

**MINUTES OF THE MEETING OF
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)**

**HELD ON THURSDAY 29 OCTOBER 2020
AS A VIRTUAL MEETING BROADCAST LIVE VIA MICROSOFT TEAMS**

MEMBERS PRESENT:

Marcus Longley	– Chair
Paul Mears	– Chief Executive
Maria Thomas	– Vice Chair
Alan Lawrie	– Executive Director of Operations
Hywel Daniel	– Executive Director of Workforce & Organisational Development (Interim)
Dilys Jouvenat	– Independent Member
Ian Wells	– Independent Member
James Hehir	– Independent Member
Jayne Sadgrove	– Independent Member
Mel Jehu	– Independent Member
Nicola Milligan	– Independent Member
Paul Griffiths	– Independent Member
Phillip White	– Independent Member
Clare Williams	– Executive Director of Planning & Performance (Interim)
Steve Webster	– Executive Director of Finance
Nick Lyons	– Executive Medical Director

IN ATTENDANCE:

Cally Hamblyn	– Assistant Director of Governance & Risk
Cathy Moss	– Cwm Taf Morgannwg Community Health Council
Olive Francis	– Cwm Taf Morgannwg Community Health Council (Observed the meeting as a Member of the Public via the Live Link)
David Jenkins	– Independent Advisor to the Board (Observed the meeting as a Member of the Public via the Live Link)
John Murray	– Deloitte (Observed the meeting as a Member of the Public via the Live Link)
Sara Utlej	– Audit Wales
Sara Thomas	– Public Health Consultant, Cwm Taf Morgannwg Local Public Health Team
Debbie Bennion	– Deputy Director of Nursing
Emma Walters	– Corporate Governance Manager (Secretariat)

A) PRELIMINARY MATTERS

HB/20/189

AGENDA ITEM 1.1 WELCOME & INTRODUCTIONS

The Chair **welcomed** everyone to the meeting which was broadcast 'Live' via Microsoft Teams as a result of the ongoing Covid-19 pandemic. The Chair also extended a welcome to all who may be observing the meeting today.

The Chair advised that whilst the agenda did not contain many items, the items included covered all of the challenges being faced by the Health Board at present. The Chair advised that he recognised the impact that Covid-19 had on patients, families and communities, both economically, socially and on deprivation of liberties.

The Chair also recognised the impact that the virus was having on staff within the Health Board and paid tribute to their resilience and dedication. Members **NOTED** that staff were continuously learning new and different ways of delivering healthcare in its response to the Covid-19 pandemic.

The Chair **welcomed** Sara Thomas, Public Health Consultant to the meeting who was attending on behalf of Kelechi Nnoaham, Executive Director of Public Health. The Chair also **welcomed** Debbie Bennion to the meeting who was attending on behalf of Greg Dix, Executive Nurse Director. The Chair **welcomed** Cathy Moss and Olive Francis, Cwm Taf Morgannwg Community Health Council to the meeting. Members **NOTED** that Olive Francis was observing the meeting via the live stream, along with David Jenkins, Independent Advisor to the Board, and John Murray, Deloitte.

The Chair announced that he had been notified by Alan Lawrie of his intention to retire from the Health Board in March 2021. The Chair extended his thanks to Mr Lawrie for all of the support he had provided during his time working within the Health Board.

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AGENDA ITEM 1.2 APOLOGIES FOR ABSENCE

Members **NOTED** that apologies had been received from:

- Keiron Montague, Independent Member
- Greg Dix, Executive Nurse Director
- Kelechi Nnoaham, Executive Director of Public Health
- Georgina Galletly, Director of Corporate Governance
- Sharon Richards, Associate Member
- John Beecher, Cwm Taf Morgannwg Community Health Council

HB/20/191

AGENDA ITEM 1.3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

CONSENT AGENDA – FOR APPROVAL

The Chair advised that all Members had read the reports and that any questions raised had been responded to. There were no reports that Members wished to move off the consent agenda onto the Main Agenda. Members **NOTED** that the Questions & Answers received regarding specific reports prior to the meeting would be uploaded to the website and included in the minutes of the meeting.

HB/20/192

AGENDA ITEM 2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 30 SEPTEMBER 2020

Members **RESOLVED** to **APPROVE** the unconfirmed minutes of the meeting held on 30 September 2020.

HB/20/193

AGENDA ITEM 2.1.2 UNCONFIRMED MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 30 SEPTEMBER 2020

Members **RESOLVED** to **APPROVE** the unconfirmed minutes of the Annual General Meeting held on 30 September 2020.

HB/20/194

AGENDA ITEM 2.1.3 GOVERNANCE ASSURANCE – FREQUENCY OF BOARD MEETINGS

Questions were raised by Independent Members prior to the meeting, as outlined below in italics together with the responses provided:

Question: *If the proposal to move to a bi-monthly meeting cycle is approved, presumably, this will mean that the next Board meeting will take place in December. Will the change in meeting cycle have any implications for those issues which are due to be discussed at the November Board meeting (such as, for example, some of the items referred to in the action log)?.*

Answer: *The November Board meeting, as the next 'regular' meeting of the Board, will meet as planned. The change to Board meetings to every other month will come into effect after the November meeting.*

Question: *States in the paper that if agreed, that Board would meet bi-monthly from October. There are on the action log dates of papers due to*

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come in November. Does that mean that we will then receive these in our December meeting?

Answer: See above response.

Members **RESOLVED** to: **APPROVE** the Governance Assurance – Frequency of Board Meetings report.

CONSENT AGENDA – FOR NOTING

HB/20/195 **AGENDA ITEM 2.2.1 ACTION LOG**

The Board **RESOLVED** to: **NOTE** the Action Log.

MAIN AGENDA

INTEGRATED GOVERNANCE

HB/20/196 **MATTERS ARISING NOT CONSIDERED WITHIN THE ACTION LOG**

There were no further matters arising identified.

HB/20/197 **AGENDA ITEM 3.4.2 RESETTING CWM TAF MORGANNWG OPERATING FRAMEWORK 2020/2021 QUARTER 3 AND QUARTER 4**

A number of questions were raised by Independent Members prior to the meeting, as outlined below in italics, together with the responses provided:

Question: *Core Elective Capacity: Are we confident that all priority patients in the priority category 1 - 3 groups who need to be treated urgently will receive their treatment within three months; could you clarify the treatment target date i.e. within three months or by 31 March 2021 (see references to the 31 March deadline in Governance Framework part of Report)?*

Answer: *The initial work to develop the Q3/Q4 Plan sought to address all of the recurrent and backlog patients in categories 1-3. Triangulation of the competing demands: Test, Trace Protect (TTP), unscheduled care including winter, elective care, COVID-19 and the opening of the Grange University Hospital have been built into the modelling of the final Plan. As a result, we are only forecasting to stabilise our waiting list position through Q3/Q4. Our ambition however, remains to improve this position through focused work in Q3/Q4, including exploring further collaborative working with neighbouring Health Boards. Planning the recovery of our*

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elective services is a continuous process which as recently highlighted by Welsh Government will span a number of years. Royal College of Surgeons categories: 1a&b, operation within a 24hrs, b 72hrs; Cat 2, 4 weeks, Cat 3, 3 months, Cat 4, greater than 4 months.

Question: *Core Elective Capacity: The papers refer to our commitment to develop appropriate alternative pathways for category 4 patients, including possible regional solutions. Are we making any progress and do we have a timeframe for completion?*

Answer: *Alternative pathways are being developed however it is an area which needs further focus to ensure that alternatives are evidence based and systematically resourced and applied across Cwm Taf Morgannwg (CTM). This process will need to grow over the coming years as the programme of recovery for our elective services will take many years.*

Question: *Core Elective Capacity: Are we intending to carry out comprehensive harm reviews for all patients who have potentially suffered harm as a result of delays in diagnosis/treatment.*

Answer: *All patients waiting over 52 weeks will have a harm review, also those cancer patients breaching 104 days will have a harm review. Where harm is identified, it will be appropriately recorded and escalated.*

Question: *Financial Plan: Are we exploring every possible avenue to make use of the 'financial headroom' within the plan to reduce waiting times, treat patients earlier and mitigate potential harm?*

Answer: *We are exploring all feasible avenues and will continue to do so. The limitations to what we can do are not primarily financial. In terms of internal options they are predominantly capacity and workforce constraints. Given that private hospitals are already being extensively used by the NHS there are limited external/outsourcing options beyond those we are currently utilising (use of the Vale and Cardiff Bay private hospitals and temporary CT and endoscopy units).*

Question: *Other Matters: Apart from specialist paediatric services, there is little mention in the Quarter 3/4 plan to describe what we are planning to do in relation to specialist services more generally despite the wider concerns raised by the Managing Director of Welsh Health Specialised Services Committee (WHSSC) in a recent meeting with Board Members. Are there any specific plans in place to help ensure that CTM patients are accessing and receiving the 'specialist' care and treatment required?*

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Answer: *The Health Board will continue to work with WHSCC and with provider partners to ensure that CTM residents continue to receive treatment in line with the Welsh Government (WG) Essential Service Framework.*

Question: *Are we confident that in Q3/4 we have enough capacity from the bed modelling to meet our elective work to treat priority groups 1-3 while dealing with the ongoing demand of COVID, winter pressures and unscheduled care?*

Answer: *The initial work to develop the Q3/Q4 Plan sought to address all of the recurrent and backlog patients in categories 1-3. Triangulation of the competing demands: Test, Trace, Protect (TTP), unscheduled care including winter, elective care, COVID-19 and the opening of the Grange University Hospital have been built into the modelling of the final Plan. As a result, we are only forecasting to stabilise our waiting list position through Q3/Q4. Our ambition however, remains to improve this position through focused work in Q3/Q4, including exploring further collaborative working with neighbouring Health Boards. Planning the recovery of our elective services is a continuous process which as recently highlighted by Welsh Government will span a number of years. Royal College of Surgeons categories: 1a&b, operation within a 24hrs, b 72hrs; Cat 2, 4 weeks, Cat 3, 3 months, Cat 4, greater than 4 months.*

Question: *There is a commitment in Q3/4 that those patients in priority four will be reviewed and those over 52 weeks will have harm reviews done. Will this be achieved?*

Answer: *All patients waiting over 52 weeks will have a harm review, also those cancer patients breaching 104 days will have a harm review. Where harm is identified, it will be appropriately recorded and escalated.*

Question: *What are the alternative pathways for those priority group four patients?*

Answer: *Alternative pathways are being developed however it is an area which needs further focus to ensure that alternatives are evidence based and systematically resourced and applied across CTM. This process will need to grow over the coming years as the programme of recovery for our elective services will take many years.*

Question: *The workforce plans in relation to the required capacity and the ratio of trained to untrained staff raises questions around the Nurse Staffing Act and patient safety*

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***Answer:** The options to staff the competing demands of the Plan include, in extreme circumstances, reviewing staffing ratios across wards. An initial paper on this has been received by the Quality and Safety Committee and before any changes were made on the wards, a further paper would be brought to the Committee. All changes would be taken following discussion with the Chief Nursing Officer.*

C Williams presented the report and advised Members that the Health Board had successfully delivered the Quarter One and Quarter Two plans, and advised that the plan being presented today related to the plans for Quarters three and four.

Members **NOTED** that the original deadline for submission of the winter plan to Welsh Government was 19 October 2020. In recognition of the current position regarding the pandemic outbreak within the Health Board, Welsh Government agreed to an extension of five days for the submission of the plan. Assurance was provided to Members that the revised deadline had been met.

Members **NOTED** that whilst the position had been challenging over the last six months, progress had been made against the plan during quarters one and two, which included:

- the establishment of the Test, Trace, Protect Programme with partners;
- the reestablishment of all essential treatment;
- the roll out of virtual consultations within the Health Board;
- all meetings being held virtually via Microsoft Teams;
- the introduction of a stepped change model for staff wellbeing.

Members **NOTED** that the plan took into consideration the likely scenarios in relation to Covid-19 which had provided a good overview of what would be required of services to help in deciding where to deploy resources and finances. Members **NOTED** that choices would need to be made which would need to be balanced, and would need to be considered in the context of the four quadrants of harm identified within the report.

Members **NOTED** the wider impact of people's mental health as a consequence of some of the decisions that would need to be made as some patients may be waiting much longer for treatment as a result of competing demands.

A Lawrie provided Members with an update on the work being undertaken by Integrated Locality Group's in relation to core elective capacity. Members **NOTED** that since April the Health Board had been able to

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maintain a level of cancer care at its sites, and added that some patients requiring cancer surgery had been treated. Members **NOTED** that since late spring, green islands had been created in each District General Hospital site, which has had to be reviewed in light of the recent Covid-19 outbreak, which resulted in restricted surgery being undertaken at Royal Glamorgan Hospital, and resulted in significant pressure being placed on Prince Charles and Princess of Wales Hospitals. Members **NOTED** that consideration would need to be given to other ways in which elective capacity could be expanded, particularly in relation to level four category patients.

The Chair extended his thanks to A Lawrie for the update and questioned what the waiting list position would look like in the next six months, with the report indicating that the position was likely to stabilise. C Williams advised that the report indicated that the Health Board would be looking to stabilise its urgent waiting lists and not the totality of the waiting lists, with this being based on broad assumptions.

A Lawrie provided Members with an update in relation to the Winter Protection Plan and advised that as a Health Board, and across the region, £11m would be invested into the management of winter pressures. £7m of this funding would be allocated to the three Integrated Locality Groups, with £2m being allocated to each of the three Local Authorities. Funding was also being allocated to urgent dental care and Primary Care Mental Health Services.

In relation to the assumptions that had been made, the Chair sought clarity as to what patients who were waiting for a non-urgent procedure could expect in terms of waiting times and questioned whether waiting times could get worse. A Lawrie confirmed that unfortunately waiting times would get worse and added that alternative options to treat these patients were being considered.

In response to a question raised by P Griffiths in relation to the impact of Covid-19 on the delivery of the Quarter 3 and 4 plan, A Lawrie advised that urgent cancer care would be considered as a priority area to be delivered which would need to be maintained on a risk assessed basis.

I Wells commended the new ways of working that had been identified within the report, for example, Attend Anywhere and the patient reported measures which were being included in the Doctor Doctor system, which would assist clinical staff come to conclusions much more quickly. I Wells added that consideration would need to be given as to how the quality of the patient information was being monitored. Members **NOTED** that

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GP's had overwhelmingly welcomed the changes that were being made, particularly in relation to the introduction of Attend Anywhere.

In response to a question raised by M K Thomas as to whether regional discussions had taken place in relation to winter pressures and unscheduled care, C Williams confirmed that the report contained a number of examples of regional working, with a meeting being held next week with neighbouring Health Board's to discuss what more could be done during the current pandemic.

In response to a question raised by N Milligan in relation to the number of vacancies within the organisation at present, H Daniel confirmed that it was hoped that an extra 300 whole time equivalent vacancies would be filled from September, through Bank, Agency etc. Members **NOTED** that the Health Board had been very successful in increasing the size of its Bank workforce, with 2000 people now on the Bank, which was an increase of 1000 since March 2020. Members **NOTED** that the Health Board was now part of a collaborative Bank with Swansea Bay UHB and **NOTED** that the Health Board had been more successful in recruiting Healthcare Assistant's as opposed to Registered Nurses within the CTM Health Board area.

In relation to the financial element of the plan, S Webster confirmed that the Health Board had sufficient funds available to resource the plan.

H Daniel advised that the workforce element of the plan would be a significant challenge, with no guarantee that the required workforce would be available to achieve everything required, however, he noted that plans would be established to consider how best to address the workforce challenges. Members **NOTED** that consideration could be given to increased hours of working, redeployment of staff from other areas and iterative workforce planning at ward level which would be in line with national guidance. Members **NOTED** that the level of wellbeing support for staff had been significantly increased.

P Mears thanked colleagues for providing a comprehensive overview of the plan and the associated risks. P Mears added that the plan had been carefully thought through and steps would now need to be taken to ensure delivery. P Mears added that the Health Board would need to communicate the position in relation to waiting times with patients as there had been an increase in concerns being received from patients regarding the length of time they had been waiting for treatment.

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M Longley also extended his thanks to colleagues for presenting the report.

The Board **RESOLVED** to: **APPROVE** the 'Resetting Cwm Taf Morgannwg' Operating Framework 2020/21, Quarter 3/4.

HB/20/198

COVID-19 UPDATE

S Thomas presented Members with an update in relation to the latest position regarding Covid-19. The following key points were highlighted:

- A deteriorating position was being seen within Cwm Taf Morgannwg and across the whole of Wales;
- An apparent increase in the number of positive cases being reported;
- There had been 60 cluster cases within the Health Board area, five outbreaks within Hospitals and 26 Care Homes with cluster outbreaks;
- A number of cases had been reported within HMP Parc Prison, Bridgend;
- Case distribution monitored across CTM identified particular areas of concern being Abercynon, Mountain Ash and the Garw Valley in Bridgend;
- Mobile testing facilities were being placed in areas which had the highest cases;
- Current case rates for Cwm Taf Morgannwg were at 400 cases per 100k population, which was an increase compared to the previous seven days;
- Positivity rates had also increased compared to the same period last week.
- More Covid-19 deaths were now being seen within the Community and within Hospitals, which was a picture being seen across the whole of the UK;
- In relation to outbreaks across the five Hospitals within Cwm Taf Morgannwg, the position at Ysbyty Cwm Rhondda and Maesteg Hospital was either stable or improving, with a deteriorating position being seen across the other three sites;
- A local authority-hosted Contact Tracing Team undertakes community contact tracing whilst the local Public Health Team currently undertakes contact tracing for Health Board staff;
- Resources were being reallocated to focus on the increasing numbers of staff who had tested positive. Interventions had been

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put into place to ensure staff were self-isolating and acting on symptoms at the earliest opportunity;

- Community engagement was very difficult to maintain at present, with lots of anxiety and push back being shared on social media channels;
- Recruitment of staff for the vaccination programme was progressing well. The Health Board was currently working to a timeline of vaccine becoming available in January 2021;
- The CTM Regional Incident Management Team had considered and submitted its views to Welsh Government on possible measures after the 'fire break' lockdown.

M Longley extended his thanks to S Thomas for presenting the update and advised that he had found the update to be very sobering, particularly in relation to some of the challenging responses received from the public through social media. D Jouvenat added that there had been a definite change in public perception across social media channels.

In response to a question raised by I Wells in relation to the vaccination programme, S Thomas confirmed that people with defined chronic conditions/co-morbidities had been included in the priority groups for both the flu and Covid vaccinations.

I Wells made reference to the random testing of staff that was being undertaken and questioned why staff who lived or worked in areas with a high number of Covid-19 cases were not being targeted. S Thomas advised that testing did have the provision to be escalated in particular areas of concern and was part of the strategy moving forward. I Wells commended all staff who were involved in the Contact Tracing Programme.

M K Thomas extended her heartfelt thanks to the Team for the excellent work being undertaken and sought clarity in relation to Test Turnaround times and whether four hour results had been introduced within Cwm Taf Morgannwg. Members **NOTED** that the Lead for Testing was constantly reviewing the response at laboratory level and it was evident that waiting times for results were at a state of flux. Testing provision, uptake and turnaround times would be kept under review.

In response to a question raised by MK Thomas in relation to transmission in Hospitals and whether there was a strategy in place on how this would be addressed moving forward, S Thomas advised that intelligence and data needed to be improved in order to determine where staff cases are and where there were clusters and patterns being

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experienced. Members **NOTED** that when a staff member tests positive, there would be a need to ensure they were contacted by contact tracing immediately to ensure they were self-isolating. Members **NOTED** that there also needed to be strong leadership and systems in place.

P White commented on the welcoming improvement being seen in Care Homes which had helped to keep numbers of deaths low. In response to a question raised by P White regarding immunity rates, S Thomas advised that further analysis would be required into this area as recent evidence indicated that immunity did not last as long as first thought, which would put additional pressure on the system.

In response to a question raised by N Milligan in relation to people being provided with their own swab when attending testing centres and whether this impacted on the number of false positives or false negatives being reported, S Thomas advised that this was not being captured as an indicator at present, although research was being undertaken. S Thomas added that testing needed to be undertaken within five days of symptom onset (the peak of virus shedding), and added that the virus could stay in the system for a number of weeks, which is why some people continue to have repeat positive tests but yet are not infectious.

The Chair extended his thanks to S Thomas for presenting the update.

The Board **RESOLVED** to: **NOTE** the update provided.

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AGENDA ITEM 4.0.0 ANY OTHER URGENT BUSINESS

There was no other business to report.

HB/20/200

AGENDA ITEM 5.0.0 DATE OF NEXT PUBLIC BOARD MEETING

The next scheduled meeting would take place on Thursday 26 November 2020.

SIGNED:.....
M Longley, Chair

DATE:.....