

**MINUTES OF THE MEETING OF
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)
HELD ON THURSDAY 30 JANUARY 2020
IN YNYSMEURIG HOUSE, NAVIGATION PARK, ABERCYNON**

MEMBERS PRESENT:

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| Marcus Longley | – Chair |
| Sharon Hopkins | – Chief Executive (Interim) |
| Maria Thomas | – Vice Chair |
| Greg Dix | – Director of Nursing, Midwifery & Patient Care |
| Ian Wells | – Independent Member |
| James Hehir | – Independent Member |
| Jayne Sadgrove | – Independent Member |
| Nicola Milligan | – Independent Member |
| Phillip White | – Independent Member |
| Dilys Jouvenat | – Independent Member |
| Nick Lyons | – Medical Director |
| Alan Lawrie | – Director of Primary, Community & Mental Health Services |
| Steve Webster | – Director of Finance |
| Liz Wilkinson | – Director of Therapies and Health Sciences |
| Giovanni Isingrini | – Associate Board Member |

OTHERS IN ATTENDANCE:

| | |
|---------------------|--|
| John Palmer | – Chief Operating Officer |
| Hywel Daniel | – Deputy Director, Workforce & Organisational Development |
| Georgina Galletly | – Director of Governance / Board Secretary (Interim) |
| Erika Hawes | – Healthcare Inspectorate Wales |
| Cathy Moss | – Chief Officer, Cwm Taf Morgannwg Community Health Council (CTMCHC) (In-part) |
| Olive Francis | – Vice-Chair, CTMCHC |
| Julia Sumner | – Head of Communications (Interim) |
| Paul Dalton | – Head of Internal Audit |
| Clare Williams | – Assistant Director of Planning & Partnerships |
| Wendy Penrhyn-Jones | – Head of Corporate Administration (In-part) |
| Emma Walters | – Corporate Governance Officer/Committee Secretariat (In-Part) |

HB/20/001

WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting extending thanks to the members of the public who had come to observe the meeting. M Longley stated that the meeting was being held in public to conduct Health Board business rather than a public meeting and therefore, it was not possible to respond to questions from the public.

Given the level of interest in agenda item 3.3 (South Wales Programme – Progressing Outstanding Recommendations) the Chair stated that he proposed to amend the agenda running order so that this item was discussed earlier.

HB/20/002

APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Anne Phillimore, Interim Director of Workforce & Organisational Development; Keiron Montague, Independent Member; Kelechi Nnoaham, Director of Public Health; Mel Jehu, Independent Member; Paul Griffiths, Independent Member; Ruth Treharne, Director of Planning & Performance and John Beecher, Chair, Cwm Taf Morgannwg Community Health Council.

HB/20/003

DECLARATIONS OF INTEREST

There were none.

HB/20/004

SOUTH WALES PROGRAMME (SWP) – PROGRESSING OUTSTANDING RECOMMENDATIONS

A report was **RECEIVED** seeking further consideration of specified options relating to the delivery of Emergency Department (ED) services in CTMUHB.

N Lyons, as the Senior Responsible Officer for this issue presented the report highlighting the following points:

- The background to the SWP and the pressing need to consider existing provision of ED services at the Royal Glamorgan Hospital (RGH) site with a view to services being safe and sustainable for patients.
- Decisions around the future provision of ED services at RGH had not yet been made and that the overall future of the hospital was not at risk.
- The additional pressures that currently existed due to the diminishing number of Consultant grade and middle-grade doctors working in the RGH ED (leading to a need to partially 'close' on Christmas and Boxing Day 2019 due to the inability to sustain an overnight service) and further resignations during January 2020 leading to ED services becoming even more fragile.

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- Of the four high level options set out in the report, Option 1 could only be implemented with additional service changes as described in option 2 and therefore it was felt this option should be rejected at this stage.
- CTMUHB currently had 12.5 Emergency Department Consultants when the number recommended by the Royal College of Emergency Medicine was put at 35-45 for the population served and the opportunities for reducing this 'gap' was extremely small. As a consequence it was not felt that option 3 was viable.
- Modelling work was underway to assess patient access and flow implications would help define more specific and detailed service models for the ED at RGH. It was felt that there were two options for further consideration namely (A), the transition of the RGH ED from a 24hr consultant-led service to a 24hr nurse practitioner-led Minor Injuries Unit (MIU) with enhanced community based services and (B), an A&E service which had a reduced number of consultant-led hours.
- There were acknowledged implications around transport.

The following questions/comments were received from Independent Members:

- Was data available regarding the numbers of patients arriving at the ED and their presenting conditions.
- Whether a day-time consultant ED service would be more attractive to potential medical job candidates
- Given the passage of time since the original decisions around the SWP, did the options remained valid given the changes to the population being served for example.
- Whether the two other ED sites at Prince Charles Hospital (PCH), Merthyr and the Princess of Wales Hospital (PoWH), Bridgend could accommodate any additional workload.
- Whether attempts to recruit to strengthen the ED team at RGH had been affected by the 2014 SWP decision.
- Acknowledging demand and capacity modelling was underway, there would be a need to consider the issues raised at community level to understand the full impact of any decision going forward.
- The pace of work to provide enhanced community based services in conjunction with third sector, general practice, local authorities needed to be increased where possible with a view to reducing the pressures upon ED services.
- The need to make provision for training and development of nurses and doctors to stabilise capacity and make services more sustainable.
- The potential impact of the various options being put forward.
- Whether locums be used to fill the staffing gaps within ED.

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- Whilst safety and sustainability was critical, the six-year period of uncertainty over the future of the ED at RGH needed to be resolved so that the hospital could realise its full potential as a key site.

In responding, N Lyons stated that detailed work around demand and capacity and patient flow was ongoing to fully understand the implications of the options under consideration. Members **NOTED** there were significant challenges on each of the ED hospital sites and if the decision was made to support option 4 it would still be necessary to include enhanced community based services (referenced under option 2) and consider potential solutions put forward by staff and the local community.

N Lyons stated that two new ED consultants (who had trained in Wales) had recently been recruited to the PoWH ED on the basis of a CTM contract which meant that the Bridgend site would now be in a position to offer support to the RGH ED. With regard ongoing work around the recruitment of middle-grade medical staff, Board Members **NOTED** that overseas recruitment was being looked at and any developments would be brought to the Board when it met in March 2020.

J Palmer stated that it was important to recognise the hard work of all the ED teams across the CTM footprint, in continuing to deliver services every day. Board Members **NOTED** these included nurse practitioners, the 'Stay Well at Home' teams as well as the acute physicians, all of whom had contributed to supporting services over the past six years. J Palmer stated that this teamwork provided a valuable source of optimism going forward thanks to the excellent staff involved. M Longley echoed these thanks on behalf of the Board.

With regard to efforts to recruit middle-grade medical staff, N Lyons stated that given the staff shortages was a national issue, adverts had been very largely unsuccessful and therefore networking had been used to alert potential candidates to the vacancies. Board Members **NOTED** that efforts were being made to 'grow' consultants for the future and discussions were ongoing with other medical specialties in this regard. N Lyons stated that there had been significant efforts to recruit consultants to PCH with a view to supporting the Major Trauma Network but this had proved unsuccessful. N Lyons stated there was a need to ensure such posts were attractive and innovative. Members **NOTED** that the Medical Director felt there was more that could be done in this regard.

With regard to offering greater flexibility in the format of consultant contracts, N Lyons stated such changes would make posts more attractive and also would enable greater opportunities to move staff around the CTMUHB sites.

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Board Members **NOTED** that a visit to Western-Super-Mare was planned to understand how such contracts worked for within their health services.

Board Members **NOTED** that there were also innovative ways in which Advanced Nurse Practitioners could be deployed which would be to the benefit of patients. G Dix stated that Emergency Nurse Practitioners dealt with minor injuries whilst certain of the tasks undertaken by Advanced Nurse Practitioners mirrored those traditionally performed by middle-grade doctors. Board Members **NOTED** however that there were challenges in the numbers of such qualified nurses and the numbers that Health Education and Improvement Wales could commission.

A Lawrie stated that CTMUHB had improved access to GP services although it was recognised that there were some areas where improvements still needed to be made. Board Members **NOTED** there had been investments during 2019/20 into community based teams who were providing care to patients 'closer to home' and the main sites were supported by two excellent community hospitals. A Lawrie stated that such services could be built upon, to help offer additional support to patients.

N Lyons stated that he would endeavour to bring back to the Board further information around the capacity and design of services as well as the impact analysis flowing from the options.

C Moss raised issues around the CHC not being aware of the two dates set when the ED at RGH had needed to partially close due to lack of middle-grade doctors resulting in patients being diverted to PCH or the recent consultant resignation. C Moss stated that the Cardiff & Vale CHC had also not be made aware of the options that were under consideration around ED services. With regard to option 'A' set out on page 16 of the report, C Moss said that if the planned move of paediatrics from RGH to PCH was to go ahead there was limited time to make all the necessary arrangements.

In response, S Hopkins stated the SWP was not new and that the decision to delay the consultation around paediatrics had been put on record in the summer of 2019 as it linked to ED services and there had also been an undertaking to bring the proposed way forward back to the Board in September 2020. S Hopkins added that the issues were due to be raised at the Cardiff & Vale University Health Board meeting that day as well as being discussed on a regional basis. S Hopkins stated that whilst this work was to have been planned over a 12 month period, such was the increasing risk within the RGH ED, this had been escalated for discussion at the Board meeting today. S Hopkins said that the matter needed to be brought to a conclusion as soon as possible given the safety risks.

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S Hopkins stated that the mechanism for informing and sharing information would be through the Regional Planning Form and a meeting of the Regional Health Boards and Welsh Ambulance Service NHS Trust (WAST) was taking place on 3 February 2020 with a presentation to the Joint Councils of the CHC in March 2020.

N Lyons stated that the possibility of filling all vacant ED medical posts was unlikely and that CTMUHB was reliant on locums in any case such as the current fragility. N Lyons added that reliance on locums overnight was unsustainable as it did not enable team working as well as having safety considerations.

S Hopkins stated that it was important that the Board provided a clear indication of the direction that it was agreeing to explore in terms of future service provision to avoid a situation where risks continued to grow.

In summing up discussions, the Chair thanked N Lyons for the work completed thus far acknowledging that there remained a lot still to do but that further information was required in order that it was possible for the Board to make an informed decision.

M Longley said that the report asked the Board to identify feasible options for future service provision and it was clear further work would be needed in this respect to fully set out all the issues and intentions. In this regard the Chair said that option 4 needed to include the enhanced community services (referenced in option 2) and that an impact analysis was required on the EDs at PCH and PoWH. He said that it had been agreed that further information was required in respect of the efforts to recruit ED medical staff and the robustness of the recruitment plan going forward so that 'no stone was left unturned' if there was a possibility of moving to a sustainable 24hr consultant-led ED service at the RGH. M Longley said that the site was comparatively new being only 20 years old and that it was operated excellent models of care and, as such, it had a crucial place in CTMUHB's future.

The Chair said that it would be helpful in the next report to the Board to set out the reasons why any of the suggestions made may not be possible **(ADDED TO ACTION LOG)**.

Members **NOTED** that three public engagement meetings were planned in the next eight days to enable direct engagement with the CTMUHB's communities which were designed to enable ideas to be generated from those who worked and used health services.

The Board **RESOLVED** to:

- **APPROVE** the continuation of the project and the further consideration of specified options, in ongoing engagement with internal and external stakeholders, with progress reports to be provided to the Health Board meeting in March 2020.
- **AGREE** that forthcoming reports focused upon further development, assessment and evaluation of options A & B together with detail as to the potential for making the existing 24hr consultant-led service sustainable going forward.

HB/20/005

UNCONFIRMED MINUTES OF THE HEALTH BOARD MEETINGS HELD ON 28 NOVEMBER 2019, 19 DECEMBER 2019 AND UNCONFIRMED 'IN COMMITTEE' MEETING HELD ON 28 NOVEMBER 2019

Members **APPROVED** the minutes of the Health Board meetings held on 28 November and 19 December 2019, as a true and accurate record.

Members **APPROVED** the minutes of the 'In Committee' Health Board meeting held on the 28 November 2019.

HB/20/006

ACTION LOG

Members **RECEIVED** the Action Log.

G Dix stated that whilst action 8/16 was indeed 'complete' the narrative related to another item.

G Galletly stated that the heading on the 'status column' should have been stated 'Status as of January 2020' rather than 'Status as at November 2019'.

HB/20/007

MATTERS ARISING

The following updates were **RECEIVED**:

Minutes of Health Board Meeting 28 November 2019:

With reference to page 5, paragraph 4, I Wells stated that the inaugural meeting of the Information Commination & Technology (ICT) & Information Governance Committee was taking place on 6 February 2020.

With reference to page 9, paragraph 1, N Milligan sought an update on the harmonisation of shift hours between the Princess of Wales Hospital and the organisation's two other acute hospital sites. G Dix stated that he would be discussing this further with H Daniel. **(ADDED TO ACTION LOG)**

HB/20/008

CHAIR'S REPORT AND AFFIXING OF THE COMMON SEAL

The Chair presented his report providing an update on the key areas included in the report.

With regard to the interviews scheduled on 28 January 2020 for the post of Director of Clinical Services Operations, the Chair stated that these had been postponed.

The Board **RESOLVED** to:

- **NOTE** the report;
- **RATIFY** Chair's Action taken in respect of the additional land associated with the helipad at Prince Charles Hospital.
- **ENDORSE** the Affixing of the Common Seal as listed in the report.

HB/20/009

CHIEF EXECUTIVE'S REPORT

The Chief Executive presented Members with the report and the Board **NOTED** the key areas highlighted within.

S Hopkins stated that appointments had recently been made within the three Locality Groups in respect of Clinical Director posts and also the CTMUHB Deputy Medical Director which represented an important start to the delivery of clinical leadership.

With regard to the finalisation of the draft Integrated Medium Term Plan (IMTP) for 2020-2023, S Hopkins stated that it had been hoped that this could have been submitted to the Board at this meeting but this had not been possible due to more work being needed around the sustainability of the plan. S Hopkins added that the intention to further refine the plan had been discussed with Welsh Government and it was proposed to bring this before the Board at its meeting in March 2020 prior to onward submission to Welsh Government.

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

HB/20/010

CTMUHB RESPONSE TO THE INDEPENDENT (STEVE COMBE) REPORT INTO THE HANDLING OF THE SECONDEE CONSULTANT MIDWIFE REPORT INTO MATERNITY SERVICE, CWM TAF UNIVERSITY HEALTH BOARD

G Galletly presented the report reminding colleagues that the Board had tasked her to work with P Griffiths and J Hehir (Independent Members) in relation to the response to recommendations arising from the above report and to address how the senior leadership team worked together. G Galletly thanked independent member colleagues for their input in this regard. The Chair also echoed his personal thanks to colleagues.

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G Galletly said each recommendation area was subject to action, some of which was building upon work already in-train. G Galletly referred Members to appendix 1 of the report which built upon significant work already underway within the organisation. As part of the development of the organisation's Values and Behaviours Framework, Members were asked to reaffirm their commitment to the Nolan Principles of Public Life.

With reference to Appendix 1, I Wells sought clarity around the reference at the foot of page 1 to the ongoing programme for embedding agreed Values and Behaviours which indicated a completion due date of April 2020. G Galletly stated that the programme to drive this work was due for completion by this date whereas the roll-out process would take longer to execute. With reference to the proposals around holding both Board Development Sessions and Board Briefings the Chair asked how the Board would gain continual assurance following implementation. G Galletly stated that the work of Board Committees would be part of the system of providing continual assurance. Board Members **NOTED** that the Board would also derive assurance by way of self-assessment and work to systems flowing from the Values and Behaviours Framework.

H Daniel stated that 'hard and soft' indicators would provide important information regarding organisational behaviours and this would be considered along with competence and values based as well as pointers from the staff survey and trade union colleagues.

S Hopkins stated that the Maturity Matrix would soon be finalised and some of the tools that would be used would include 360 degree reviews and coaching. Members **NOTED** that consideration was being given to how aggregated information would be brought back to the Board. H Daniel stated that all recent appointments around the new Operating Model had included psychometric tests to understand impact of behaviour and how this could be balanced with new operating style and team skills.

The Chair stated that the Board would require periodic updates on this important issue, with an update agreed for the July Board meeting **(ADDED TO ACTION LOG)**.

The Board **RESOLVED** to:

- **APPROVE** the action plan responding to recommendations arising from the Steve Combe Report (Dec 2019); and;
- Re-affirm individual commitment to the Nolan Principles.

TO APPROVE THE PROPOSED RESPONSE TO THE HEALTHCARE INSPECTORATE WALES (HIW)/WALES AUDIT OFFICE (WAO) JOINT REVIEW INTO QUALITY GOVERNANCE

The report which was introduced by G Dix and G Galletly provided the proposed management response and action plan arising from the above report. Board Members **NOTED** that this had been discussed by the Executive Team and Management Board as well as being scrutinised by the Quality & Safety Committee where it had been endorsed it for Board consideration.

E Hawes was invited to present the report. In doing so, E Hawes referenced the helpful engagement that had taken place around this matter. Whilst acknowledging the report's serious findings, E Hawes stated that the way the organisation had responded was important and the acceptance of the findings was equally key. Board Members **NOTED** the importance of the organisation being clear about its daily priorities and outcomes and that whilst some aspects of the response would take longer to effect, certain of the actions were nevertheless urgent.

E Hawes referenced the need to ensure that the identification and management of risk was addressed and that the organisation was aware of its 'hot spots' which needed to be clearly presented as part of the information flowing from Board Committees to the Board to address questions such as 'has the organisation acted appropriately and what was learned?'

Board Members **NOTED** that listening and learning to both internal and external information was an important part of quality governance and presented a good opportunity for the new organisation to develop and mature taking lessons from past reports such as 'Action After Andrews' (PoWH) and the Joint Report of the Royal College of Obstetricians & Gynaecologists/Royal College of Midwifery (RGH/PCH) which provided examples of what could happen when quality processes were not right. Board Members **NOTED** the importance of monitoring actions and enabling two-way feedback within the organisation.

With reference to concerns flagged in relation to mental health services in CTMUHB, E Hawes stated that six reports had already been published and a seventh was pending which had broadly similar themes which meant this was a matter of some frustration to HIW. Board Members **NOTED** the need to view the seventh report in light of the preceding six reports in order that lessons could be learned. E Hawes said that such learning had been evidenced in terms of maternity services at the Royal Glamorgan Hospital which had seen some remarkable changes for the better.

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E Hawes said that HIW would return to the Board in the summer to present their Annual Report by which time it wanted to be in a position to provide further examples of positive changes to CTMUHB services.

M Thomas stated that the seventh report on mental health services would be considered in due course by the Quality and Safety Committee following discussion by management having due regard to the issues set out in the preceding reports.

S Hopkins stated that in an effort to raise the profile of the importance of organisational learning, learning was being introduced as standing item on operational meeting agendas. S Hopkins added that the impending introduction of the new operating model within CTMUHB would hopefully help to address some of the issues and it would therefore be important to keep regulatory bodies such as HIW abreast of the pace of change.

S Hopkins stated that learning derived from the service improvements within maternity services were informing work around ED services but acknowledged that there was still work to do.

N Milligan stated that it would be helpful for the themes arising from safety walkabouts to be brought back to the Board for information. G Dix stated that summaries were reported to Management Board and then were channelled to the Quality & Safety Committee. G Dix stated that some planned walkabouts had unfortunately not taken place of late due to diary clashes.

The Chair thanked E Hawes for her presentation.

The Board **RESOLVED** to:

- **APPROVE** the management response to the joint review which would also be used to inform the Targeted Intervention work plan, in particular the Quality Governance category.

HB/20/012

BOARD ASSURANCE FRAMEWORK (BAF)

G Galletly presented the report providing a revised BAF which had been discussed at the January 2020 Audit & Risk Committee. Board Members **NOTED** changes agreed there had been incorporated into the version now before the Board.

Members **NOTED** that this was the first update to the BAF and that further iterations would be provided to mirror continuing steps being taken to strengthen assurance mechanisms.

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Board Members **NOTED** the BAF captured the means by which the Board gained assurance and the actions arising from CTMUHB being in Special Measures/Targeted Intervention. G Galletly referred Board Members to section 3.1 of the report which set out the actions required to bolster Board Governance arrangements and that a session dedicated to discussion of the organisation's risk appetite would be held at a Board Development Session in April 2020.

Board Members **NOTED** that central to effective Risk Management and the BAF was the development of the Risk Register.

M Thomas stated that when the BAF had been discussed at the Audit & Risk Committee, the role played by the Committee in respect of risk had been raised along with who would be designated as the executive lead and the supporting structures in place to facilitate these responsibilities. M Thomas suggested this be further discussed at the planned Board Development Session in April 2020.

J Sadgrove suggested that a reference be inserted into the diagram on page 3 of the appendix summary around systems of internal control setting out the assurance framework in its operational context. G Galletly agreed to incorporate the suggested text. J Sadgrove suggested that consideration be given to whether the document was sufficiently clear around mechanisms for decision-making and the Scheme of Delegation. G Galletly responded that there were mechanisms to support the Chief Executive within the BAF, however she was content to articulate this more clearly.

Board Members **NOTED** the intention to bring back the BAF to the Board in a year's time.

The Chair thanked G Galletly for all of the work in updating the document.

The Board **RESOLVED** to:

- **APPROVE** the revised CTMUHB BAF with the amendments detailed above.

HB/20/013

ASSURANCE PROPOSAL

G Galletly presented the report advising Board Members that the proposal had been shared with a small group of Independent Board Members where Board Committees were affected. Thanks were offered to those Members for their contributions.

Agenda Item Number 2.2.1

Board Members **NOTED** that the intention was to review the position in six-months time (rather than the three months set out in the report) by which time there would have been an opportunity to review how the organisation was managing risk and risk appetite.

G Galletly stated that it was proposed that the frequency of Board Committees changed to no more frequently than bi-monthly thereby allowing sufficient time for the preparation of helpful update reports.

In terms of proposed changes, G Galletly stated that it was suggested that the remit of the current Finance Performance and Workforce Committee was changed so that it focus related to Planning, Performance and Finance. Members **NOTED** that as a result a new Committee would need to be established covering People & Organisational Development (POD) bringing additional scrutiny to issues relating to the new operating model as well as values and behaviours. The Chair stated that the POD Committee was critical to the success of the organisation in a number of areas of work and the revised arrangements would bring about more efficient and effective working arrangements.

Board Members **NOTED** the intention to bring greater definition to how the Board used its time between formal Board Meetings. G Galletly proposed holding Board Briefings and separate Board Development Sessions. With regard to the use of Deep-Dives into particular issues, G Galletly said that triggers were being proposed for the future commissioning of such reviews allowing time for adequate preparation and presentation.

Board Members indicated support for the proposals. G Galletly stated that she would be in touch with Independent Board Members to discuss who would Chair the new Committee as well as the revisions to Independent Member membership arrangements.

M Thomas stated that there had also been changes to the remit of the Primary, Community, Population Health & Partnerships Committee which may need to be reflected in the summary.

The Board **RESOLVED** to:

- **APPROVE** the proposals set out in section 2 of the report and for these arrangements to be reviewed within six months.

HB/20/014

PATIENT STORIES LISTENING TO AND LEARNING FROM PATIENTS AND STAFF

G Dix presented the report which set out why patient stories were such an important part of the way the organisation gathered information about the patient experience.

Members **NOTED** the report identified the need for an organisation-wide lead for this key issue in order that the governance and operational arrangements for patient stories were appropriately managed. Members **NOTED** the proposals had been considered and endorsed by the Quality & Safety Committee.

N Lyons stated that whilst content to endorse the proposals, it was important that the organisation formalised the processes in place for learning.

N Milligan asked if current systems enabled feedback to the storyteller. G Dix stated that the Patient Experience Committee was maturing and properly governing the processes and themes.

S Hopkins stated that it would be important to remember that CTMUHB was not solely deliver interventions but also had a population health role. N Milligan stated that a member of staff had recently presented on this theme at the Quality & Safety Committee. H Daniel stated he was keen to establish similar stories at the proposed POD Committee and would work with G Dix and the Chair of the Quality & Safety Committee in this regard.

G Dix stated that existing resources had been reassigned to provide the capacity needed to address this proposal.

The Board **RESOLVED** to:

- **APPROVE** the proposal that Patient Stories be established as a standing agenda item; and
- **APPROVE** the proposal around the establishment of a patient stories library as a learning resource.

HB/20/015

ORGANISATIONAL RISK REGISTER

G Galletly presented the report advising that the Risk Register was subject to regular discussion at the Management Board, Executive Team meetings and via Board Committees. G Galletly advised that work was being progressed to help ensure that the systems underpinning the Risk Register were effective.

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Board Members **NOTED** that certain risks had been removed and others added with others changing their risk score as a result of such discussions. It was **NOTED** that the work around Risk Management was being linked with the roll-out of the new operating model which would bring organisation-wide assurance around risk.

M Thomas sought clarity as regards the removal of risk 013 – Failure to implement SWP outcomes. G Galletly advised that this risk had been redefined under risk 050 – Not agreeing a sustainable model for emergency medicine and inpatient paediatrics.

J Sadgrove raised a question regarding risk 020 which had reached its target score of 12 but was still appearing as an amber risk and questioned if the target score needed further consideration. J Palmer stated that the risk was dynamic and when it increased additional mitigating actions were put into place. He agreed that the target score should be subject to recalculation therefore. It was suggested that this issue be further discussed at the planned Board Development Session focussing on risk appetite which was taking place in April 2020.

The Chair sought clarity with regard to the trend around risk items 002 - Failure to achieve Referral to Treatment Targets (RTT), 003 - Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets and 023 - Patients and/or relatives/carers do not receive timely responses to concerns raised/ learning & improvement. It was suggested that further consideration be given to the scores.

S Hopkins stated that CTMUHB was going to fail to meet the required deliverables around RTT but it was the impact of this that needed to be reflected more meaningfully in the register.

I Wells reference risk 025 - Failure to meet Fire Safety Standards across CTMUHB noting that this had remained at a risk score of 20 since 2018. M Thomas said that whilst there was a summary on page 51 of the report for this issue it did not cover the whole of CTMUHB. Board Members **NOTED** that Health, Safety & Fire issues was part of the portfolio of the Director of Therapies and Health Sciences. L Wilkinson stated that an action plan was being developed to address the issues. S Hopkins stated that whilst there were some ongoing matters to resolve there were also some legacy issues relating to the PoWH which needed resolution. Board Members **NOTED** that once the issues had been subject to discussion by the Management Board the actions would be notified to the Quality & Safety Committee in March 2020.

The Board **RESOLVED** to:

- **NOTE** the Risk Register; and
- **DISCUSS** the issues raised by this report as part of the planned Board Development Session on Risk Appetite planned for April 2020.

HB/20/016

PATIENT EXPERIENCE AND PATIENT SAFETY REPORT

G Dix presented the report which was presented in a new template following feedback received from the Board adding that feedback would be welcomed from Members on the format. The following key points were **NOTED**:

- Real-time feedback commenced during June/July 2019 within Maternity Services which had now been extended to acute wards at RGH and PCH with a hard copy 'friends and family test' in place at the PoWH;
- In relation to feedback being provided from wards noise at night had been identified as a theme as had involvement in care decisions. Further work would be undertaken in both of these areas;
- G Dix advised that N Milligan had raised concerns at the Quality & Safety Committee in relation to record keeping in relation to pain relief whereby staff should have entered 'not applicable';
- The report identified the mechanisms in place for sharing feedback included information screens within some clinical areas and that further work was needed around thematic analysis;
- There had been a steady decline in the number of formal complaints received over the last three months with some improvement being achieved against the 30 day target. Members **NOTED** that investment had been made into the Maternity Services Team to assist with addressing the complaints backlog;
- Reports were now being generated on the complaints that had needed to be re-opened;
- A decrease had been seen in the numbers of referrals to the Ombudsman, from 37% to 33% although the number of CTMUHB cases 'upheld' was greater when compared to other organisations;
- Questionnaires were being sent to patients in relation to the 'Putting Things Right' process which assisted in the assessment of quality from a user perspective;
- Two never events had been reported in November 2019 for the PoWH with immediate actions put in place to mitigate further risks;
- Pressure ulcers and falls continue to be the main theme in relation to Serious Incidents.

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I Wells welcomed the report and referenced a recent visit to PoWH where the issue of noise at night had been raised by a patient he spoke with. I Wells also stated he had seen the work underway to reduce the risk of patients sustaining pressure ulcers which was being shared with other areas in order to learn lessons.

M Thomas welcomed the revised format of the report and the progress being made adding that it would be the role of the Quality Assurance Sub-Committee to triangulate such data. G Dix advised that once the new operating model was in place, he would expect the Integrated Locality Groups to undertake reviews of data, ensure actions were both sustainable and embedded.

J Hehir praised the revised report content and asked how the PoWH compared with other CTMUHB sites in terms of reported incidents. G Dix advised that he had no concerns with the number of incidents being reported at that site.

M Longley advised that the Board were aware that CTMUHB was on an improvement journey regarding complaints and advised that it would be helpful if the Board could have sight of the improvement plans. G Dix advised that there were associated metrics in place which would be shared with Board Members.

The Board **RESOLVED** to:

- **NOTE** the update provided;
- **SUPPORT** the revised format of the report.

HB/20/017

INTEGRATED PERFORMANCE DASHBOARD

C Williams presented the report advising that she wanted to draw Members attention to the validated waiting times figures and work being undertaken to improve performance around on Referral to Treatment Times (RTT). The following key points were **NOTED**:

Referral to Treatment Targets

- For December 2019, the number of patients waiting over 52 weeks for treatment was 997, with 4,355 patients waiting over 36 weeks;
- There had been an improvement in the 26 week position, with a performance of 83% and diagnostic waits, with 1,471 patients waiting over 8 weeks for treatment;
- Work was being undertaken on the projected year-end position, with currently stood at 3,000 patients waiting over 36 weeks;
- In relation to breaches, there would be nine areas where zero breaches would be achieved. The remaining areas of concern were Dermatology, Gastroenterology, Urology, General Surgery and Orthopaedics;

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- Unreported Waiting Lists, HMRC issues and Unscheduled Care pressures had all impacted on the position. Discussions were being held with Welsh Government in relation to potential for 'claw-back' of funds intended drive improvement in waiting times;
- In relation to PoWH there were challenges in relation to Orthopaedics RTT times, with 3,500 patients waiting.

Members **NOTED** that quality data was now being included in the Performance Dashboard, with key areas of concern highlighted. The learning from mortality reviews and sepsis had been identified as the main areas of focus. Members **NOTED** that one of the sepsis markers was the quick prescribing of antibiotics which would also need to be balanced with the work being undertaken on antimicrobial stewardship.

In response to a question raised by J Hehir around sepsis rates and the shortage of Consultants within the Emergency Department, N Lyons advised that processes relied heavily on team work which was a real challenge at Royal Glamorgan Hospital at present due to the number of shifts being filled by agency/locum staff.

N Milligan made reference to the significant drop in performance in relation to the Mental Health Measure. Members **NOTED** that this related to Part 1a of the Measure and the position had deteriorated as a result of staff sickness. A Lawrie advised that an improved position should be seen over the next couple of months and added that Part 1b performance was currently 95%.

I Wells felt that the report did not easily identify the work being undertaken to address areas which had performance issues. Following discussion, Members **AGREED** this should be included in future iterations of this report noting that this action had been requested by the Finance, Performance & Workforce Committee at its February 2020 meeting.

J Sadgrove sought clarity as to what was being described on page 9 of the report within paragraph 2.20. J Palmer advised that a significant amount of orthopaedics capacity should be provided by Swansea Bay UHB through Neath Port Talbot Hospital under a Service Level Agreement, which was being breached at present. Members **NOTED** that this would form part of the discussion with Welsh Government in relation to the year-end position.

The Board **RESOLVED** to:

- **WELCOME** the revised format of the report and the inclusion of quality indicators;
- **NOTE** the update provided.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT METRICS REPORT

H Daniel presented the report which identified the key issues being experienced within the Health Board in relation to Workforce & Organisational Development. Members **NOTED** that detailed discussions had recently taken place around this issue at the Finance, Performance & Workforce Committee and Audit & Risk Committee.

In response to a question raised by N Milligan as to how many of the 42 overseas nurses were in registered nurse positions at present, Members **NOTED** that 24 were in this category.

In relation to the demand for nursing and the need to maintain safe services, M Thomas asked whether Thornbury agency staff were only being used in specialist areas. G Dix advised that Thornbury staff were being used across a number of areas and it had been agreed that when overseas nurses joined CTMUHB there would be a reduction in the use of this agency. M Thomas advised that from a quality perspective, it would be better to use the Health Board's own bank nurses to maintain continuity of care.

Members **NOTED** that consideration was being given to introducing an incentive scheme for bank nurses and consideration was also being given to introducing weekly pay for bank staff. Members **NOTED** that work continued to be undertaken with Senior Nurses regarding staff retention.

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

MONTH 9 FINANCE REPORT

S Webster presented the report which highlighted the key messages in relation to the Month 9 financial position.

Members **NOTED** that confirmation had been received that CTMUHB would receive £3m in 'Targeted Intervention' funding and £1.3m for critical care funding. Confirmation had not yet been received as to whether 'Invest to Save' funding would be received for overseas nursing and the outcome of the arbitration review around Bridgend boundary change was awaited although it was already known that funding would be subject to a £2m reduction.

Members **NOTED** that to achieve break-even at the end of the financial year an improvement of £1.2m would be required prior to 31 March 2020. Members **NOTED** the importance of achieving Referral to Treatment performance to avoid Welsh Government funding 'claw-back'.

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

HB/20/020

UPDATE ON THE MATERNITY SERVICES IMPROVEMENT PROGRAMME

G Dix presented Members with the report and advised that the Independent Maternity Services Oversight Panel (IMSOP) had reported that the Health Board was making good progress and, as a consequence, IMSOP remained optimistic that sustainable improvements would continue to be made.

Members **NOTED** that additional support had now been placed within the Maternity Services Team. Members **NOTED** from the highlight reports that sickness/absence for midwifery staff remained high at 13-14%. Psychologist support was now in place within Occupational Health and policy/guideline harmonisation was across sites.

S Hopkins advised that CTMUHB was constantly considering where learning and good practice could be shared across the organisation.

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

HB/20/021

EMPLOYEE RELATIONS UPDATE

H Daniel presented the report which highlighted the number of ongoing cases being managed. Members **NOTED** that there had been a reduction in ongoing cases, which had reduced from 150 in September 2019 to the current 50 cases. Members **NOTED** that the number of fast track cases had increased from 8 to 50.

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

HB/20/022

TARGETED INTERVENTION – PROGRAMME FOR CONTINUOUS IMPROVEMENT IN RESPONSE TO TARGETED INTERVENTION

S Hopkins presented the report and advised that whilst progress had been made, it had been recognised that there was still further work required. Members **NOTED** the need to focus on positive areas and **NOTED** the importance of ensuring there was recognition of the improvement trajectory.

Members **NOTED** that in agreement with partners, Welsh Government had advised that the Health Board's escalation status would remain unchanged for the current time.

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

HB/20/023

UPDATE ON QUARTER 3 OF THE 2019/20 IMTP

C Williams presented the report and advised that all items contained within the report had already been discussed within the IMTP report.

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

HB/20/024

REPORT FROM COMMITTEE CHAIRS AND BOARD COMMITTEE MINUTES

M Longley presented the report and advised that the report would be presented in revised format moving forward.

Quality & Safety Committee – M Thomas advised that the management response to the joint review undertaken into Quality Governance by Healthcare Inspectorate Wales/Wales Audit Office had been discussed by the Committee where it was noted that the position would be monitored via the Maturity Matrix. The Committee **NOTED** the decline in complaints response performance but that learning was being taken from processes followed at the Princess of Wales Hospital to improve the position. The Committee also **NOTED** the progress being made in Maternity Services.

Primary, Partnerships & Population Health Committee – M Thomas advised that she was pleased to commend the Committee's Annual Report to the Board for approval which summarised the work undertaken by the Committee during 2018/19.

Stakeholder Reference Group (SRG) – C Williams advised that although not captured within the Chairs Summary Report, the Group had now received nominations for a new SRG Chair and Vice Chair. Members **NOTED** that Sharon Richards had been nominated to the role of Chair, and Eleanor Roberts as Vice-Chair. Members **NOTED** that work had been undertaken to ensure representation was appropriate.

The Board **RESOLVED** to:

- **NOTE** the report;
- **APPROVE** the minutes of the Board Committee meetings;
- **APPROVE** the Primary, Community & Population Health Committee Annual Report 2018/19 including the Committee Self-Assessment;
- **APPROVE** the revised Terms of Reference for the Remuneration and Terms of Services Committee.

HB/20/025

ANY OTHER BUSINESS

There was no other business to report.

HB/20/026

DATE OF NEXT MEETING

The next scheduled meeting would take place on Thursday 26 March 2020.

SIGNED:.....

M Longley, Chair

DATE:.....

Unconfirmed