

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
18 OCTOBER 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
Carolyn Donoghue	-	Independent Member

IN ATTENDANCE

Paul Dalton	-	NWSSP – Internal Audit & Assurance
Sara Utley	-	Audit Wales
Linda Prosser	-	Executive Director of Strategy & Transformation
Gareth Robinson	-	Chief Operating Officer (Interim)
Fiona Jenkins	-	Executive Director of Therapies & Health Science
Sally May	-	Executive Director of Finance & Procurement
Anthony Gibson	-	Director, Bridgend Integrated Locality Group (ILG)
Sarah Bradley	-	Assistant Director for Primary Care
Jane Armstrong	-	GP & Clinical Director for Primary Care
Christopher Coslett	-	Ophthalmology Quality Improvement Manager, Bridgend ILG
Kate Burton	-	CAMH Service Manager
Wendy Penrhyn-Jones	-	Head of Corporate Governance & Board Business
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Kate Burton, Child & Adult Mental Health Services (CAMHS) Manager and Anthony Gibson, Director, Bridgend ILG who were in attendance for agenda item 5.4, Christopher Coslett, Ophthalmology Quality &

Improvement Manager, for agenda item 5.3 and Dr Jane Armstrong, for agenda item 6.1.

The Chair advised the Committee of the sad passing of Councillor Philip White, Independent Member, and paid tribute to him as a valued colleague and for the contribution that he had made as a Board Member and Member of the PPF Committee. Members of the Committee expressed their deepest condolences to his family.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Georgina Galletly and Cally Hamblyn.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

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 24 AUGUST 2021

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

2.2 FOR NOTING

2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Month 5 Monitoring Returns were **NOTED**.

2.2.1 COMMITTEE SELF EFFECTIVENESS OUTCOME AND IMPROVEMENT PLAN

Resolution: The Report was **NOTED** and the Committee **AGREED** that the actions set out in the report accurately reflect the further improvements needed in response to the analysis of the survey.

2.2.2 ACTION LOG

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

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.

There was none.

4.0 GOVERNANCE

4.1.0 ORGANISATIONAL RISK REGISTER

W. Penrhyn-Jones 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 referred to risk 4060 – Failure to Remain in Financial Balance for 2021-22 S. May advised that funding had now been confirmed plus additional investment for planned care recovery. As a consequence the risk had reduced and therefore was not included on the register as a high level risk.

P. Roseblade referred to risk 4772 – Laundry and Software Upgrade and queried if the funding was not going to be received how this would be provided internally. G. Robinson advised that he would query this matter outside of the meeting as there had been some issues with the software.

I Wells referred to risk 4768 - Replacement of press tank on the 13 stage CBW Press which referred to a timescale of 26th October 2021 and asked if there was any update. S. May confirmed that the additional bid for recovery money had allowed for the update to the software in relation to the laundry and the detail on this would be provided outside of the meeting.

C. Donoghue advised that there were risks contained on the register requiring updates due to delivery dates having slipped and that there were various risks that referred to reputational damage as opposed to the risk to patient care. With regard to risks where there was no change in status, C. Donoghue stated that further narrative was required to understand this further. It was suggested that this could be explored at the Board Development Session being held on Risk Appetite on the 21 October 2021.

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The Chair queried if it was normal practice for the risk register to note that there had been no changes to the content of the register.

W. Penrhyn-Jones advised that the comments and queries raised at the meeting today would be fed back to the Assistant Director of Governance and Risk outside of the meeting.

Resolution: The report was **NOTED**.

Action: Software issues in relation to Laundry to be queried outside of meeting.

Action: Comments and queries in relation to the risk register to be raised with the Assistant Director of Governance and Risk outside of the meeting.

5.0 IMPROVING CARE

5.1.0 OPHTHALMOLOGY PERFORMANCE IMPROVEMENT

G. Robinson and A. Gibson presented the report which provided an update on the actions being taken to address the Ophthalmology waiting list position within Cwm Taf Morgannwg (CTM).

P. Roseblade thanked the team for the further update from the previous meeting which had addressed various questions. Reference was made to paragraph 1.14 and the updated guidance from Public Health Wales that had recently been received. P Roseblade queried the length of time it would take for the health board to interpret this in terms of pre Covid-19 levels actually being introduced. A. Gibson advised that patients on a 'green' pathway could be restored fairly easily but there was no date at present on expectations of when this would return if the health board were still continuing to see high rates of Covid-19 within the community. Currently the health board were running at an average of 70 per cent of clinics due to reduced clinic space.

G. Robinson advised that this was a problem for all specialties and there had been a recent discussion with the Executive Team on work being undertaken on aiming to deliver a more balanced service. Further pre Covid-19 guidance and a further update had been received four weeks ago. Risk assessing patients including those who were vulnerable to bring into a healthcare environment was the primary factor. This was constantly under review with the Chief Nursing Officer.

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P. Roseblade referred to consultant waiting lists and queried if the issues in providing additional lists would change and whether the Royal College verbal feedback was consistent with the plans outlined in the report. A. Gibson advised that the verbal feedback from the Royal College was consistent with the plans.

I. Wells referred to the graphs contained on page 14 of the report and the interventions in terms of moving forward. The outpatient waiting list trajectory was still increasing and was of a concern as it had started from a difficult position and queried if there was something that could be done to improve upon this. A. Gibson advised that the scale of the demand should not be underestimated and was very challenging. The schemes that had already been committed to do were contained within the improvement plan but there were a lot of other schemes such as the Care Share which would free-up additional capacity. He confirmed that a realistic approach was being taken to the trajectories and that these were being updated on a regular basis and would be reported back to the Committee.

C. Donoghue referred to paragraph 1.16 and the loss of elective capacity theatre lists per week at Prince Charles Hospital (PCH) for Ophthalmology and queried whether this was a temporary or permanent arrangement and also whether there was work underway to tackle the high do not attend (DNA) rates. A. Gibson advised that the issues at PCH were due to a combination of environment and staffing due to Covid-19 shielding staff and work was underway across the three Integrated Locality Groups (ILGs) to ensure quality of access for patients across the health board with capacity being used for patients where it was required. There was no clear timescale to bring this back on track due to the current Covid-19 situation. With regard to the DNA rates, there were initiatives in place to remind patients which were issued via text. He advised that the rates could be included within the next report to the Committee.

Resolution: The Committee **NOTED** the report.

Action: DNA rates to be included within future reports to the Committee.

5.1.1 Child and Adult Mental Health Service (CAMHS) PERFORMANCE IMPROVEMENT

A. Gibson and K. Burton presented the report that providing an update on the performance progress being made with the Interim enhanced management team support.

N. Milligan queried the performance percentage rates which were showing different rates on the dashboard and the matrix. K. Burton advised that part 1a for secondary CAMHS was different as 80 per cent of patients were required to be seen within 28 days and was calculated across the whole of the waiting list whilst the other target did not. There were discussions ongoing with Welsh Government with regard to merging the two lists. K. Burton confirmed that the health board were seeing those patients who were at the most risk within four weeks.

G. Robinson advised that this was the same for cancer patients in that the longest patient was treated first, making it appear that the target was not being met. Some internal work had been undertaken on understanding the median wait time which would provide greater clarity and there was an average wait of three weeks for those patients.

A Gibson provided the Committee with reassurance on how much work had been undertaken to manage referrals and a single point of access which was assuring clinical priority. The service was recruiting fifteen more staff, working with partner agencies such as the local authority and the voluntary sector. Patients were now being offered additional resources, advice and support as well as free access to online counselling on the point of referral.

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

5.1.2 OVERVIEW OF WINTER RESPONSE PLANNING

L. Prosser provided the Committee with a verbal update.

The Committee **NOTED** that there had been no formal Welsh Government requirement for winter plans as would normally be expected. The Committee were advised that an internal CTM operational process was being developed and would be circulated to members once finalised.

C. Donoghue queried whether the plans included input from the local authorities and the Welsh Ambulance Services NHS Trust (WAST). L. Prosser advised that the guidance issued had been only for health boards G. Robinson advised that the health board were working closely with WAST and with ILG teams and the local authorities so the absence of a national guidance would not really affect this.

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The Committee **NOTED** that a further update report would be received at the next meeting and the plan would be circulated to the Committee outside of the meeting, once finalised.

Resolution: The Committee **NOTED** the verbal update.

Action: To circulate the Plan to Members of the Committee once finalised.

5.1.3 INTEGRATED PERFORMANCE DASHBOARD

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

The Committee **NOTED** that the Performance Dashboard had been presented to the Health Board on 30 September 2021. The latest iteration of the report was currently being quality assured and would be circulated to members as soon as possible following the meeting.

P. Roseblade advised that the ambulance handover times were still showing as one hour and not 15 minutes and this should be amended. It was confirmed that it had been requested for future reports that both the one hour and 15 minute waits would be included.

P. Roseblade referred to page 7 and advised that the trajectory for the reductions in bed sores were indicating a 50% reduction but there was no baseline to follow. G. Robinson advised that the baseline would be added for future reports.

P. Roseblade queried the cancer waiting times and advised that it would be helpful to see some contextual narrative. G. Robinson advised that the cancer business unit produced a monthly performance report and this detail could be included within the performance report.

N. Milligan asked for an update on the sepsis work. G. Robinson advised that this had been discussed at the Health Board Meeting in September 2021 and the ILGs were now recording the sepsis six bundles as part of their monthly reviews and this would remain as a standard item and would be reported via the Quality & Safety Committee moving forward.

N. Milligan referred to page 16 and asked for an update on the recruitment of paediatric nurses. She commented that the new Nurse Staffing Act came into being on the 1 October 2021 and referred to the Royal College of Paediatrics Standards that states

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that nurses in emergency departments were required to meet standards and compliance of that Act. She queried how the health board would ensure that those competencies were met, particularly with the rotating of staff. G. Robinson advised that paediatric staffing was a challenge and that the ILGs had made some immediate make safes with regard to recruitment. The PCH Improvement Board would be meeting tomorrow where the rotation of staff would be discussed. Currently an entire review of the paediatric staffing and the relations between the emergency department was being undertaken and it was hoped that the new model would find a longer term solution for the site as a whole.

I. Wells referred to the quadruple aims table on page 4 and the presentations for suspected stroke which had decreased from 21 to 15.2 percent. G. Robinson advised that work was ongoing and the position was being managed on a daily basis and regular updates would be brought back to the Committee.

I. Wells referred to page 5 of the report and queried why the hip fractures for the over 70's had dropped to a very low level. G. Robinson advised that it had originally been thought it was a data issue and confirmed that he would look into this and review the data outside of the meeting.

The Chair requested that the latest version of the Integrated Performance Dashboard be circulated to Committee Members once it had been signed off and if Members had any questions to raise they should do so via the meeting Secretariat.

G. Robinson advised that if Members wished to raise any points of clarity regarding the report content he would be more than happy to respond. .

Resolution: The report was **NOTED**

Action: To be included in future reports: One hour and 15 minute ambulance handover waits; baseline and narratives where applicable to be added.

Action: Data on hip fractures to be reviewed outside of the meeting.

Action: Latest iteration of the Integrated Performance Dashboard be circulated to Committee Members once it had been signed off and if Members had any questions to raise they should do so via the meeting Secretariat.

6.0 CREATING HEALTH

6.1.0 ACCESS TO GP PRACTICES

S. Bradley and J. Armstrong presented the report that provided an update on the ongoing work to improve upon access to GP Practices.

C Donoghue commented that the work was encouraging, however, there was a huge discrepancy in terms of patient perception that GP Practices were closed and asked how this was being counteracted. S. Bradley advised that the Primary Care team were in regular dialogue with the CTMUHB Communications Team in getting the messages out into the community on a weekly basis. There were plans to work with the media such as HTV and Wales on line to undertake a 'day in the life' programme and article using two practices to demonstrate how services were being delivered.

P. Roseblade referred to the Out-of-Hours Service and the percentage that the 111 service handled was 58% and queried whether that should be higher. S. Bradley confirmed that it was higher than originally predicated but that the figure fluctuated at certain times of the month. There was some work to be undertaken with the 111 team to ensure that details relayed to the call centre was robust and governed, the 111 implementation plan, in which the Welsh Ambulance Services NHS Trust (WAST) were also involved was continuing to be rolled-out.

J. Armstrong advised that CTM had seen the best rota fills over the last few months and many mitigations had been put through with four new GPs, which would help with some of the pressures. S. Bradley advised that they were testing a new model with eight GPs from the GP Commissioning Group who were providing cover for the weekend. There had been some problems in shift fills for the Royal Glamorgan Hospital (RGH) as part of the old model, however, an evaluation of the consortium approach in Prince Charles Hospital had been completed to see whether there was value in rolling this out across the whole of CTMUHB. S. Bradley also advised that the Bridgend Out-of-Hours service previously provided by Swansea Bay had now transferred over to CTMUHB as of 14 September 2021.

N. Milligan referred to page 9 and the data with regard to e-consult and queried whether there was any benchmarking to review the percentages of patients that engaged with a GP face-to-face pre Covid-19 pandemic in comparison to current percentages. S. Bradley advised that e-consult had been introduced as an alternative means and patients were still able to have phone and

face-to-face consultations with their GP. With regard to the benchmarking data, an Out-of-Hours dashboard had recently been developed and the sentinel data would be reviewed for face-to-face, out-of-hours etc. which would help to triangulate into a clearer picture.

I Wells queried if there was any feedback from patients and GPs about the new systems. S. Bradley advised that the Community Health Council (CHC) had recently undertaken an assessment of e-consult that had been positive. However, GPs were struggling to manage the demand that this was creating. It was noted GPs had been very flexible quickly adapting to these new systems

With regard to accessing GPs, J. Armstrong advised that Welsh Government had provided guidance for patients and in CTMUHB a booklet was to be developed to be sent out to every patient to explain about the different services available to them.

N. Milligan advised that some patients are unable to read and that this should be taken into account when considering communications to patients.

The Chair thanked S. Bradley and J. Armstrong for the report and advised that it would be helpful to receive a further update at a future meeting.

Resolution: The Committee **NOTED** the report.

7.0 SUSTAINING OUR FUTURE

7.1.0 MONTH 5 FINANCE REPORT AND ORAL UPDATE ON MONTH 6

S. May presented the report that highlighted the key messages in relation to the current month, year to date and forecast year-end financial position of CTMUHB as at Month 5 and provided a verbal update the month 6 which was showing an improved forecast breakeven for the year.

P. Roseblade commented that it was good that Welsh Government had confirmed the funding allocation prior to Christmas and that it was ring-fenced for stroke, ophthalmology and cancer. With regard to the additional funding from Powys of £1.5m confirmation was sought as to whether this was recurrent. S. May advised that it had not been confirmed as yet and there may need to be a negotiated

settlement and this had been included in the budget for overall spend for Merthyr and Cynon ILG.

S. May advised that in terms of the underlying position, this was significantly worse than the in-year position and would prove to be challenging and it had been agreed to build financial recovery into the Integrated Medium Term Plan (IMTP).

Resolution: The report was **NOTED**.

8.0.0 OTHER MATTERS

8.1.0 HIGHLIGHT REPORT TO BOARD

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

8.2.0 FORWARD WORK PLAN

The Chair asked Members of the Committee if they had any items that they would like to include for future meetings to let the Governance Team know.

W. Penrhyn-Jones advised that the risk register would now be included for discussion at future agenda planning meetings to ensure that agendas were risk-driven.

N. Milligan suggested that it would be good to receive a report on mitigating the risks with regard to paediatric nurses rotation and the emergency department to the December 2021 meeting.

The Chair also suggested that the Committee receive a further update in February 2021 on Access to GP Services.

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

8.3.0 ANY OTHER URGENT BUSINESS

There was none.

8.4.0 HOW DID WE DO TODAY?

A discussion was held to evaluate the meeting. The following responses were provided:

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- The Committee were supportive and understood the point that they do not expect report presenters to have all the answers at the meeting. .
- The Committee felt that they had discussed a lot of detail with regard to performance, primary care and finance which had provided them with a clear line of sight.
- Attendance by the ILG representative for the CAMHS compliance was very helpful and added context to the meeting.
- The Committee felt that with regard to the risk register, risk appetite would be further explored at the forthcoming Board Development Session

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

The next meeting of the Committee was scheduled to be held on 21 December 2021 at 2:00 pm.

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