

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
22 FEBRUARY 2022, AS A VIRTUAL MEETING WHICH WAS
HELD VIA MICROSOFT TEAMS**

PRESENT

Mel Jehu	-	Independent Member (Chair)
Nicola Milligan	-	Independent Member
Carolyn Donoghue	-	Independent Member

IN ATTENDANCE

Linda Prosser	-	Executive Director of Strategy & Transformation (in-part)
Sally May	-	Executive Director of Finance & Procurement
Cally Hamblyn	-	Assistant Director of Governance & Risk
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting and advised that following the recent standing down of Committees in regard to the Covid-19 response, the meeting had been recalled with a streamlined agenda in order for the Committee to be updated on any urgent matters. The Chair advised Members that due to current business continuity pressures the Deputy Chief Operating Officer was unable to attend to present the agenda item on the Planned Care Recovery Programme and advised that this item would be deferred and a further meeting would be arranged to enable the Committee to have scrutiny and assurance on the report.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Georgina Galletly, Director of Corporate Governance, Gareth Robinson, Chief Operating Officer, Ian Wells, Independent Member, Patsy Roseblade, Independent Member and Geraint Hopkins, Independent Member. As previously stated apologies had also been received from Sarah James, Deputy Chief Operating Officer.

The Chair expressed his deepest condolences to Patsy Roseblade on her recent family bereavement.

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 21 DECEMBER 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 9 and 10 Monitoring Returns were **NOTED**.

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

C. Hamblyn presented the report that outlined the high-level organisational risks that had been assigned to the Committee, and

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highlighted the management actions being taken to manage or mitigate these high-level risks.

Members **NOTED** that the risk management training was very well attended with dedicated sessions provided to community nursing and also risk mitigation was being re-visited with the Patient Care and Safety Team.

A Board Development session would be held on the 23 February 2022 on the Board Assurance Framework which once implemented would further support the Health Board on its risk improvement journey and risk maturity.

Members were advised that an update on Risk 4149 Child & Adult Mental Health Services (CAMHS) had been issued via email to Board Members this week.

C. Donoghue commented that she welcomed the on-going training and recognised that sometimes the logistics and timings for securing updates on risks were out of sync. However, she expressed her concern that some of the dates were outdated and that the narrative should be changed from “no further update” as it was not clear what mitigations were in place. C. Hamblyn advised that this was an area of continued improvement and hopefully updates would be received in a more timely manner in future.

M. Jehu queried whether the Mental Health Act Monitoring Committee would wish to be sighted on Mental Health related risks that were assigned to the Quality & Safety Committee and referred to risk 4149 – Failure to Sustain Child and Adolescent Mental Health Services (CAMHS). C. Hamblyn advised that the risk was more relevant to the Quality and Safety Committee as the Mental Health Act Monitoring Committee’s remit was to monitor the legislation around the Mental Health Act and not to oversee the operational side of Mental Health. All Members of the Committee would be aware of the risk as the risk register was received by the Board. However, she advised that the risks could be shared with the Committee as a standing agenda item moving forward and this could be taken forward as an action for their next meeting.

Resolution: The report was **NOTED**.

Action: Mental Health Act Monitoring Committee to consider whether they wished to be sighted on mental health related risks at their future meetings.

SUSTAINING OUR FUTURE

5.1.0 MONTH 10 FINANCE REPORT

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 10.

C. Donoghue referred to the capital spend and queried whether the £30m allocated was likely to be spent for this financial year. S. May advised that the team were working very carefully to try to balance and deliver this, however, there were difficulties being experienced in securing contractors for some of the estates work.

C. Donoghue referred to the transfer of Rheumatology and queried whether it was with regard to the Bridgend transition. S. May advised that it was, the service had been disaggregated between Cwm Taf Morgannwg (CTM) and Swansea Bay UHB and was suffering from the withdrawal of activity. There would be some additional funding from Welsh Government for next which should help to manage this better.

M. Jehu referred to the overspend on pages 8 and 9 and queried whether there were any that required a further focus on to insure astute prudent financial management. S. May advised that the Integrated Locality Groups (ILGs) overspend was significant, however, the organisation would now be reverting back to business as usual and performance meetings were being held with the ILGs and also re-establishing the cross cutting groups which were overseen by an Executive Lead and further conversations being held on holding to account those programmes of work.

15.30 pm L. Prosser joined the meeting.

S. May advised that there was a requirement for more focus on the value agendas and what low value things could be stepped away from. She advised that the Value Based Healthcare Programme was now in place and an allocation was going forward for next year looking at a project to support that and deliver better value for the population.

M. Jehu commented that this was a transition period with new Executive Directors and Independent Members and that they had not as yet met face to face to understand the pressures and vision alongside the understanding that the ILGs were still on a learning curve of where they need to get to.

C. Hamblyn advised that a venue for the Board Development Session on the 9th March 2021 had been secured and the details of that had just been issued to ask members to confirm if they were able to join in person or via Teams. She confirmed that she would discuss with the Director of Corporate Governance as to whether a future face to face Board Development session could be used to take Board Members through the framework of how and when Board Members are involved in difficult decisions and the challenging choices and decisions that are having to be made in the service.

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

Action: Discussion to be held outside of meeting with the Director of Corporate Governance/Board Secretary as to whether a future face to face Board Development session could be used to take Board Members through the framework of how and when Board Members are involved in difficult decisions and the challenging choices and decisions that are having to be made in the service.

6.0 IMPROVING CARE

6.1.0 INTEGRATED PERFORMANCE DASHBOARD

L. Prosser presented the report that provided the Committee with a summary update on performance against a number of key quality and performance indicators.

C. Donoghue referred to the information with regard to pressure damage and raised concern that it was increasing in all aspects and was having a particular focus on this at Quality and Safety Committee.

C. Donoghue queried the “never event” and asked for further information to be provided on this. C. Hamblyn advised that there were Nationally Reportable Incidents (NRI) in which the NHS Delivery Unit receive reports from the health board on incidents that meet its criteria. All other significant events within the health board were reported to the central Patient Safety Team as Locally Reportable Incidents (LRI) and these, along with the never events were reviewed on a weekly basis at the Executive Leadership Group and also reported via the Quality & Safety Committee bi-monthly as part of the Quality Dashboard.

N. Milligan referred to the “Sepsis Six” bundle query that she had raised at the last meeting and commented that there still did not seem to be any improvements being made. L. Prosser advised that

this was a matter for the Quality & Safety Committee to review. C. Hamblyn advised that the Committee could make a referral to the Committee to consider but would need to be clear about what they were referring. N. Milligan confirmed that it was in relation to issues with the lack of data available on the percentage of patients with a positive Sepsis screening who received all elements of the "Sepsis Six" bundle of care within one hour of a positive screening. The reason for the referral would be an update on the improvement action being taken and the limited updates. C. Hamblyn advised that a Committee referral to the Quality & Safety Committee would be made..

M. Jehu referred to the meeting that the Board had held on the work with Barbara Busby with regard to the equity of services across ILGs based on the current model and what that meant in terms of the equity of services provided to the population, and queried when Members would receive the feedback from that session and on how the activity was progressing. C. Hamblyn advised that she would pick this up as an action outside of the meeting and would report back to the Committee. M. Jehu asked if the feedback could be provided to all Independent Members and not just the Members of the PPF Committee.

Resolution: The report was **NOTED**

Action: Committee Referral to be made to the Quality & Safety Committee on the "Sepsis Six" bundle data.

Action: To provide feedback to the Board on the session held in regard to equity of services across the ILGs based on the current model.

6.1.2 **UPDATE – DELIVERY OF PLANNED ELECTIVE CARE RECOVERY PROGRAMME**

Due to operational pressures with business continuity, apologies had been received from the Deputy Chief Operating Officer. Members agreed to defer the report and seek an additional date for the Committee to reconvene to receive the report prior to the end of March 2022.

Resolution: The Committee **AGREED** to defer the report.

Action: Additional date be sought for a reconvened meeting of the Committee to receive this agenda item prior to the end of March 2022.

6.1.3 DEVELOPMENT OF THE INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25

Linda Prosser presented the report and provided a presentation to the Committee on the progress with regard to the development of the Integrated Medium Term Plan for 2022-25.

N. Milligan commented that it was disappointing that there was no focus on retention of staff and wellbeing. L. Prosser advised that there would be an approach to retention even though it was not a ministerial priority. N. Milligan referred to the good work being undertaken in England and suggested that this was looked into.

Members **NOTED** that there would be a full Board Development Session held on the 23 February 2022 to discuss the IMTP in full and whether a balanced plan was going to be achieved.

Resolved: 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

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.

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

7.3.0 ANY OTHER URGENT BUSINESS

There was none.

7.4.0 HOW DID WE DO TODAY?

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

- The Committee felt that the meeting had considered the values and maintained a strategic focus in general.

- The Committee thought that the meeting had been mostly strategic but had slightly delved into a few operational issues.

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

A date would be sought to reconvene the Committee to receive the Agenda item on the Elective Care Recovery Programme.

The next full meeting of the Committee was scheduled to be held on the 26 April 2022 at 2:00 pm.

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