

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

**HELD ON THURSDAY 27 FEBRUARY 2020  
IN RHONDDA FACH SPORTS CENTRE  
EAST STREET, TYLORSTOWN CF43 3HR**

**MEMBERS PRESENT:**

- |                 |  |
|-----------------|--|
| Marcus Longley  | – Chair  |
| Sharon Hopkins  | – Chief Executive (Interim)                                    |
| Maria Thomas    | – Vice Chair   |
| Paul Griffiths  | – Independent Member   |
| Ian Wells       | – Independent Member   |
| Dilys Jouvenat  | – Independent Member   |
| James Hehir     | – Independent Member   |
| Jayne Sadgrove  | – Independent Member   |
| Nicola Milligan | – Independent Member   |
| Phillip White   | – Independent Member   |
| Mel Jehu        | – Independent Member   |
| Nick Lyons      | – Medical Director   |
| Alan Lawrie     | – Director of Primary, Community & Mental Health Services      |
| Greg Dix        | – Director of Nursing, Midwifery & Patient Care                |
| Kelechi Nnoaham | – Director of Public Health                                    |
| Steve Webster   | – Director of Finance  |
| Liz Wilkinson   | – Director of Therapies and Health Sciences                    |
| Anne Phillimore | – Director of Workforce & Organisational Development (Interim) |
| Ruth Treharne   | – Director of Planning & Performance                           |

**OTHERS IN ATTENDANCE:**

- |                     |   |
|---------------------|---|
| John Palmer         | – Chief Operating Officer   |
| Georgina Galletly   | – Director of Governance / Board Secretary (Interim)                  |
| Clare Williams      | – Assistant Director of Planning & Partnerships                       |
| Cathy Moss          | – Chief Officer, Cwm Taf Morgannwg Community Health Council (In part) |
| Olive Francis       | – Vice-Chair, Cwm Taf Morgannwg Community Health Council              |
| David Jenkins       | – Independent Support to the CTMUHB Chair                             |
| Julia Sumner        | – Head of Communications (Interim)                                    |
| Wendy Penrhyn-Jones | – Head of Corporate Administration (Secretariat)                      |

HB/20/027

### **WELCOME**

The Chair welcomed everyone to the meeting extending thanks to the members of the public who had come to listen to the Health Board meeting which was an indication of the strength of feeling and passion in the local community. The Chair acknowledged that despite a full public gallery, unfortunately it had not been possible to accommodate everyone due to Health and Safety.

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 on this occasion.

HB/20/028

### **APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Keiron Montague, Independent Member; Giovanni Isingrini, Associate Board Member and John Beecher, Chair, CTM CHC.

HB/20/029

### **DECLARATIONS OF INTEREST**

There were none.

HB/20/030

### **SOUTH WALES PROGRAMME (SWP) – PROGRESSING OUTSTANDING RECOMMENDATIONS – UPDATE REPORT**

A report was **RECEIVED** providing an update on the options for the Emergency Department (ED) at the Royal Glamorgan Hospital (RGH), Llantrisant.

In introducing the report, the Chair advised that the Board would be receiving a presentation summarising the position since its last meeting on 30 January 2020. M Longley stated that there were no-prejudgements and therefore the Board would not be asked to make any decisions as to the way forward at this point.

The Chair stated that it had been extremely important to listen over recent weeks to the views of the local communities. The Senior Responsible Officer, N Lyons was invited to give the presentation and in doing so, highlighted the following points:

- The SWP recommendations were being revisited to verify the decisions remained valid given it was now 2020 and if it was safe to explore options A & B as set out in the report.
- Whether the pressure upon the RGH ED could be reduced by offering a different model of care which may include a 'virtual ward', additional primary care based services, minor injuries units, direct admission to relevant wards and specialist centres.

## **Agenda Item Number 2.2.5**

- The significant reliance on short-term locum/agency staff brought inherent safety issues and the Coroner had already made representations in this regard. Clinical specialists at the RGH were also raising their concerns around the unacceptable levels of risk which had existed for some years;
- The current medical staff shortages of 17 consultants and 20 middle-grade doctors remained although significant efforts were being made to re-energise advertisements for such posts and levels of interest had risen with two consultants being appointed in January 2020 to the Princess of Wales Hospital (PoWH) ED which had resulted in the Clinical Lead agreeing to provide support to the RGH ED. However, most of the staff who had worked in the RGH ED said that they did not wish to return due to the safety issues.
- The variety of engagement events attended by various Board Members to speak with staff, the local community and politicians and to listen to what people had to say.
- The establishment of Clinical Reference Groups (CRGs) to design safe, high quality services that were staffed by a sustainable workforce ensuring optimum access so that the right care was provided quickly and as close to home as possible. This included examples of clinical scenarios.

The Chair thanked the Medical Director for the presentation and invited questions and comments from Board Members.

I Wells recounted the decision under the SWP that the RGH ED would be downgraded which will have inevitably impacted upon the department's ability to recruit the essential medical staff required for the provision of a 24hr consultant-led ED. I Wells made reference to the recent vote in the Senedd around this matter saying that it seemed sensible to focus, for the current time, on considering the possibilities around provision of future care under option 'B' seeing this as a transitional short-term temporary step required due to the safety issue that had been identified whilst retaining the option of moving back to a 24hr consultant-led ED in the future.

P White stated that if the SWP was found to be out-of-date in terms of its recommendations, then that was a matter for the Welsh Government to review and that there was much more that the Health Board needed to do before a decision could be made as to the future service arrangements. N Lyons acknowledged the need for CTMUHB to recruit differently and advised that besides the traditional job adverts social media was also now being used.

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N Lyons said that the organisation needed to improve the way in which it listened to the staff who may be interested in coming to work in the area in terms of the type of contract that would meet their needs and aspirations and that discussions were ongoing with some 50 locum doctors in this regard and the sooner a decision was reached by the Board, the quicker this would enable interested parties to commit to work here.

N Lyons stated that whichever model was the final outcome, it was critical that this reflected the Board's understanding of the issues that had been raised, the different vulnerabilities in the age groups and therefore the need for a number of pathways to be put in place. With reference to the establishment of CRGs, N Lyons stated that going forward these would be broadened to include nurses and other professionals as well as doctors with a view to co-production of the best model providing safe and sustainable care.

D Jouvenat stated that impact assessments needed to be robust and up-to-date prior to the Board making any decisions on behalf of the patients they served. Whilst acknowledging that the current Board was very different from the body that had been in place some six years previous, D Jouvenat stated that many of the people attending to observe the meeting today had raised their concerns six years ago and that these had not been taken into account. N Lyons concurred that a full impact assessment needed to be completed and that there was also a need to rebuild trust in the Board which was why there was a commitment to continue to have two-way dialogue with the local communities.

P Griffiths stated that he was often asked how the gap that existed in terms of medical staff capacity and the demand for such staff had arisen and who was responsible for planning such NHS workforce matters so that action could be taken to avoid a situation like this arising again. N Lyons advised that CTMUHB recruited from within Wales, the UK and internationally and that workforce planning had not been kept pace with changes in medicine roles which had resulted in 1200 consultant and 2000 middle-grade vacancies across the UK. Board Members **NOTED** this placed the Health Board in competition with a huge number of EDs all competing against one another. Board Members **NOTED** that it took 14 years to train medical staff and that many medical staff chose to follow a different path other than ED medicine.

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With reference to the pending impact assessments and service modelling ideas being worked through by the CRGs, M Thomas stated that this information would be important for Board scrutiny. N Lyons stated that this information was not yet available in its full form but that it would be possible to share with Board Members in summary level. Whilst a date for completion of this the modelling work had not yet been agreed, N Lyons stated that an update would be provided to the Board at its next meeting on 26 March 2020 and that he envisaged that the impact analysis would be close to being finished during April 2020.

J Palmer stated that staff working in the EDs across the organisation had continued to show incredible commitment to patient care and over the past three months the performance around the 4hr A & E waiting time had risen to 76%, the 12hr stood at 94% with the ambulance handover times within 50 mins standing at 75%. The Chief Operating Officer went on to say that the staff who were working in some extremely challenging circumstances should be congratulated. J Palmer said that whilst the organisation was constantly having to put measures in place to help manage safety in the clinical environment, the additional support being provided by the new Clinical Lead within the ED had invigorated the need for a safety culture.

N Lyons stated that being able to deliver safe services by way of suitably qualified staff in the right numbers was important. N Lyons added that lessons were being learned so that the risks that existed were better understood now than three months ago. Whilst accepting a decision was needed around the model for future service provision, N Lyons said that it was imperative that this was the right decision and that as a consequence it would provide clarity for existing staff as well as those who may be interested in coming to work at RGH.

In closing discussions around this item, the Chair stated that there was clearly still work to do before it was possible to make a decision that would result in systems care being as safe as possible. Members of the public were once again thanked for attending to listen to discussions and offered assurances that further engagement events would continue to take place to ensure that the Board continued to listen to the views of local communities, staff and politicians.

The Board **RESOLVED** to:

- **NOTE** the update
- **APPROVE** the continuation of the project including the following next steps:
  - Completion of the first phase of the work of the CRGs to develop and assess more detailed service models under options A & B

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- Continuation of public and staff engagement under the Communications and Engagement Strategy & Plan
- Continuation of efforts to recruit ED medical staff
- The production of a further report for consideration at the March 2020 Health Board meeting.
- Offer thanks to the ED staff across the Board for their continued commitment.

HB/20/031

### COVID -19 UPDATE

A report was received providing the background and developments leading to the matter being declared as an international public health emergency.

K Nnoaham presented the report updating Board Members on the local actions being taken within CTMUHB as well as the joint work underway with other organisations and across the UK, noting it is a fast-moving issue so would supplement the written report with an oral update.

Board Members **NOTED** that the current plan was in 'containment phase' which sought to avoid the virus establishing a foothold in the community and that lessons were being learned from those countries where the numbers of cases have been significant.

Board Members **NOTED** that to date there had been no diagnosed cases in Wales and that the case definition had changed around a week ago which had caused a surge in the case numbers requiring testing.

Board Members **NOTED** that community testing teams staffed through district nurses had been formed and Coronavirus Testing Units were now being established with agreement reached that day between Public Health Wales and each of the Welsh Health Boards to send out testing kits to those that needed them.

Board Members **NOTED** that a protocol was in place for staff returning from Italy, South Korea and Iran and that engagement with partner organisations would now need to be increased to enable them to play a role in the response to this health emergency. In addition, Public Health Wales was **NOTED** to be providing advice to the general public and information was also available via primary care and 111 services. J Palmer stated that the need to put protocols in place had shown a high degree of leadership with consistent and uniform messaging now being used to respond to this dramatic situation.

In terms of advice for those about to travel abroad, Board Members were advised that any significant developments would be shared.

The Board **RESOLVED** to:

- **NOTE** the update.
- Identify a means of monitoring costs associated with is work as determined by the Director of Finance & Procurement, The organisation should work with other health boards to meet service demands and Chief Medical Officer expectations on a regional basis.
- Adopt a civil contingencies/emergency response approach and activate appropriate Gold/Silver/Bronze co-ordinating groups in line with the recommendations of the Chief Operating Officer.

HB/20/032

**ANY OTHER BUSINESS**

**Congratulations & Farewell**

The Chair firstly offered congratulations on behalf of the Board to the Chief Operating Officer who had recently been appointed to an exciting role in London on a date to be agreed. Members **NOTED** a formal announcement would be made in due course.

The Chair also bid farewell to the interim Director of Workforce & Organisational Development who was approaching the end of her fixed-term appointment with the Health Board. A Phillimore was thanked for the important contribution she had made during a challenging time. Board Members **NOTED** that in the interim, the post would be taken up by Hywel Daniel from the beginning of March 2020 for a year whilst a recruitment process was undertaken with a view to making a substantive appointment.

There was no other business to report.

HB/20/033

**DATE OF NEXT MEETING**

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

**SIGNED:**.....

**M Longley, Chair**

**DATE:**.....