

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
22 JUNE 2021, AS A VIRTUAL MEETING WHICH WAS HELD
VIA MICROSOFT TEAMS**

PRESENT

Mel Jehu	-	Independent Member (Chair)
Ian Wells	-	Independent Member
Nicola Milligan	-	Independent Member
Patsy Roseblade	-	Independent Member
Marcus Longley	-	Health Board Chair (in-part)
Jayne Sadgrove	-	Health Board Vice Chair (in-part)
James Hehir	-	Independent Member (in-part)
Dilys Jouvenat	-	Independent Member (in-part)

IN ATTENDANCE

Sara Utleay	-	Audit Wales
Emma Samways	-	NWSSP – Internal Audit & Assurance
Paul Dalton	-	NWSSP – Internal Audit & Assurance
Cally Hamblyn	-	Assistance Director of Corporate Governance & Risk
Lee Leyshon	-	Assistant Director Engagement & Communications (in-part)
Steve Webster	-	Executive Director of Finance
Gareth Robinson	-	Chief Operating Officer
Linda Prosser	-	Executive Director of Strategy & Transformation
Kelechi Nnoaham	-	Executive Director of Public Health
Fiona Jenkins	-	Executive Director of Therapies & Health Science (interim)
Karl Verrecchia	-	Director of Operations, Bridgend ILG
Kate Burton	-	CAMHS Service Manager, Bridgend ILG
Reena Owen	-	Independent Member, Swansea Bay UHB (Observing)
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Georgina Galletly, Director of Corporate Governance and Philip White, Independent Member.

1.3.0 DECLARATIONS OF INTERESTS

F. Jenkins declared that she was also Executive Director of Therapies & health Sciences at Cardiff & Vale UHB.

PART 2. CONSENT AGENDA

The Chair asked whether Members wished to move any item on the Consent Agenda to the 'Main Agenda'. No changes to the Consent Agenda were requested.

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 27 APRIL 2021

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

2.2 FOR NOTING

2.2.1 ACTION LOG

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

2.2.2 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Month 1 and 2 Monitoring Returns were **NOTED**.

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONSIDERED WITHIN THE ACTION LOG

There were none.

3.2.0 PPF COMMITTEE ANNUAL REPORT 2020-21

C. Hamblyn presented the report.

P. Roseblade advised that she was in attendance at the February 2021 meeting as an observer but was listed as a member. C. Hamblyn confirmed that this would be amended.

P. Roseblade queried whether there needed to be more specific detail contained in the report regarding the standing down of Committees and reduced agendas due to the Covid-19 pandemic. C. Hamblyn advised that this was a valid point and would be reviewed outside of the meeting.

Resolution: The Committee **ENDORSED** the Annual Report for submission to the Health Board, subject to the amendments raised.

NOTED the current Terms of Reference (previously approved by the Health Board at its meeting held on 30 July 2020)

AGREED to complete the Annual Self-Assessment questionnaire via Survey Monkey and review feedback at the August 2021 meeting of the Committee.

Action: Report would be amended to reflect comments raised and shared with the Chair outside of the meeting for onward submission to the Health Board.

3.3.0 AUDIT WALES STRUCTURED ASSESSMENT REPORT PHASE 1

C. Hamblyn presented the report.

P. Roseblade advised that the report had been received at the Audit & Risk Committee who were monitoring the overall plan. The Audit & Risk Committee felt that the performance aspect of the Plan should be monitored by the PPF Committee.

Resolution: The Committee **NOTED** the report, and that the monitoring of the Management Response would remain with the Audit and Risk Committee and that the Planning, Performance & Finance Committee would monitor the performance aspect of the Plan.

4.0 PLANNING

4.1.0 INTEGRATED MEDIUM TERM ANNUAL PLAN 2021-22

L. Prosser, S. Webster and G. Robinson provided a presentation on the current position in relation to the development of the Annual Plan for 2021-22.

P. Roseblade queried the narrative in the Plan relating to Welsh Government (WG) requiring a balanced financial plan for this current year which appeared contradictory to what was noted in the report which was that Covid-19 funding was to be used to balance the plan. S. Webster advised that the in-year Covid-19 funding of £26m could only be used to cover Covid-19 costs. However, the assumed additional £20.5m that would be funded from Covid-19 costs could be used to support the balance of the plan but could not be used to include the non-delivery of savings in the current year 2021-22. S. Webster added that most of the funding was non-current and there was a risk that there may be a shortfall of £4m if the allocation received was only £16m resulting in an unplanned increase to the deficit for 2020-21 attributing to Covid-19.

The Chair sought clarity on the governance arrangements for the planned care recovery programme. G. Robinson confirmed that a full outline of the governance arrangements would be contained within the report before submission to WG and the reporting process of this would be monitored via Management Board. However, a section could be added to the Performance Dashboard report for the benefit of this Committee.

P. Roseblade expressed concerns that there did not appear to be any allocation contained within the plan for funding for ophthalmology. S. Webster advised that this would be utilised out of the £16.8m that had been allocated from WG. G. Robinson added that there was a specific focus on ophthalmology as a whole and all areas of ophthalmology would be included as well as a large investment into cataract.

I. Wells welcomed the plan on a page as a clear and accessible document for the public and suggested that the format could be further improved with some graphic designing. L. Prosser advised that they would look to take this suggestion forward.

K. Nnoaham commented that the option of re-opening Ysbyty Seren and not de-commissioning should be considered, even though the number of Covid-19 hospital admissions remained low they were increasing in England and Scotland. The relationship between cases, hospitalisations and deaths had changed however, exponential growth in cases would produce an exponential growth in hospital admissions and hospitalisations from the delta variant may have been masked by larger decreases in the alpha variant. L. Prosser confirmed that the site was available and funded until the end of March 2022, the suggestion was to plan to delay the de-commissioning from November-December 2021 until March 2022

but not to re-open. S. Webster advised that £5m had been allocated for this.

Resolution: The Committee **APPROVED** the updated Annual Plan for submission to Welsh Government and **NOTED** that further updates were expected prior to submission (as described in section 3.2), but these would not fundamentally alter the Plan and would require Executive approval.

Action: A section on the governance arrangements for the plan to be included in the Performance Dashboard Report for future meetings.

Action: Consideration to be given to add some graphic design to the plan on a page.

5.0 PERFORMANCE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

The Committee received a summary update on performance against a number of key quality and performance indicators.

L. Prosser advised Members that the graph showing the data for Child and Adult Mental Health Services (CAMHS) was incorrect and that the correct graph would be circulated to Members outside of the meeting.

N. Milligan commented that Neurodevelopment assessments had dropped slightly again and advised that there had been a discussion in the Planned Care Recovery Group meeting of exploring wider external support such as Halcyon for patients whilst waiting. G. Robinson advised that only Bridgend Integrated Locality Group (ILG) were using Halcyon, however, a package of support had been requested for children waiting to be seen. Discussions were also taking place with local authority partners in education and children's services in relation to integrated pathways to provide further support to families. He added that he would look into the detail of this outside of the meeting and further respond back.

N. Milligan queried why part 1A adult mental health had dropped to 47 percent compliance. G. Robinson advised that a recovery plan was being developed and would be shared once finalised.

N. Milligan queried the drop in the sepsis bundle compliance of inpatients within a month to 42.5 per cent compliance and asked what actions were in place. G. Robinson advised that there had

been data issues with sepsis and a refreshed data set would be shared with members outside of the Committee.

I. Wells sought clarity on why the numbers for pressure ulcers were decreasing and queried whether this was as a result of the Whiteboard Project. G. Robinson advised that it was unclear if it was attributed to the project, however, there had been an increased focus from the ILGs on the quality agenda as one of their key metrics. G. Robinson confirmed that he would explore this further to consider if there was anything specific for the numbers decreasing and would report back.

I. Wells queried why Accident and Emergency (A&E) waits, and Ambulance Handover times were increasing. He also queried that Risk 4090 in relation to this contained on the Risk Register did not have any detail in the action plan as to assurance that the risk was being managed. G. Robinson advised that the last three days had been the busiest since the Covid-19 pandemic with 600 admissions compared to 400 back in March 2021. Admissions remained at about 90 per day, per site, however, there were patients now accessing Emergency Departments where they previously would have accessed them elsewhere which was resulting in waits and delays with handovers. The unscheduled care improvement programme was working to manage those risks with the ultimate drive to reduce ambulance handover waits.

C. Hamblyn advised that with regard to the query raised on the Risk Register, the risks on "Failure to Achieve the 4 and 12 Hour Emergency Waiting Times Targets" had recently been reviewed and had been amalgamated into a new Risk 4458 – "Failure to Deliver Emergency Department Metrics (including 15 Minute Handover and 4 and 12 hour breaches) and had been assigned to the Quality & Safety Committee. The Risk was currently rated as 16 and would be circulated to Members outside of the meeting for information.

P. Roseblade queried the table on page 9 and the huge variation in relation to stroke and asked whether the Chair would give consent to the Committee receiving an individual update on stroke compliance and in particular, patients moving to an acute ward within four hours. F. Jenkins advised that the Population Health & Partnerships Committee and Quality & Safety Committee had recently received an update on stroke. Arising out of those discussions was a recommendation of the development of an action plan and work on this was underway. The period reflected in the dashboard was during the full pandemic where there were no stroke wards available due to them being utilised to accommodate Covid patients that was similar across Wales. It was now beginning to

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have an upturn and meetings were being held across the organisation with the Planning and Operations teams looking at the longer-term plan. It was agreed that a report would be brought back to the August meeting.

P. Roseblade queried the compliance of targets for Cwm Taf Morgannwg (CTM) patients commissioned by the Welsh Health Specialised Services Committee (WHSSC) and advised that the governance element of this target was monitored by the Audit and Risk Committee but not the performance element. G. Robinson offered the opportunity to have a more in-depth conversation about this outside of the meeting. L. Prosser advised that she would ask the team to look at the data available to ascertain if it was just for CTM patients or all patients.

I Wells advised Members that he was now the Health Board representative on WHSSC.

Resolution: The report was **NOTED**.

- Action: The correct graph for CAMHS would be circulated to Members outside of the meeting.
- Action: Detail of the discussions on the provision of wider external support for Neurodevelopment patients to be looked into and respond back.
- Action: Recovery Plan for Part 1A Adult Mental Health to be shared with Members once finalised.
- Action: Refreshed data set for Sepsis to be shared with Members outside of the meeting.
- Action: A review of the pressure ulcers decreasing will be undertaken to ascertain if there was anything specific resulting in this and report back.
- Action: The new amalgamated Risk 4458 "Failure to Deliver Emergency Department Metrics (including 15 Minute Handover and 4 and 12 hour breaches) will be circulated to Members.
- Action: Stroke update report to be brought to the August Meeting of the Committee and added to the Forward Plan.
- Action: Performance Team to review WHSSC data available to ascertain if it was for CTM patients only or for all patients.

5.2.0 ORGANISATIONAL RISK REGISTER

C. Hamblyn presented the report that outlined the high-level organisational risks that had been assigned to the Committee, and highlighted the management actions being taken to manage or mitigate these high-level risks.

P. Roseblade queried why the target for the ILGs to rationalise and standardise the Clinical Service Group registers was set for October 2021 which seemed quite a long way ahead. C. Hamblyn advised that due to operational pressures on the ILGs in responding to Covid-19 activity as well as the new operating system, the date was set to allow a realistic timeframe. C. Hamblyn commented that meetings were held monthly with locality Heads of Quality & Safety and monthly training sessions were being held on Risk Management and Awareness. C. Hamblyn stressed that it was important for the Committee to note that the ILGs have triaged and escalated their highest risks. G. Robinson re-iterated that all ILGs were reviewing their risks by August 2021 with a second iteration in October 2021.

P. Roseblade queried the amalgamation of the 4 and 12 hour waits with the 15 minute handover delay into a new risk and commented that the actions for the waits and the handovers were quite different, were monitored externally very differently and therefore were not appropriate to be amalgamated. G. Robinson advised that there had been an absence of a consolidated approach in relation to the whole of the pathway for unscheduled care and considered it appropriate that the risks were consolidated. P. Roseblade noted that she disagreed as considered that the risks were intrinsically different. G. Robinson confirmed he would be review the risk entries and consider the separation in light of the feedback from P. Roseblade.

P. Roseblade queried why Risk 4285 on the Remat System had been removed from the Risk Register. C. Hamblyn advised that following the last meeting, discussions had been held with facilities colleagues and it had been agreed to de-escalate the Risk. An update was included on the action log as to the rationale for closure. C. Hamblyn advised that she would seek a further update from facilities colleagues and would report back to Members outside of the meeting.

Resolution: The report was **NOTED**.

Action: Further update to be sought with Facilities colleagues on Risk 4285 and provide feedback to Members outside of the meeting.

5.3.0 CAMHS INTERNAL ENHANCED SPECIAL MEASURES UPDATE

C. Verrecchia and K. Burton presented the report.

I Wells queried whether the issues had arisen due to underfunding or the way the service had been managed. C. Verrecchia advised that it had been recognised that there were issues with the management of the service but also issues with culture and gaps in staffing which were long standing issues which were now being addressed with a significant amount of Organisational Development work and an external psychologist working with staff.

K. Burton advised that the issues were different within the three locality areas and how the service was being run on a day-to-day basis. Pathway improvement work was now being undertaken along with re-modelling of the service.

I Wells queried why there were problems in recruiting staff. K. Burton advised that CAMHS was a very small part of mental health, and whilst they had received funding it was difficult as everyone else in Wales was also trying to recruit from the same small pool of staff.

The Chair commented that capacity was mentioned throughout the whole of the report and queried that if this was a significant problem does it mean that capability was also a problem. K. Burton advised that demand had increased significantly since the schools re-opened with some children finding it difficult at home and others having issues with the return to school. Even with the additional resources provided it was difficult to see all patients referred in a timely manner. The Chair asked for assurance that the service being provided was safe. K. Burton advised that there were inherent risks with national patient flow issues and access to low secure beds which then filters down into the whole of the service as well as the community.

N. Milligan commented that she was pleased to see the whole schools approach to funding and building resilience on identifying earlier and queried whether the service was linking in with all external projects and initiatives. K. Burton advised that a meeting was held on the 21st June with colleagues in education and social services looking at what was a huge complex and rapidly growing landscape and whether it was overwhelming the system with too many initiatives all at once and the whole schools approach in terms of strategy.

C. Verrecchia advised that there was still lots of work to do and agreed to present a further progress report in three months' time.

Resolution: The Committee **NOTED** the performance progress being made with the Interim enhanced management team support.

Action: To receive a further update at the October meeting.

6.0 FINANCE

6.1.0 MONTH 2 FINANCE REPORT

S. Webster presented the report that highlighted the key messages in relation to the current month, year to date and forecast year-end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 2.

P. Roseblade queried whether the timing issues for the in-month overspend for the month 1 monitoring returns had been resolved.

S. Webster advised that this had been due to spending increases that had been agreed but had not been funded internally, the biggest one being the transformation fund.

P. Roseblade queried if the ILGs bottom up savings plans were now coming to fruition and whether they would start to see actions on the plans for month 3. S. Webster advised that the ILGs had now received an increased budget which could convert into non-recurrent savings. The savings plans were quite variable with Bridgend ILG the highest. The ILGs had been asked to undertake a comparison amongst themselves in order to achieve a more consistent level of planning and response on savings targets across the three ILGs.

Resolution: The report was **NOTED**.

7.0.0 OTHER MATTERS

7.1.0 HIGHLIGHT REPORT TO BOARD

Resolution: The Committee **AGREED** that the report would be prepared by the Governance Team following the meeting.

7.2.0 FORWARD WORK PLAN

Resolution: The Committee **NOTED** the Forward Work Plan.

7.3.0 ANY OTHER URGENT BUSINESS

The Chair advised Members that it would be remiss not to mention that this was the last meeting for S. Webster prior to his retirement in August 2021. The Chair paid tribute and extended his thanks and best wishes for a long and happy retirement. Members reiterated the Chairs comments.

7.4.0 CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The next meeting of the Committee was scheduled to be held on 24 August 2021 at 2:00 pm.

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