

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE  
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON  
25 OCTOBER 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
Ian Wells	-	Independent Member
Patsy Roseblade	-	Independent Member

**IN ATTENDANCE**

Emrys Elias	-	Health Board Chair (Observing)
Jayne Sadgrove	-	Health Board Vice-Chair (Observing)
Linda Prosser	-	Executive Director of Strategy & Transformation
Sally May	-	Executive Director of Finance & Procurement
Gethin Hughes	-	Chief Operating Officer
Georgina Galletly	-	Director of Governance
Paul Dalton	-	Internal Audit and Assurance
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 Cally Hamblyn, Assistant Director of Governance & Risk.

**1.3.0 DECLARATIONS OF INTERESTS**

M. Jehu declared an interest in Agenda item 5.6 Stroke Action Plan Progress Report with regard to a relative employed within the department.

**PART 2. CONSENT AGENDA**

## **2.1 FOR APPROVAL**

### **2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 23 AUGUST 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 23 AUGUST 2022**

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

### **2.1.3 'UNCONFIRMED' MINUTES OF THE EXTRA ORDINARY PLANNING PERFORMANCE & FINANCE IN COMMITTEE MEETING HELD ON 20 SEPTEMBER 2022**

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

### **2.1.4 BUSINESS CONTINUITY & EMERGENCY PREPAREDNESS RESPONSE AND RECOVERY POLICY**

Resolution: The Policy was **APPROVED** subject to the amendment of the typographical errors.

### **2.1.5 COMMITTEE EFFECTIVENESS SURVEY OUTCOME AND IMPROVEMENT PLAN**

Resolution: The Report was **APPROVED**.

## **2.2 FOR NOTING**

### **2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT**

Resolution: The Committee **NOTED** the Monitoring Returns for Months 5 & 6.

## **3.0 MAIN AGENDA**

### **3.1.0 ACTION LOG**

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

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

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

There were none.

**4.0 GOVERNANCE**

**4.1.0 ORGANISATIONAL RISK REGISTER**

G. Galletly 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.

G. Galletly advised that currently the Organisational Risk Register was being reviewed to realign the risks to reflect the new Operating Model and the Care Service Groups. Workshops would be held in October and November 2022 to ensure that the risks were reviewed and aligned.

P. Roseblade referred to Risk 5217 regarding Care Home Capacity and queried the scoring for this risk given that the report outlined that 80% of patients were waiting for a care home place or receive a care home intervention. L. Prosser advised that it was in relation to the domino effect of several care homes closing. P. Roseblade in response added that it was not stating about care homes closing but about capacity within the whole system and the impact that it was having on the care of patients who needed a hospital bed.

G. Hughes advised that the risk was due to the impact of the cost of living challenges and fuel bills during this winter there was anxiety that it could see a level of care home failure. He advised that the local authority had actions in place to mitigate the risk and it was hoped that the care home in the Pontypridd area would re-open before Christmas with a new provider. In terms of the likelihood, it was noted there were a range of mitigations which were in the remit of the local authority. With regard to the general risk of patient flow and hospital capacity, these were noted to be captured in the Board Assurance Framework and that was a separate risk with regard to the care home market and there would be a need to review general capacity. G. Hughes stated that he would reference some of the mitigating actions that had been put into place as part of his update later in the agenda on the Six Goals.

P. Roseblade responded by adding that this detail was not captured by the risk description.

M. Jehu requested that the risk entries be reviewed and a response be provided to Members outside of the meeting.

N. Milligan referred to Risk 4149 with regard to CAMHS and requested an update for the next meeting.

Resolution: The report was **NOTED**.

Action: Risks in relation to Care Homes to be reviewed and a response provided to Members outside of the meeting.

Action: Update on the CAMHS Risk 4149 to be provided outside of meeting.

## **5.0 IMPROVING CARE**

### **5.1.0 DELIVERY OF THE PLANNED CARE RECOVERY PROGRAMME**

G. Hughes presented a report to the Committee on overall progress, challenges, risks and operational schemes in relation to the Elective Recovery Portfolio of work.

C. Donoghue referred to the low scoring of inpatient day cases for paediatrics which was currently 23% of pre-Covid activity and queried what was causing this low percentage. G. Hughes advised that part of the challenge was due to paediatric surgery in specialities such as ENT, urology and dermatology and that there was a fixed capacity for treating those patients both in terms of anaesthetic capacity and availability of surgeons. He advised that steps were being taken to recruit more surgeons and the relevant specialties were developing plans to deal with the number of children waiting in those areas for grommets and tonsil surgery and reassessing the lists. Actions were also in place to move patients out to the Children's Hospital for Wales where appropriate.

C. Donoghue referred to patients being taken-off the waiting list for pain clinic due to them being seen by the Wellness Improvement Service (WISE) and queried whether there would be an opportunity for them to be re-referred. G. Hughes confirmed that for the patients that need to be seen in the pain clinic they would go back to where they were on the original waiting time list so they would not be disadvantaged by accessing the WISE service. He confirmed that over 200 patients had accessed WISE thus far, with nearly all of them having successful outcomes.

P. Roseblade referred to pre-Covid activity levels and in particular, the table showing day case activity that outlined that only one speciality was back to pre-Covid activity levels and queried when they would expect to see improvements. G. Hughes advised that a

contract award had now been agreed with an insourcing provider and each speciality now had these in place. He advised that in relation to theatre lists, some patients were now more complex than they were pre-Covid and constraints had been relaxed further in terms of elective restoration. August 2022 was noted to have been a challenging month due to annual leave, which had impacted upon waiting lists being fully booked but that each speciality had an individual recovery plan as well as work ongoing around bed reconfiguration.

I. Wells referred to the red column in table 5 which outlined the patients waiting more than 104 weeks and queried if these patients had a confirmed appointment. G. Hughes advised that patients waiting for 104 weeks were in the white and green column and the patients that were in the red column were patients that had been booked and were not in the 'treat in turn' cohort. In response, I Wells advised that there was a need for this to be made clear in the table for future reports.

M. Jehu commented that the tables were not in any order and the subject matter came first. G. Hughes confirmed that future iterations would list these in alphabetical order for the next meeting.

Resolution: The Report was **NOTED**.

Action: Review the tables and place content in alphabetical order for the next iteration of the report.

### 5.2.0 DELIVERY OF THE SIX GOALS FOR EMERGENCY CARE

G. Hughes provided a presentation to the Committee on the Six Goals for Emergency Care.

C. Donoghue queried what the abbreviation for NIV was. It was confirmed that it was 'Non-Invasive Ventilation'.

N. Milligan commented that this item had been presented to the July 2022 Board Meeting where it had been advised that there were about 20 task and finish groups and the majority of people sitting on these were the same people. She queried how realistic this was given the slow progress indicated by the report and also asked when were they going to see timescales with objectives and expected outcomes for these groups. G. Hughes advised that they would bring the timescales back to the next meeting and that this work was based on a 15 month programme. It was acknowledged that there was an issue with people's capacity and efforts were

being made to release people so that that they could prioritise this important work.

I. Wells referred to work stream 2 and the Hot and Rapid Access Clinics and sought clarity as to their purpose. G. Hughes confirmed that for people presenting to either the emergency department or their GP, this would provide them with an alternative in that they might not need to be seen on that day so they could be sent home and brought back within 24 to 48 hours to see a clinician.

N. Milligan advised that it was pleasing to hear that they had recruited into the Minor Injuries Unit. However, staff had been raising concerns that the location of the room that they were in was too small to facilitate wheelchair access. G. Hughes confirmed that they were moving from the current location with a plan to establish two to three treatment rooms.

M. Jehu referred to slide 6, NIV Stroke Ward Flow and Discharge where it stated that the EWB systems were 'clunky' with individual log-ins and there was currently no other way to assign accountability without compromising speed and queried why this had moved from 'red' to 'green' in terms of performance within a month. G. Hughes advised that the log-in issues had now been resolved but there had also been challenges with the electronic white boards.

Resolution: The presentation was **NOTED**.

Action: Update on timescales, outcomes and objectives for the task and finish groups to be brought back to a future meeting.

### 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.

P. Roseblade referred to the 'red release' figures which were said to be improving but were in fact deteriorating and queried what was being done to improve this. G. Hughes advised that the main challenge was that it was not only 'red release' but included 'amber release' as well so they were recording both and that was why there was a significant step-up in the number of requests. He advised that staff had since reviewed the criteria for red, amber one and amber two and it might be sensible to break these down for future reports.

P. Roseblade referred to the emergency department four-hour wait target which stated that there had been improvements and queried what had led to that improvement so it could be replicated. G. Hughes advised that part of this improvement related to the maturing of the minor injuries model and the recruitment of advanced nurse practitioners (ANPs). He advised that ANPs had their own area that was ring fenced which was supporting effective patient flow.

C. Donoghue commented that there was an enormous amount of work being undertaken in many different areas, but her concern was that overall performance was not improving and that the Health Board was not where it needed to be in terms of the all-Wales position. She queried whether there was sufficient staff capacity to deliver improvements across all of the work-streams. G. Hughes advised that it was disappointing that it was taking longer to deliver the desired impact and added that the approach around the 'Six Goals' was important because it aimed to focus attention on tackling all the things that were currently having an impact but that there were some long-standing issues that needed to be addressed.

C. Donoghue, in responding, added that it was about trying to get assurance and understand the level of confidence that this would be delivered. G. Hughes advised that they were getting to a level of maturity in the work they had been undertaking over the last few months.

N. Milligan referred to the breast-feeding figures which were provisional and queried if there was any data that provided an indication of why there had been such a drop in order to use that to drive improvement. L. Prosser advised that they would look into this and would bring a report back to the next meeting.

N. Milligan referred to page 19 of the report and the huge amount of work undertaken with regard to change the recruitment process and with TRAC. However, she advised that the new vacancy scrutiny panel was delaying the recruitment process and how was this going to be resolved. She also referred to the staff engagement and suggested that the presentation of the data could be improved in terms of the percentages. L. Prosser advised that they had raised this question previously with the workforce team and would raise it again.

G. Galletly advised that this had been raised at the People & Culture Committee and there needed to be greater clarity around how the elements of the Integrated Performance Dashboard were divided-up to enable it to be effectively scrutinised by the relevant

Committees. She advised that she would ensure that the point made was referred back and to include a more information or narrative within the target being reported to show that it was representative. She also advised that the point raised with regard to the vacancy scrutiny panel would be raised with workforce colleagues outside of the meeting.

I. Wells referred to percentages of patients commencing definitive cancer treatment within 62 days from point of suspicion and queried whether the more serious forms of cancer would be escalated over other types. G. Hughes advised that the 62 day target was for any patient where there was a suspicion of cancer, the majority of which were referred by their GP and also a cohort of patients who were referred by screening services. He advised that at a previous meeting he had given a presentation about the trajectory required to attain 70% compliance by the end of the financial year and that remained the plan. The challenge however, was to clear the large diagnostics backlog that was predominantly in the specialties of lower GI and Urology. He confirmed that improvements were being seen in a number of tumour sites such as gynaecology and breast and offered to provide a deep-dive into cancer for the next meeting.

E. Elias commented that there was a huge amount of work being undertaken but when preparing future performance reports for this Committee it would be helpful to have an understanding of the outcomes and delivery timescales. He added that sickness rates were reducing which was good but agency rates were increasing and there could be certain areas within the workforce that required more bank staff than other areas. E. Elias also referred to mental health care and treatment planning which had increased and was the lowest for CAMHS in Wales. G. Hughes, in responding advised that additional capacity was being created in the hospitals which had the potential to require agency support but would pick this up as an action outside of the meeting.

With regard to CAMHS, G. Hughes advised that within mental health they had established a Planned Care Recovery Board which was reporting to Welsh Government around the trajectory for improvement for CAMHS and he advised that they would provide an update on CAMHS Mental Health at the next meeting.

E. Elias commented that the reports need to be clearer in terms of actions, outcomes, timescales and mitigations. L. Prosser advised that the performance report content would be reviewed with a view to improving the content.

Resolution: The report was **NOTED**



Action: Review staff engagement percentages with the Workforce Team and advise outside of the meeting.

Action: To receive a report on Breast Feeding compliance at the next meeting.

Action: Workforce colleagues to review the query around vacancy scrutiny panel outside of the meeting.

Action: To receive a deep-dive into cancer and mental health report at the next meeting.

#### **5.4.0 ANNUAL PLAN 2022-23 PROGRESS REPORT**

L. Prosser presented the report that provided an update on progress with the Annual Plan for 2022-23.

The Chair thanked L. Prosser for the report and commented that as the Committee received regular updates they were well sighted in terms of this issue, however, it was good to receive the context to the level of detail received.

Resolution: The report was **NOTED**

#### **5.5.0 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023-26**

L. Prosser presented the report that provided the Committee with an update on the planning process for the 2023-26 IMTP.

I. Wells commented that significant work was required in a short period of time and queried whether they were confident that there was sufficient time to incorporate all of the innovative ideas into the Plan. He also queried the plan for scrutiny via Board and Board Committees presumed that there would be a need to call extra meetings in January 2023. L. Prosser confirmed that there would be a need for an additional meeting to accommodate this.

Resolution: The Committee **NOTED** the requirement for the development of the IMTP and the approach for this year's Plan development. The Committee would be provided with updates on progress, as required and will receive the draft Plan for consideration.

Action: Planning colleagues to liaise with Governance Team to arrange an extra meeting of the Committee as required in the new year.

#### **5.6.0 STROKE ACTION PLAN PROGRESS REPORT**

G. Hughes presented the report that provided the Committee with an update on the Stroke Action Plan.

P. Roseblade referred to paragraph 2.3 where it stated that Prince Charles Hospital had the highest proportion of patients receiving thrombolysis within 45 minutes compared with the other 12 acute stroke sites across Wales. She added that whilst 48% was factually correct, included November 2021 and December 2021 which had very low patient numbers which therefore made it easier to achieve 100% compliance. It was noted that the report suggested that 48% was the average, whereas the average number of patients was significantly higher.

P. Roseblade referred to paragraph 3.7 where it referred to prioritisation of actions and queried why she could not see what the priorities would be and when improvements could be expected. G. Hughes advised that it was a difficult equation to balance and the most important thing was to allocate a stroke patient to a stroke bed as quickly as possible. He advised that the current arrangements for stroke services were not sustainable and there had to be some concurrent work undertaken on the immediate operational matters. He advised that stroke services in Wales were well behind the curve in comparison to England.

P. Roseblade, in response, added that she would like to see something that they could monitor with milestones and timescales. G. Hughes advised that he would pass this on to the team so that that this could be reflected in future reports.

N. Milligan commented that there were three more task and finish groups with no timelines. She advised that SNAP compliance had deteriorated and was now lower than it was back in February 2022 and during a walkabout on the stroke ward the manager had been very clear about the shortage of stroke nurses and it was important that staff felt their concerns were being taken on board. G. Hughes advised that the key goal would be to eradicate blockages in patient flow out of hospitals as this was impacting on their ability to transfer patients from A & E to wards. It was noted that some patients were waiting in excess of 12 hours to reach wards because bed capacity was currently well above 100% which was preventing teams from getting patients to an appropriate bed within four hours.

I. Wells advised that it was good to see the dedicated access beds and queried why the Royal Glamorgan Hospital (RGH) did not have one and also that in Appendix 2, data showed the performance of the Princess of Wales Hospital (POWH) was not as good. G. Hughes advised that there was not a dedicated bed in RGH as it was not a dedicated stroke hospital. He added that the model was different in

POWH compared with Prince Charles Hospital (PCH) Model and they would be looking to change over to this model for POWH, which it was hoped would have a positive impact on thrombolysing patients.

Resolution: The Committee **NOTED** the progress made against the action plan and the successful bid to enhance preventative developments.

**NOTED** the planned immediate actions to the acute and rehabilitation aspects of the stroke pathway.

**NOTED** the plan to establish focused task and finish groups reporting to the Stroke Strategy Group, tasked with developing a stroke strategy and improving current service provision.

**NOTED** the ongoing challenges in performance against the four Quality Improvement Measures in the Performance Framework.

### 5.7.0 **BRIDGEND TRANSITION PROGRESS REPORT**

L. Prosser presented the report that provided the Committee with an update on the progress with the Bridgend transition work.

P. Roseblade queried whether some of the services that were originally going to be disaggregated and moved over to Cwm Taf Morgannwg UHB (CTMUHB) were now not going to be, what would that mean for the staff who had already moved over and also in terms of funding. L. Prosser advised that it was very complex, however, most of the staff had stayed within Swansea Bay UHB and she was not aware of any member of staff having gone through TUPE (Transfer of Undertakings). The funding associated with these services was being agreed though the long term agreements around care pathways, criteria and patient flows.

C. Donoghue queried what the maxillofacial surgery issue was and asked if there was any update. L. Prosser advised that it was partly due to the surgical disaggregation areas all having come through at the same time and the managers were having to work through a range of activities. L Prosser undertook to check if the date was correct, and would check.

Resolution: The report was **NOTED**.

## 6.0 SUSTAINING OUR FUTURE

### 6.1.0 **MONTH 6 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 the Health Board as at Month 6.

P. Roseblade referred to the changes in National Insurance and queried whether that would be met by Welsh Government and was it linked to the announcement that had recently been made. S. May confirmed this to be the case.

P. Roseblade commented on the level of uncertainty set out within the report and the significant variance on savings within the plan. S. May advised that there were a couple of emerging things that were causing concern, one of them being prescribing where they were seeing upward pressure because of changes to Category M drugs. There was also pressure around winter and unscheduled care. She advised that in terms of this month's position, they had received a benefit against contracting and commissioning which was about £1.5m and which had been moved over to support the Six Goals. There was also the risk of significant changes with Care Homes being lost and pressure at the front door. She confirmed that at this point in time they still were assuming a £6m release of annual leave accrual and about £1m more that could potentially be released but that would need to be assessed and worked through. There would be more work to do towards the end of the financial year but that in regard to delivery of savings, there was a medium degree of confidence at the current time.

S. May advised that the underlying position would have deteriorated due to non-recurrent money. She added that additional resources to support the extra costs associated with Covid had been in place for two and half years but were due to be stood down as well as exceptional costs such as the energy bill release and improvement in the energy market. It was noted that the associated impact would need to be framed within the Annual Plan and the Integrated Medium Term Plan (IMTP).

N. Milligan commented that the spend on agency staff was at its highest and there were more substantive members of staff leaving to join agencies. S. May responded that it was important to re-emphasise the benefits of NHS employment terms and conditions of employment such as pension and sick pay.

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

### 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: Breast Feeding Compliance, Deep Dive into Cancer and Mental Health reports to be added to the Forward Plan.

### **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.

### **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 20 December 2022 at 2:00 pm. (**Post meeting note:** *this particular meeting was later stood down with an agreement that the Committee would next meet in February 2023*).