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

HELD ON THURSDAY 26 MARCH 2020 IN YNYSMEURIG HOUSE, NAVIGATION PARK, ABERCYNON

MEMBERS PRESENT:

Marcus Longley	– Chair (Via teleconference)
Sharon Hopkins	– Chief Executive (Interim)
Maria Thomas	– Vice Chair
Paul Griffiths	– Independent Member (Via teleconference)
Nick Lyons	– Medical Director
Kelechi Nnoaham	– Director of Public Health (For agenda item 4.1)
Steve Webster	– Director of Finance

OTHERS IN ATTENDANCE:

Georgina Galletly	– Director of Governance / Board Secretary (Interim)
Emma Walters	– Corporate Governance Officer (Secretariat)

Unconfirmed

A) PRELIMINARY MATTERS

HB/20/034 **AGENDA ITEM 1.1 WELCOME & INTRODUCTIONS**

The Chair **welcomed** everyone to the meeting and advised that the meeting was being held under unusual circumstances in light of the current position regarding COVID-19. Members **NOTED** that it had been decided to hold a quorate Board meeting, which was being achieved by having the Chair, M K Thomas and P Griffiths in attendance as Independent Members, and by having S Hopkins, N Lyons and S Webster in attendance as Executive Directors. The Chair advised that G Galletly was also present, and added that K Nnoaham would be attending the meeting in part to provide and update on COVID-19. Members **NOTED** that M Longley and P Griffiths had dialled into the meeting via teleconference.

The Chair advised that a number of reports were being presented under a Consent Agenda, which related to items that all Board Members had been asked to consider in advance of the meeting to allow the Board to efficiently proceed through the agenda.

The Chair noted that all papers had been published in advance of the meeting on iBabs and on the HB internet as standard practice for meetings held in public. All Board members had been invited to submit queries or comments on the items being addressed at the meeting and all such submissions will be taken in turn at the relevant part of the agenda.

The Board had also committed to publish a 'Briefing from the Board' as soon as possible following the meeting to ensure transparency of the outcomes and discussions held at the meeting.

HB/20/035 **AGENDA ITEM 1.2 APOLOGIES FOR ABSENCE**

Members **NOTED** that in the current circumstances there were no formal apologies that would need to be recorded.

HB/20/036 **AGENDA ITEM 1.3 DECLARATIONS OF INTEREST**

There were none.

B) CONSENT AGENDA

HB/20/037 **AGENDA ITEM 2.1 ACTION LOG**

The Board **RECEIVED** and **NOTED** the action log.

HB/20/038 **AGENDA ITEM 2.2 UNCONFIRMED MINUTES OF THE HEALTH BOARD MEETINGS HELD ON 30 JANUARY 2020 AND 27 FEBRUARY 2020**

Members **APPROVED** the minutes of the Health Board meetings held on 30 January 2020 and 27 February 2020, as a true and accurate record.

Members **APPROVED** the minutes of the `In Committee' Health Board meeting held on the 30 January 2020, subject to the following amendment:

- Page 1 - Greg Dix, Director of Nursing, Midwifery & Patient Services to be recorded as being in attendance at this meeting.

HB/20/039 **AGENDA ITEM 2.3 CHAIR'S REPORT AND AFFIXING OF THE COMMON SEAL**

M Longley advised that one comment had been received from an Independent Member in relation to the Appointment of the Director of Planning. The comment stated that whilst the Chair's report stated that the approval for the appointment was required via the Remuneration & Terms of Services Committee, the Chief Executive's report stated that the appointment had been made.

Members **NOTED** the response provided which advised that the appointment required ratification in order for it to commence on 1 April 2020 and that this was due for consideration by the Remuneration & Terms of Services Committee which was due to meet later today.

Unconfirmed

S Webster reminded Members that a previous commitment had been given to take Chairs action on the approval of the Helipad at Prince Charles Hospital and advised of the need to ensure that a formal Board decision had been taken on this matter. G Galletly **AGREED** to review the position to ensure that a formal decision had been recorded.

The Board **RESOLVED** to:

- **NOTE** the report;
- **ENDORSE** the Affixing of the Common Seal to the documents listed within the report.

HB/20/040 **AGENDA ITEM 2.4 CHIEF EXECUTIVES REPORT**

S Hopkins advised that reference had been made within the report in relation to the official opening of the Tirion Birth Centre on 9 March 2020. Members **NOTED** that the Unit had now been temporarily closed as a result of the situation regarding COVID-19.

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

HB/20/042 **AGENDA ITEM 2.5 AUDIT & RISK COMMITTEE HIGHLIGHT REPORT FROM THE MEETING HELD ON 25 FEBRUARY 2020**

The Board **RECEIVED** the report and **RESOLVED** to **NOTE** the report for assurance.

HB/20/043 **AGENDA ITEM 2.6 MENTAL HEALTH ACT MONITORING COMMITTEE HIGHLIGHT REPORT FROM THE MEETING HELD ON 12 MARCH 2020**

The Board **RECEIVED** the report and **RESOLVED** to **NOTE** the report for assurance.

HB/20/044 **AGENDA ITEM 2.7 PRIMARY, POPULATION HEALTH & PARTNERSHIPS COMMITTEE HIGHLIGHT REPORT FROM THE MEETING HELD ON 10 FEBRUARY 2020**

M K Thomas requested that this report was deferred to the next meeting as a result of its late submission, which meant that Members had not been provided with sufficient time to review. The Board **AGREED** to defer the report to the May meeting.

Unconfirmed

HB/20/045 **AGENDA ITEM 2.8 RISK MANAGEMENT STRATEGY**

The Board **RECEIVED** the report and were advised by the Chair that a comment had been received from an Independent Member which stated that Appendix 2 would need to be revised to account for the recent committee changes as agreed by the Board at its January meeting. Members **NOTED** that the Framework would now be revised to take this into account.

M K Thomas advised that the strategy was work in progress and was very clear as to how risks would be managed. M K Thomas added that there would be a need to provide training for the new strategy.

The Board **RESOLVED** to:

- **APPROVE** the Risk Management Strategy so that work could commence to bring all risks onto Datix;
- **NOTE** the proposed timelines associated with refreshing the risk management arrangements, but note these are fluid and subject to change as CTMUHB responds to COVID-19.

HB/20/046 **AGENDA ITEM 2.9 CORPORATE RISK REGISTER**

The Board **RECEIVED** the report and were advised by the Chair that one comment had been received from an Independent Member, querying how the risk score of '20' in relation to COVID-19 had been reached.

Members **NOTED** that a response had been provided which advised that with regard to the risk scoring, the challenge was felt to be fair. Members **NOTED** that Gold Command were reviewing this and it was likely that the risk would be assessed with a higher risk rating. Members **NOTED** that the risk was originally developed and assessed two weeks ago and as a result of the fast moving environment, needed to be reviewed and informed by the now, more detailed COVID-19 risk register.

Members **NOTED** that to allow Board Members to have greater assurance on all COVID-19 related risks, a more detailed 'Gold' risk register would be shared with Board Members on IBABS, within personal documents, which would be updated weekly.

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

Unconfirmed

HB/20/047 **AGENDA ITEM 2.10 PROGRAMME FOR CONTINUOUS IMPROVEMENT IN RESPONSE TO TARGETED INTERVENTION PROGRESS REPORT**

S Hopkins advised that further work with Board Members would be essential in ensuring the Board is assured how the Health Board assesses itself against the maturity matrix.

M Longley advised that he was really pleased with all of the work that had been undertaken.

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

HB/20/048 **AGENDA ITEM 2.11 QUALITY & SAFETY COMMITTEE HIGHLIGHT REPORT FROM THE MEETING HELD ON 4 MARCH 2020**

The Board **RECEIVED** the report and **RESOLVED** to **NOTE** the report for assurance.

HB/20/049 **AGENDA ITEM 2.12 QUALITY DASHBOARD REPORT**

The Board **RECEIVED** the report and **NOTED** that a comment had been received from an Independent Member in relation to page 2 of the report, which indicated that there had been a reduction in the score for 'kindness and compassion' in maternity services which had not been reflected in the Maternity Services Improvement Report.

Members **NOTED** that a response had been provided by Greg Dix who advised that it was likely that this may relate to 'real-time' surveys which would not be comparable with other 'broader' survey data and added that the position would continue to be monitored.

P Griffiths advised that it appeared that reports were being produced at slightly different times which officers should address by cross checking reports at the time of submission to meetings to ensure greater consistency in reporting. M K Thomas advised that this was work in progress and advised that the team would be focussing on the continuous improvement in reporting.

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

Unconfirmed

HB/20/050 **AGENDA ITEM 2.13 MATERNITY SERVICES IMPROVEMENT REPORT**

The Board **RECEIVED** the report and **NOTED** that a comment had been received from an Independent Member, relating to page 2 of the report which stated that there had been slippage in the improvement programme and also that there would be a delay in the transfer of these services into the new Operating Model taking effect for the remainder of the Health Board from April 2020. Independent Members had sought assurance that there would be no further slippage and there was a plan in place to recoup this position.

Members **NOTED** the response provided advised that the slippage related primarily to the previous commitment to the completion of guidelines by the end of March 2020. Members **NOTED** that the incoming Director of Midwifery had reviewed this initial plan and had developed a revised plan to ensure implementation of a large number of new guidance is risk assessed and not impacting on clinical safety. A three year forward plan of all maternity guidelines was in development to ensure there was a rolling cycle for review going forward.

Members **NOTED** that there had also been slippage in the Quality of Management and Leadership Team project groups meeting, partly as a result of COVID-19 preparation and partly because of staff sickness, which had now been resolved.

Members **NOTED** that there was to be an agreed delay in maternity services becoming part of the new operating model, which would provide a further opportunity for the new Maternity Leadership Team to standardise and embed practice and ensure that the Maternity Service as a whole retains dedicated focus and leadership. There was confidence therefore that progress would be maintained, notwithstanding any potential delays that may result due to workforce depletion as a result of COVID-19.

M K Thomas advised that the matrix and development plan for Maternity Services was being monitored closely via the Quality & Safety Committee and advised that she would bring any further slippage to the attention of the Board. Members **NOTED** that as a result of COVID-19 pressures the last meetings of the Independent Maternity Services Oversight Panel and the Maternity Improvement Board had been stood down.

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

Unconfirmed

HB/20/051 **AGENDA ITEM 2.14 STRATEGIC EQUALITY PLAN**

The Board **RECEIVED** the Strategic Equality Plan. M K Thomas advised that issues relating to compliance against Welsh Language Standards had been raised as a red alert by the Quality & Safety Committee, who wanted to bring to the attention of the Board that the Health Board would find it difficult to meet all of the standards required.

S Hopkins advised that a meeting had been held with the Welsh Language Commissioner who advised that they felt the Health Board's approach to welsh language had been reasonable and had been in line with other Health Boards. Members **NOTED** that work was being undertaken to explore how the standards could be used to help with patient experience. S Webster added that a discussion had also been held at Management Board where it was agreed that work in relation to welsh language standards would be undertaken once COVID-19 pressures had eased.

The Board **RESOLVED** to: **APPROVE** the Strategic Equality Plan.

HB/20/052 **AGENDA ITEM 2.15 FINANCE, PERFORMANCE & WORKFORCE COMMITTEE HIGHLIGHT REPORT FROM MEETING HELD ON 20 FEBRUARY 2020**

The Board **RECEIVED** the report and **RESOLVED** to **NOTE** the report for assurance.

HB/20/053 **AGENDA ITEM 2.16 INTEGRATED PERFORMANCE DASHBOARD**

The Board **RECEIVED** the report and **NOTED** that two comments had been received from Independent Members. The first comment sought clarity on the contingency plans to address patients waiting longer than 36 weeks once 'normal business' had been resumed.

Members **NOTED** that a response had been provided which advised that the Health Board had a phased COVID plan which would feature a stabilisation and recovery period from June 2020 onwards. The detail was currently being developed through Silver and Bronze Commands.

The second comment received from an Independent Member advised that the Rhondda Cynon Taff delayed transfers of care position was the highest in around a year, and a question was raised as to how this had happened, and in light of COVID-19, what plans were in place to address this urgently.

Unconfirmed

Members **NOTED** that the response provided advised that this was due to the lack of social worker allocation in community hospitals which had since been rectified. Members **NOTED** that a significant number of patients had been discharged since this time and this continued. A plan was in place to expand off-site bed capacity by up to 500 beds by mid-April 2020.

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

HB/20/054 **AGENDA ITEM 2.17 FINANCE REPORT – MONTH 11**

The Board **RECEIVED** the report and **RESOLVED** to **NOTE** the report for assurance.

HB/20/055 **AGENDA ITEM 2.18 DIGITAL & DATA COMMITTEE HIGHLIGHT REPORT FROM MEETING HELD ON 6 FEBRUARY 2020**

The Board **RECEIVED** the report and **RESOLVED** to **NOTE** the report for assurance.

The Chair welcomed the uniformity and clarity of the new format Committee highlight reporting mechanism for the Board which he had found to be very effective, and extended his thanks to G Galletly for the work undertaken on producing the reports.

C) MAIN AGENDA

HB/20/056 **AGENDA ITEM 3.1 MATTERS ARISING**

There were no matters arising.

HB/20/057 **AGENDA ITEM 4.1 COVID -19 UPDATE**

The Director of Public Health attended the meeting for this item only and provided an up-to-date verbal position to the report contained within the papers. Members **NOTED** that due to the fast pace of work in planning and responding to COVID-19, information was being updated hourly to inform modelling and capacity planning.

Members **NOTED** that close working with the Health Board partners was confirmed, with Local Authority representatives being present at all Bronze, Silver and Gold Command meetings. The Board **NOTED** that the Risk Register for COVID-19 Gold together with other key information would be shared regularly with all Board members and that daily staff updates and weekly Stakeholder briefings would also routinely be shared with members of the Board.

Unconfirmed

The Board **AGREED** for the Chair to formally convey sincere thanks to all staff involved in the work being undertaken across the Health Board.

The Board **RESOLVED** to:

- **NOTE** the update;
- **APPROVE** the COVID-19 Decision Making Framework

HB/20/058 **AGENDA ITEM 5.1 SOUTH WALES PROGRAMME – PROGRESSING OUTSTANDING RECOMMENDATIONS**

N Lyons guided the Board through the paper highlighting;

- the overall process to be undertaken to deliver an option for Board approval;
- further work undertaken by the project since the February report;
- the rationale for temporarily pausing many project activities;
- details of what project activities have been paused and what activities will continue to consolidate the progress already made.

N Lyons referred Members to the diagram on page 4 of the report, outlining the process and stages of the programme to date, specifically in relation to Options A and B, and advised that work was being undertaken to ensure that governance, engagement and decision making followed best practice.

N Lyons advised the Board that the UHB has been working closely with the Consultation Institute to ensure we follow best practice in relation to consultation and engagement.

The Chair advised that one comment had been received from an Independent Member which stated that feedback from members of the public suggests that some believe Cwm Taf Morgannwg's recruitment drive around Accident & Emergency doctors for the Royal Glamorgan Hospital could potentially allow a full Consultant-led service at the site. It was therefore important to be clear as to the rationale for the work being undertaken.

Members **NOTED** that following the decisions reached at the Health Board in January 2020, work had been undertaken, in parallel with the work to develop and assess Option A and Option B, to 'leave no stone unturned' in the Health Board's attempts to recruit to the posts necessary to sustain a 24 hour Emergency Department service at the Royal Glamorgan Hospital.

P Griffiths advised that whilst he understood the work that had been undertaken, he remained unclear why three options had not been highlighted within the report. N Lyons advised that the 'do nothing'

Unconfirmed

option was the option being followed at the moment, and added that the Health Board had been working with the Consultation Institute to ensure best practice was followed in relation to consultation and engagement.

Members **NOTED** that the Consultation Institute had confirmed that the Health Board was developing a reasonable approach in modelling two potentially viable options whilst also leaving 'no stone unturned', as illustrated on page 4 of the Board paper with the underlying continuing efforts to provide '24hour A&E and attempts to recruit'.

Members **NOTED** that recruitment attempts had continued, and that any successful recruitment would also support either Option A or Option B. It was, however, recognised that it remained very difficult to successfully recruit enough consultant and middle grade emergency medicine doctors given the current national shortages and the experience of other NHS organisations. It was **NOTED** that the Health Board were not therefore, regarding this as a new option to be developed and appraised, but as something that would be capitalised on if this were to be successful.

Members **NOTED** the recommendation to pause and reconsolidate the programme whilst focus was being placed on COVID-19 and **NOTED** that all learning was being captured during this period. Members **NOTED** that should capacity become available over the coming weeks, work would recommence. Members **NOTED** that engagement with staff, communities and partners would recommence as soon as it was safe and practical to do so.

The Chair confirmed that all Board Members had read the information submitted by the 'Save our A&E Campaign Group' and this had been taken into account.

The Board **AGREED** with the recommendation outlined in the paper to temporarily pause defined elements of the project, whilst progressing limited elements, subject to ongoing review by the Senior Responsible Officer (SRO).

The Board **NOTED** a statement would be issued as soon as possible following the meeting to confirm this.

The Board **RESOLVED** to **NOTE** the content of this report and **APPROVE** the temporary pausing of defined elements of the project, whilst progressing limited elements, subject to ongoing review by the SRO.

Unconfirmed

HB/20/059 **AGENDA ITEM 6.1 PERFORMANCE MANAGEMENT FRAMEWORK**

The Board **RECEIVED** the report and **NOTED** that no comments had been received from Independent Members prior to the meeting.

The Board **RESOLVED** to:

- **APPROVE** the Performance Management Framework for implementation from 1 April 2020.

HB/20/060 **AGENDA ITEM 6.2 DRAFT INTEGRATED MEDIUM TERM PLAN 2020 – 2023**

S Webster presented the Integrated Medium Term Plan (IMTP) 2020 - 2023 which had been revised to address feedback from Welsh Government to reflect strengthened bottom-up and Directorate plans.

The Board **NOTED** that due to COVID-19, no Health Board would be able to deliver their existing IMTPs, but it was important to approve a plan to allow a benchmark position to be established, from which, variations would be made through the coming months and we move into recovery phase from COVID-19.

The Board **RESOLVED** to:

- **APPROVE** the draft Integrated Medium Term Plan for 2020 – 2023.

HB/20/061 **AGENDA ITEM 6.3 MAJOR TRAUMA NETWORK LOCAL IMPLEMENTATION**

S Hopkins presented the report and advised that the implementation had been paused as a result of COVID-19 preparations.

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

HB/20/062 **AGENDA ITEMS 7.1 – 7.3 ITEMS FOR INFORMATION**

The Board **RECEIVED** the following items for information only:

- Emergency Ambulance Services Committee Report;
- Shared Services Partnerships Committee Report;
- Stakeholder Reference Group Report.

HB/20/063 **AGENDA ITEM 8.1 ANY OTHER BUSINESS**

There was no other business to report.

Unconfirmed

HB/20/064 **AGENDA ITEM 8.2 DATE OF NEXT MEETING**

The next scheduled meeting would take place on Thursday 28 May 2020.

SIGNED:.....

M Longley, Chair

DATE:.....

Unconfirmed