

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE  
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON  
28 FEBRUARY 2023, AS A VIRTUAL MEETING WHICH WAS  
HELD VIA MICROSOFT TEAMS**

**PRESENT**

Mel Jehu	-	Independent Member (Chair)
Nicola Milligan	-	Independent Member
Carolyn Donoghue	-	Independent Member
Ian Wells	-	Independent Member
Jayne Sadgrove	-	Health Board Vice Chair

**IN ATTENDANCE**

Linda Prosser	-	Executive Director of Strategy & Transformation
Sally May	-	Executive Director of Finance & Procurement
Sarah James	-	Deputy Chief Operating Officer (in-part)
Stuart Morris	-	Director of Digital
Hywel Daniel	-	Executive Director for People (in-part)
Dom Hurford	-	Executive Medical Director
Lauren Edwards Health Sciences	-	Executive Director of Therapies & Health Sciences
Cally Hamblyn	-	Assistant Director of Governance & Risk
Emma Samways	-	Internal Audit and Assurance (Observing – in-part)
Morgan Bartley-Edmonds	-	Internal Audit and Assurance (Observing – in-part)
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

**1.2.0 APOLOGIES FOR ABSENCE**

Apologies were received from Gethin Hughes, Chief Operating Officer and Patsy Roseblade, Independent Member.

**1.3.0 DECLARATIONS OF INTERESTS**

There were none declared.

**PART 2. CONSENT AGENDA**

**2.1 FOR APPROVAL**

**2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 25 OCTOBER 2022**

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

**2.1.2 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE IN COMMITTEE MEETING HELD ON 25 OCTOBER 2022**

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

**2.1.3 COMMITTEE ANNUAL CYCLE OF BUSINESS 2023-24**

Resolution: The Annual Cycle of Business for 2023-24 was **APPROVED**.

**2.2 FOR NOTING**

**2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT**

Resolution: The Committee **NOTED** the Monitoring Returns for Months 9 & 10.

**2.2.2 SPINAL SERVICES OPERATIONAL DELIVERY NETWORK**

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

**3.0 MAIN AGENDA**

**3.1.0 ACTION LOG**

The Action log was **RECEIVED**. The following queries were raised:

- Actions 5.1.0 and 5.2.0 – S. James would seek an update from the Chief Operating Officer outside of the meeting and would be shared with the Committee.

- Deep Dive for Mental Health – Confirmed that this was on Forward Plan for next meeting.

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

Action: S James to seek updates on Actions 5.1.0 and 5.2.0 outside of the meeting to then share with Committee.

### **3.2.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.**

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

I Wells referred to Risk 4491 which was assigned to the Planned Care Group and advised that this was due to be updated some time ago and requested an update. C. Hamblyn advised that she would pick this up with the Chief Operating Officer outside of the meeting.

C. Donoghue referred to the training and queried why the numbers did not seem to be increasing. C. Hamblyn advised that it had been a quiet period due to winter pressures but they had held a session last week with 10 people and there were 15-20 people booked on to the March session. She advised that these would continue to run throughout the year with awareness of the sessions being raised through staff communications. C Hamblyn confirmed that the training dates have been shared with the new Care Group Leadership teams in light of recent structure changes where a refresher session on risk might be helpful to colleagues new to roles.

C. Donoghue referred to paragraphs 3.1 and 3.2 and advised that there was a typographical error to the word 'assigned'.

C. Donoghue referred to Risk 4071 which noted that 104+ day harm review panels were paused on two sites and recruitment was underway for administration support to recommence, and asked if there was an update on this. C. Hamblyn advised that this was a question that also had been raised at Quality & Safety Committee

and she would share the update which she considered addressed this point.

Resolution: The report was **NOTED**.

Action: Query update on Risk 4491 with the Chief Operating Officer.

Action: Share the update on Risk 4071 outside of the meeting.

## **5.0 IMPROVING CARE**

### **5.1.0 TARGETED INTERVENTION AND IMPROVING CARE & PLANNED CARE AND CANCER DELIVERY PROGRAMME**

S. James provided a presentation to the Committee on the progress in relation to Targeted Intervention and Improving Care and the overall progress, challenges, risks and operational schemes in relation to the Elective Recovery Portfolio of work and the Cancer Recovery programme.

M. Jehu requested that future reports in this format include a cover paper to signpost members to the key areas of discussion. S. James recognised the concerns raised and confirmed that there would be an overarching report for future meetings.

C. Donoghue advised that this had provided an idea of the scale and challenges, as well as providing a level of assurance, however, she had noted on the Action Plan that there were no targets or completion dates and there were lots of acronyms that would need to be rectified to further improve the presentation of the report. S. James recognised the evolving nature of the report and welcomed the feedback which she will ensure is captured in future iterations.

I Wells referred to page 8 drawing attention to the item regarding the appointment of an additional consultant in March for Breast services and queried whether this was going ahead. S. James advised that it had gone to the Planned Care Recovery Board but required further information. S. James explained the approaches used to consider the application of the Planned Care Recovery Funds to ensure that value and effectiveness is achieved, she also provided some examples in relation to planned efficiencies.

S. May referred to the reporting chart on page 6 which outlined that the Executive Leadership Group reports to the Planning, Performance & Finance Committee and advised that this was not the case and they would need to review this in terms of the governance reporting framework.

S. May advised that the Planned Care Recovery Fund has recently been reviewed in light of the 2023-2024 position and what is achievable within current resources.

Resolution: The Report was **NOTED**.

Action: To ensure that an overarching cover report is received for future iterations of this item.

Action: Review the reporting for Executive Leadership Group on page 6 in terms of the governance reporting framework.

### **5.3.0 INTEGRATED PERFORMANCE DASHBOARD**

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

I Wells referred to stroke care and advised that there had been some 'quick wins' a while back and one of those was re-organising the way stroke patients had been managed when arriving at the Princess of Wales Hospital (PoW) and noted that he found it disappointing to see the figures and that there had not been much change despite this type of improvement. In response, L. Prosser advised that the data was only reporting to the end of December 2022 and suggested that L Edwards provide a further update.

L. Edwards advised that there was a clear plan to align the pathway and how patients were being managed. She advised that this would not be a quick win and was not straight forward and the ringfencing of the beds had also been challenging. A new Director of Urgent Care had now been appointed and would be looking at this and the immediate actions that they could do to manage this across the both sites.

D. Hurford, added that currently there were bed pressures and it was difficult to ringfence for a bed at the moment. He advised that the service had improved at PoW and this had been passed to the new Care Group to review and they would then share the data and what the plans would be at a future meeting of the Committee.

N. Milligan referred to Mental Health and in particular, neurodevelopmental services which were not performing very well and there had been a downward trend since April 2022 and queried what was being done to mitigate this. L. Prosser advised that there were two issues, one was that the Care Model was not ready for the number of referrals coming through and two, changes in

educational policy had led to increases in referrals coming through. Halcyon, (specialists in cognitive health) were providing support to families on the waiting list. Meanwhile the planning team had initiated a review of drivers of demand and are working with Cardiff University to analyse the referral data and with Welsh Government on policy development with a view to redesigning services to better meet actual need. Whilst additional resources continue to be deployed to increase capacity, the backlog would not be cleared until this work was completed.

N. Milligan advised that Halcyon provided excellent support for families, however, her concern was that lots of children waiting were suffering with their school education and it also had a wider impact on children with a possible ADHD assessment. She advised that this team from the moment they were set up already had 300 referrals presenting a challenge in terms of managing to address any backlog.

C. Donoghue noted that it was clear from discussions that there was a vast amount of activity ongoing to support the improvements needed to drive performance but these were not always reflected with clear timeframes when reported to the Committee which would help to provide better clarity. In response, D Hurford acknowledged this as an area where the Executive Team could strengthen in terms of updating the Board.

Resolution: The report was **NOTED**

### 5.4.0 SEPSIS COMPLIANCE PROGRESS REPORT

D. Hurford presented the report that provided the Committee with an overview of governance and activity across the Health Board in relation to the recognition, escalation and early treatment of Sepsis.

N. Milligan advised that they had been doing tremendous work on this and seeing good improvements, however, it was disappointing to see that there was no further funding to continue this work. She advised that the Princess of Wales Hospital had a different approach to the Royal Glamorgan and Prince Charles Hospitals and that there should be a standard approach across all three sites.

D. Hurford provided assurance that there was standardisation across the Health Board and the Care Groups had undertaken a significant amount of work in this area to date and work was underway recognising the need to formalise the supporting structure.

N. Milligan commented that she found the black line within the graph to be confusing in terms of the alignment to compliance. D. Hurford confirmed that this would be reviewed to ensure clarity prior to presentation to the Board.

I Wells referred to section 1.5, the death certificate tables that had shown the ages of death from Sepsis and advised that it would be useful to see some national comparators to see how the Health Board was performing across NHS Wales.

I Wells referred to paragraph 3.2.5 where it stated that there was an inability of clinical teams to visualise data collected around compliance and the need for Performance and Informatics resource time to develop a real-time dashboard for frontline staff, senior clinicians and governance groups. He queried what that meant and how they would find a way to do this. In response, S. Morris advised that they were looking at the performance report to reflect more clearly what areas needed to be escalated to the Committee. With regard to digitisation and development, as a skill set, it was recognised that this was limited in Cwm Taf Morgannwg (CTM) and that work was ongoing with academic partners to explore how this could be improved. He suggested that an item on digitisation would be received at a future meeting.

M. Jehu noted the good work that already been undertaken on this and extended his thanks on behalf of the Committee in relation to this.

Resolution: The report was **NOTED**

Action: To provide a report on Digitisation to a future meeting.

## **6.0 SUSTAINING OUR FUTURE**

### **6.1.0 MONTH 10 FINANCE REPORT & PERFORMANCE 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 the Health Board as at Month 10.

C. Donoghue referred to the variance in dental costs and queried whether that was a one off for this year. S. May advised that there were usually underspends against the dental allocation and these were normally retained until they had received an approved IMTP. However, for this year as the IMTP would not be approved it would prove difficult to retain and an inability to contract at the level of the ring fence which would mean that people would have difficulty in accessing dentists in the community.

M. Jehu referred to the underspend within the directorates and queried the support provided to ensure effective budget management. S. May advised that they would be ensuring that accountability letters would be issued to all budget holders from the Chief Executive who also holds the Executive Directors to account and this was discharged via the Chief of Staff who meets with each Director. She advised that this year they would be arranging budget meetings with each Care Group with the Chief Operating Officer holding them to account.

M. Jehu referred to the recent Audit Wales Report where it had stated that Estates were required to have greater scrutiny by the Committee. S. May advised that they did receive a report on this last year and would now schedule this in to the Cycle of Business and the Forward Work Plan for the Committee to receive quarterly reports.

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

Action: To schedule quarterly Estates Update Reports for the Committee on the Cycle of Business and Forward Plan.

**6.2.0 CTM STRATEGY 2030**

L. Prosser provided a verbal update on the progress in relation to the CTM Strategy 2030.

L. Prosser advised the Committee that this had been kept on the agenda for the Committee to report if there was any update on the strategy. She advised that the Health Board was in the process of producing videos and were looking to use an external company to help with the visuals and captions. The Strategy would be converted into plans via the Integrated Medium Term Plan process for 2023-23.

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

**6.3.0 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023-26 - PLANNED STRUCTURE AND KEY MESSAGES**

L. Prosser provided a presentation to the Committee on the latest position and progress with the IMTP 2023-26. The Committee were also advised of the detail of the Accountable Officer letter sent to the Chief Executive of NHS Wales.

G. Hopkins sought clarity on the implications of not being able to achieve a balanced plan and the response from Welsh Government. S. May advised that it was different to Local Government whereas in

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NHS Wales they were required to break even within three years. She advised that this was an unprecedented situation where all Health Boards were in a very difficult financial situation and Ministerial expectations were not yet being met within this financial plan. They had submitted their Accountable Officer letter and were still testing an emerging plan and were expecting to be pressed quite soon on how they were going to reduce this expenditure. She advised that energy was unlikely to return to normal and this was causing challenging elements to this.

S. May also flagged to the Committee that the 1.5% allocation received was less than the increased energy bill and she advised that they would have to think radically about how some of the services were going to be delivered. G. Hopkins, in response, advised that the political consequences of some of those decisions might be quite unpalatable not only for local representatives but for Welsh Government as well. S. May advised that they would need to have a very clear focus and also be mindful of the emerging issues arising in North Wales.

M. Jehu in response to G. Hopkins comments queried what the next steps were in relation to this and advised that they would revisit this at the extra ordinary meeting set up for the 22 March 2023, prior to the full Board at the end of March.

L. Prosser advised that a further set of submissions had been received from the Care Groups that might improve confidence in some of the savings targets, however, they were still a long way away from where they wanted to be.

I Wells referred to page 4 of the Accountable Officer letter and queried whether this would be published with the public papers. C. Hamblyn advised that the letter had been shared with Independent Members for information and had not been published in the public domain.

G. Hopkins referred to the sentence regarding hospital efficiency contained within the letter and queried what the rationale was for this. L. Prosser advised that this was in relation to their thinking around working differently and their drivers for quality and workforce to deliver safe and effective services across those sites and would require further development.

M. Jehu queried the next steps for the process. C. Hamblyn advised that it would need to be finalised to go to the Board for the end of March, and for the Committee to note the fact that it was without a balanced plan and to endorse its submission to the Board. C.

Hamblyn advised that there would be a clear recommendation for the next meeting in March.

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

**6.4.0 NWSSP – ENERGY PROCUREMENT PROPOSAL**

S. May presented the report that outlined the proposed approach to revising the all-Wales NHS Energy Governance & Procurement management arranged for 2023-24.

C. Hamblyn advised the Committee if the Committee recommends the proposals, they would have to issue a Chairs Urgent Action for Board Approval due to the tight deadlines.

Resolution: The Committee **ENDORSED FOR BOARD APPROVAL** the proposed approach which includes:

- The revised governance group arrangements, and
- The proposed new Energy Procurement contractual arrangements with Crown Commercial Services

Action: To issue a Chairs Urgent Action for the Board to approve.

**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

Action: Digitisation Update to be added to the Forward Plan for the June 2023 meeting.

**7.3.0 ANY OTHER URGENT BUSINESS**

There was none.

**7.4.0 HOW DID WE DO TODAY?**

The Committee felt that an appropriate balance had been struck in terms of open discussions with a strategic focus as well as organisational values being taken into account.

The Chair advised that if anyone had any comments to feedback, they could do that outside of the meeting if they so wished.

Members felt that the meeting had focussed strategically and had allowed time for the Executive Directors to go through their reports.

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

The next full meeting of the Committee was scheduled to be held on the 26 April 2023 and an extra ordinary Committee Meeting was scheduled for the 22 March 2023.

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