance section of the report was **NOTED.**

Action:

Detail to be provided to P Roseblade outside the meeting in relation to the Year to Date deficit being on a straight line basis until year end.

7.2 CTM Operating Model – Progress Report

P Mears presented the report.

In response to a question raised by P Roseblade as to whether the budget transfers between care groups and the introduction of new hierarchies would be achievable by 1 August, S May confirmed that the Health Board were on target to meet the 1 August deadline with the team expecting to be able to report in the Care Group structure as at Month 5.

In response to a question raised by P Roseblade as to whether it was reasonable to say that there would not be any increased or decreased costs, S May advised that the aim was for the new model to be cost neutral or better. Members noted that there would be some vacancies to start with which would provide some non-recurrent savings.

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

Resolution: The report was **NOTED.**

7.3 CTM 2030 – Our Health, Our Future

L Prosser presented the report and advised that a Strategy Document would be presented to the Board in September.

Resolution: The report was **NOTED.**

7.4 Annual Plan 2022-2023 Quarter 1 Update

L Prosser presented the report and advised that the Annual Plan had been accepted by Welsh Government.

P Mears advised that the level of challenges being faced by the Health Board had been discussed with Welsh Government at the most recent Joint Executive Team meeting. Members noted that Welsh Government were supportive of the Health Board's current position and noted that discussions would need to start taking place at the September 2022 Board in relation to the development of the plan for next year.

Resolution: The report was **NOTED.**

2.1 Patient Story

At this point in the meeting the Chair noted that the technical issues experienced earlier in the meeting had now been resolved and invited G Dix to introduce the Patient Story which related to a patient's experience of Maternity Services.

The Chair extended his thanks to the patient for sharing their story.

G Dix advised that the story demonstrated the value of the role of the Consultant Midwife and added that he would advise B Tweedale that the story was shared and would convey his thanks to B Tweedale and the team for the work that they had undertaken.

The Chair extended his apologies for the technical difficulties experienced earlier in the meeting and advised that he was pleased that the Board had been able to listen to the story.

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 today's Board Meeting.

The Chair stated that he would be looking to move future Board meetings back to being held on a 'face-to-face' basis.

10 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at Thursday 29 September at 10am.

11 CLOSE OF MEETING