

**MINUTES OF THE MEETING OF  
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)  
HELD ON THURSDAY 28 NOVEMBER 2019  
IN YNYSMEURIG HOUSE, NAVIGATION PARK, ABERCYNON**

**MEMBERS PRESENT:**

Marcus Longley	– Chair
Sharon Hopkins	– Chief Executive (Interim)
Maria Thomas	– Vice Chair
Alan Lawrie	– Director of Primary, Community & Mental Health Services
Anne Phillimore	– Director of Workforce & Organisational Development (Interim)
Dilys Jouvenat	– Independent Member
Greg Dix	– Director of Nursing, Midwifery and Patient Care
Ian Wells	– Independent Member
James Hehir	– Independent Member
Jayne Sadgrove	– Independent Member
Kieron Montague	– Independent Member
Kelechi Nnoaham	– Director of Public Health
Mel Jehu	– Independent Member
Nicola Milligan	– Independent Member
Paul Griffiths	– Independent Member
Phillip White	– Independent Member
Nick Lyons	– Medical Director
Ruth Treharne	– Director of Planning & Performance
Steve Webster	– Director of Finance
Liz Wilkinson	– Director of Therapies and Health Sciences

**OTHERS IN ATTENDANCE:**

John Palmer	– Chief Operating Officer
Georgina Galletly	– Director of Governance / Board Secretary (Interim)
Cathy Moss	– Chief Officer, Cwm Taf Morgannwg Community Health Council (In part)
Stephen Harrhy	– Chief Ambulance Services Commissioner (In part)
Chris Turner	– Chair, Emergency Ambulance Services Committee (In part)
Ana Llewellyn	– Maternity Improvement Director (In part)
Anju Kumar	– Consultant Obstetrician & Gynaecologist (In part)
Jo Hilborne	– Clinical Director, Obstetrics & Gynaecology (In part)
Tarek Allouni	– Directorate Manager, Obstetrics & Gynaecology

	(In part)
Jane Phillips	– Support Head of Midwifery (In part)
David Murray	– Independent Maternity Services Oversight Panel Member (In part)
Amy Meek	– Graduate Trainee
Tricia Thomas	– Executive Assistant to the Chief Executive (In part)
Emma Walters	– Corporate Governance Officer/Committee Secretariat (In Part)

### HB/19/135 **WELCOME AND INTRODUCTIONS**

The Chair **welcomed** everyone to the meeting including L Wilkinson, P White, N Lyons together C Moss, colleagues from Deloitte and A Meek.

Members **NOTED** that the runners-up from the NHS Wales national awards would be joining Board Members at lunchtime along with the Maternity Services Team.

### HB/19/136 **APOLOGIES FOR ABSENCE**

Apologies for absence were **received** from S Scott Thomas. Members **NOTED** that John Palmer would be arriving late.

### HB/19/137 **DECLARATIONS OF INTEREST**

There were none.

### HB/19/138 **UNCONFIRMED MINUTES OF THE HEALTH BOARD MEETING HELD ON 26 SEPTEMBER 2019 AND UNCONFIRMED `IN COMMITTEE' MEETING HELD ON 26 SEPTEMBER 2019**

Members **APPROVED** the minutes of the Health Board meeting held on 26 September 2019, as a true and accurate record.

Members **APPROVED** the minutes of the `In Committee' Health Board meeting held on the 26 September 2019 subject to the following amendment to attendees:

*N Lyons, Medical Director* should have read *N Lyons, Medical Director Designate*

### HB/19/139 **ACTION LOG**

Members **RECEIVED** the Action Log **NOTING** the following updates:

### **HB/18/150 Page 2, Board Assurance Framework (BAF)**

Members **NOTED** that the BAF was to be monitored via the Audit Committee so this action could be considered as 'closed'. Members **NOTED** that the revised BAF was due to be considered by the Audit Committee at its next meeting in January 2020.

### **HB/19/122 Page 3, Framework for Developing the Integrated Medium Term Plan (IMTP) 2020-2023**

Members **NOTED** that Digital and Engagement elements of the IMTP were due to be discussed at the December 2019 Board Development Session prior to the IMTP coming to the Board meeting in January 2020 for consideration.

### **HB/19/128 Page 4, Integrated Performance Dashboard**

In response to the point raised around management of delayed transfer of care, Members **NOTED** that A Lawrie would be meeting with local authority colleagues to discuss the plan for the winter. R Treharne **AGREED** to check the forward work programme for the Finance Performance and Workforce Committee to confirm when unscheduled care and winter planning was due to be discussed.

HB/19/140

### **MATTERS ARISING**

There were no matters arising.

HB/19/141

### **CHAIR'S REPORT AND AFFIXING OF THE COMMON SEAL**

Marcus Longley presented his report providing an update on the key areas included in the report.

Members **NOTED** that an induction event was being developed for newly appointed independent members and feedback from the initial session would be provided to a future Board meeting and used to inform the ongoing development of Independent Member Induction.

The Board **RESOLVED** to:

- **NOTE** the report
- **ENDORSE** the Affixing of the Common Seal **NOTING** that the purpose of the contract relating to item 258 would be notified to the next meeting.

HB/19/142

### **CHIEF EXECUTIVE'S REPORT**

The Chief Executive presented Members with the report and the Board **NOTED** the key areas highlighted within.

Members **NOTED** that a Maturity Matrix was being developed to provide a mechanism to assess progress on the improvement programme in response to 'targeted intervention'. The Maturity Matrix along with the Organisational Development Plan would be presented to the Board for discussion once finalised.

Members **NOTED** that the Chief Executive would be holding two feedback sessions following analysis of the Staff Survey. It was **AGREED** that Members, trade union representatives and the wider management group would be invited to these sessions. In addition, Members **NOTED** that a representative from the Communications Team would be accompanying the Head of Nursing to speak to nursing staff as a group.

Members noted that CTMUHB had some of the most deprived areas in Wales within its catchment population and emphasised the importance of the Primary and Community Care Committee looking at this issue.

S Hopkins informed Members that the Operating Model would redefine the way in which the organisation operated and that population health improvement would underpin this.

Members **NOTED** the importance of influencing progress through meetings of the Public Service Boards and the Regional Partnership Board to ensure maximum impact via partnership working to improve the health of the CTMUHB population.

J Palmer referenced the work being undertaken around cardiovascular risk, the inverse care law, early stage cancer diagnosis and chronic conditions. Members **NOTED** the challenges that existed in terms of effective communication and engagement with the community.

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

HB/19/143

### **TO APPROVE THE REVISED MODEL STANDING ORDERS**

G Galletly presented the report which sought the Health Board's endorsement for the adoption of the Welsh Government's Model Standing Orders.

Members **NOTED** that this was an all-Wales requirement.

M Thomas thanked the Board Secretary and queried the reference within the Standing Orders to the organisation being an 'LHB'. Members **NOTED** that the official operational title of CTMUHB was a 'Local Health Board'.

Members **NOTED** the expanded remit of the 'Primary (Care), Community (Care), Population Health and Partnerships Committee.

Members **NOTED** that whilst the Health Board would continue to host Emergency Ambulance Services Commissioner (EASC) with the adoption of new Standing Orders for EASC. It was also **NOTED** that the secretariat support would now be provided by EASC.

Members **NOTED** that the date for the inaugural meeting of the Information Communication and Technology/Information Governance Committee (ICT/IG) and Charitable Funds Committee had been set for early in the New Year.

In discussing the Committee Terms of Reference it was **NOTED** was an error in the title of the ICT & IG Committee at page 8 (document 3.1.3.1) and there was a need to include a reference to the Charities Act 2011 within the Charitable Funds Committee terms of reference. It was **AGREED** that both of these documents would be updated following the Board meeting.

Given their role in providing assurance to the Board, Members discussed the importance of Board Committees operating robust governance systems and having the required resources to do so.

It was **NOTED** that the terms 'Non-Officer (Board) Member' and 'Independent Members' (IMs) were used within Standing Orders and that whilst having the same meaning, the current phrase was 'IM'.

The Board **RESOLVED** to:

- **APPROVE** the adoption of the revised Model Standing Orders and supporting Schedules;
- **APPROVE** the Terms of Reference for all Committees and Groups/Forums noting that there was a need to make minor updates to terminology as noted above;

HB/19/144

### **TO APPROVE THE EQUALITY ANNUAL REPORT**

A Phillimore presented the Equality Annual Report, which provided an overview of progress against the Strategic Equality Plan.

Members **NOTED** paragraph 2, the key achievements over the last year and at paragraph 2.6 the important impact this was having.

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Members **NOTED** there had been a particular focus in terms of staff communication to ensure that staff were aware of the different communication methods available.

Members **NOTED** that the main issue for the Board was the awareness of the Welsh Language Standards which would be challenging in terms of compliance. The Vice Chair congratulated the small team undertaking this important work.

Members asked if the Health Board had linked in with the CTM Community Health Council (CHC) and A Phillimore **AGREED** to check and ensure that this had been taken on board.

Whilst acknowledging there had been some excellent work during the year, J Sadgrove suggested that further detail could be provided in terms of the challenges that remained and how these were being prioritised. A Phillimore informed Members that discussions had been held in this respect with the Equalities Commissioner with a view to developing a Strategic Equality Plan.

The Board **RESOLVED** to: **APPROVE** the Equality Annual Report.

HB/19/145

### **FUNDED NURSING CARE (FNC) – TO APPROVE THE EXTENSION AND PROPOSED UPLIFTS**

The report was jointly presented by G Dix and S Webster. This sought approval of a proposal that the inflationary uplift mechanism be extended for a further two-year period and the NHS FNC rate for 2019/20 and 2020/21.

Members **NOTED** that FNC referred to care homes to provide registered nursing care to patients who met threshold requirements.

The Board **RESOLVED** to:

- **APPROVE** the extension of the current payment methodology for the next two years;
- **APPROVE** the rates of FNC for 2019/20 and 2020/21.

HB/19/146

### **TO APPROVE THE MAJOR TRAUMA NETWORK (MTN) PROGRAMME BUSINESS CASE**

J Palmer presented the report providing an update on the development of the MTN for South and West Wales and South Powys and to present the Business Case for the operation of the CTMUHB Trauma Network.

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Members **NOTED** that this report was being received by the relevant health boards for discussion and approval. Members **NOTED** it was envisaged that the South Wales Trauma Network would be operational from April 2020.

Members **NOTED** that further investment was anticipated from Welsh Government.

In terms of the preparations, Members **NOTED** there was a helipad at the Royal Glamorgan Hospital site and that there would be one at Prince Charles Hospital in the New Year. In terms of the Princess of Wales Hospital site, it was **NOTED** that the facility was located in an adjacent field.

Members **NOTED** that weekly teleconferences were being held regarding the potential risks around recruitment. J Palmer explained that the risks had been escalated to the Programme Board. Members also **NOTED** that J Palmer was in discussions with colleagues to ensure there were no delays in patients being repatriated with their local hospitals sites.

P Griffiths declared an interest in this item being a Member of the Welsh Health Specialised Services Committee advising he had therefore previously been involved in discussions around this topic.

N Lyons conveyed his support for the Major Trauma Network in providing a safe service to the CTMUHB population and noted the importance of close working with other health boards.

The Chair asked as to the level of confidence in terms of CTMUHB meeting the challenges that existed around patient rehabilitation. J Palmer explained that the first year would not pose any problems but that a further business case would be required in future years.

C Moss informed Members of the financial concerns raised by the CHC in relation to potential cost implications for CTMUHB patients and the level of patients likely to benefit from the Network and whether the Network represented value for money. S Webster acknowledged that this would pose a challenge for CTMUHB, and priorities for investment would need to be revisited but this was an important development that ought to be supported.

Members **NOTED** that major trauma patients would be triaged and directed into the Major Trauma Centre according to their health board area. Members also **NOTED** the amount of work that had taken place between between CTMUHB and colleagues in neighbouring health boards to ensure that the communities served benefited.

S Hopkins reminded Members that the allocation for next year was currently unknown but there was an outline plan in the Integrated Medium Term Plan (IMTP).

S Hopkins recommended to Board Members that they should approve this Business Case acknowledging that the budgetary allocation was not yet known and that this decision should be made on the premise that significant further investment would be required in the next financial year. It was acknowledged that this issue needed to return to the Board for further discussion once the financial position was clearer.

The Board **RESOLVED** to:

- **APPROVE** the overall network model described in the case (clinical, operational and governance) including the: role of the Operational Delivery Network (ODN) and role of the health Board, as a provider of respective component of service model;
- **APPROVE** the content the Programme Business Case subject to confirmation of the NHS resource allocation for 2020/21, the IMTP prioritisation process.

HB/19/147

### **NURSE STAFFING LEVELS (WALES) ACT (2016) FOR ADULT ACUTE MEDICAL AND SURGICAL WARDS FOLLOWING THE BI ANNUAL CALCULATION**

G Dix presented the report and advised that Section 25E of the Nurse Staffing Levels (Wales) Act (2016) required Health Boards to report their compliance in maintaining nurse staffing levels for each adult acute medical and surgical ward. This included submission of a nurse levels report following the acuity audit in June 2019 as part of the bi- annual recalculation process.

Members **NOTED** that an audit was undertaken in June 2019 across 30 wards, 10 on each District General Hospital site and as a result a recommendation was made that there was no requirement to recalculate ward staffing numbers and the audit would be repeated in January 2020. Members **NOTED** that there were a significant level of vacancies across the organisation and that reasonable steps were being taken to ensure wards were being safely staffed.

N Milligan referenced page five of the report advising that nurses needed to be referred to as 'registered' as opposed to 'qualified'.



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N Milligan advised that several discussions had been held previously in relation to the difference in hours worked at the Princess of Wales Hospital compared with the Royal Glamorgan and Prince Charles Hospitals and advised that equity was required across sites. G Dix assured Members that this was in the process of being reviewed.

Members **NOTED** that no date had yet been given for the extension of the Act to Mental Health wards and that acuity levels were being considered when staffing levels were being reviewed. With regard to overseas nurse recruitment it was **NOTED** that during January 2020 it was anticipated that 18-20 overseas nurses would commence within CTMUHB. A Phillimore advised that a number of discussions were being held in relation to accommodation options and help with integration into the local communities.

A discussion was held in relation to the high number of healthcare support worker vacancies within the organisation and it was **NOTED** that there were no issues identified that were preventing recruitment into these posts.

With regard to how nurses made their judgements on acuity levels on wards, G Dix advised that the acuity levels were very prescriptive and a number of peer reviews were being undertaken by Senior Nurses to ensure patients were being accurately assessed in terms of the level of care they required. Members **NOTED** CTMUHB had higher levels of acuity in its population compared with other Welsh localities.

The Board **RESOLVED** to: **APPROVE** the nursing establishments in compliance with requirements of the Nurse Staffing Levels (Wales) Act (2016)

HB/19/148

### **HEALTHCARE INSPECTORATE WALES/WALES AUDIT OFFICE JOINT REVIEW INTO QUALITY GOVERNANCE**

Kelechi Nnoaham presented Members with the report which focussed on the quality governance arrangements within CTMUHB.

Members **NOTED** that 14 recommendations had been made, which had been fully accepted with a number of themes identified.

Members **NOTED** that follow-up discussions had been held with Healthcare Inspectorate Wales (HIW) and the Wales Audit Office (WAO) regarding the development of the Health Board's management response and that sustainable improvement in response to the recommendations would be built into the development of the Maturity Matrix. It was

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anticipated that the draft management response would be available for discussion at the December 2019 Quality & Safety Committee.

S Hopkins advised the Health Board had welcomed the report and said that work would continue to be undertaken with HIW, WAO and Welsh Government to ensure all pieces of work were being connected. Members **NOTED** this work would be led by K Nnoaham (Senior Responsible Officer) with the skills of the whole Executive Team being required to take this piece of work forward.

Following discussion, Members advised of the need for change in organisational culture in order to address the issues identified. Members **NOTED** that a number of the issues identified were already being addressed in different programmes of work, for example, patient experience.

In response to the question raised by Members regarding monitoring of progress, G Galletly advised that it would be proposed that the Maturity Matrix was presented to Board at each meeting for overall oversight, with each Maturity Matrix area being assigned to a Board Committee for in-depth scrutiny.

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

HB/19/149

### **ORGANISATIONAL RISK REGISTER**

G Galletly presented the report and advised that the risk register had been updated following the presentation of the report at the September 2019 meeting. Members **NOTED** that the report identified that a new approach to Risk Management was being developed which would be closely linked to the review of the BAF.

Members **NOTED** that the report recommended that two risks had been removed from the risk register and three added.

N Milligan made reference to risk 34 (agency staff cover in medical and nursing areas) and advised that some substantive staff had raised concerns that some agency staff felt that fundamentals of care were not their responsibility. G Dix advised he would look into the matter.

A discussion was held in relation to the timescales for updating the risk process. Members **NOTED** that dedicated support was now in place for the Executive Team and steps were being taken to appoint a Head of Risk. It was anticipated that an improved position would be in place by September 2020.

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P Griffiths advised that in relation to the remit of 'risk' transferring to the Audit Committee (from the Quality, Safety Committee), he would welcome a discussion with G Galletly as to the role of the Committee in relation to the monitoring of risks and advised of the need to ensure that the Committee was being provided with all of the information it required to fulfil its responsibility.

A discussion was held in relation to risk 44 and it was agreed that further clarification would be required to determine whether it related to unreported waiting lists, or follow-up outpatients not booked.

The Board **RESOLVED** to:

- **APPROVE** the organisational risk register
- **RECEIVE** confirmation of the position in relation risk 44 at its next meeting.

HB/19/150

### **MATERNITY SERVICES IMPROVEMENT PROGRAMME UPDATE**

*A Llewellyn, J Hilborne, J Phillips, A Kumar, T Allouni and D Murray were in attendance for this item.*

G Dix advised that a significant amount of progress had been made since the publication of the Royal College of Obstetricians & Gynaecologists and Royal College of Midwives report and it was felt that it would be helpful if the Team were invited to present this improvement work that had been undertaken over recent months.

The following key updates were **NOTED**:

- 70 recommendations were made during the review, and a single action plan had since been developed. Certain actions had been addressed immediately following verbal feedback
- An Independent Oversight Panel (IMSOP) had been appointed by the Minister following the Health Board being placed into Special Measures for Maternity Services
- A Maternity Services Improvement Programme was established which was structured into three separate project boards.
- A Maturity Matrix had been developed which contained narrative descriptors at each level
- Since the publication of the report, further reviews/visits had been undertaken by the CTMCHC, HIW and Health Education & Improvement Wales. C Moss advised the CTMCHC had also visited in September 2019 when excellent experiences had been reported by patients.

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In response to a question raised regarding the timeline for achieving all of the recommendations Members **NOTED** that it had taken Morecambe Bay NHS Foundation Trust, who had similar experiences, six years to turn around their maternity services.

Members **NOTED** that CTMUHB had thus far made significant progress in a short period of time and that the focus on this particular service area had inevitably resulted in an impact in terms of progress for other areas of work.

R Treharne welcomed the presentation and encouraged colleagues to ensure a balanced focus was maintained with help being sought from Board colleagues as necessary.

In terms of those mothers that had elected to give birth in another health board Members **NOTED** that 200 births had flowed to Cardiff & Vale University Health Board and that the overall position was being closely monitored.

G Dix extended his thanks to colleagues for attending the meeting to present their work.

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

HB/19/151

### **EMERGENCY AMBULANCE SERVICE COMMITTEE (EASC) PRESENTATION**

*C Turner and S Harrhy were in attendance for this item.*

C Turner outlined of the purpose of EASC and advised that membership consisted of Chief Executives from each health board, colleagues from the Welsh Ambulance Services NHS Trust (WAST), S Harrhy, Chief Ambulance Services Commissioner and himself as Independent Chair. Members **NOTED** that the Committee met every two months and development sessions had recently been introduced.

Members **NOTED** that EASC worked closely with WAST and Non-Emergency Patient Transport Services (NEPTS) and that the Committee's objectives had been set by the Minister.

The following key points were **NOTED** by the Board:

- EASC had achieved an approved three- year IMTP during 2019;
- Key areas of focus included 24/7 expansion of the Emergency Medical Retrieval Services (EMRTS) and progression of the Amber Review;

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- Ambulance Quality Indicators were being published on a quarterly basis and were available to view on the EASC website. A summary of performance against each area was provided to Members.

M Longley extended his thanks to S Harrhy and C Turner for the presentation

A discussion was held in relation to the interface with Primary Care and it was **NOTED** that out-of-hours services were becoming increasingly resilient and that further consideration would need to be given to the links between WAST and the 'At Home' services.

Members **NOTED** that WAST had recently presented to CTMUHB's Quality & Safety Committee with its annual data in relation to improvement and learning and **NOTED** that a meeting was pending with WAST colleagues to discuss this further. S Harrhy welcomed the approach being taken.

In response to a question around the adverse performance at Princess of Wales Hospital around hours lost in handover, Members **NOTED** that work was being undertaken with Primary Care colleagues to address this.

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

HB/19/152

### **WELSH LANGUAGE STANDARDS UPDATE**

A Phillimore presented Members with the report which outlined that there were 52 out of 119 standards with a compliance date of 30 November 2019. Members **NOTED** that applications to challenge a number of the Standards were being finalised for submission to the Welsh Language Commissioner by 30 November 2019.

Members **NOTED** that a response had now been received to the first set of Standards CTMUHB had challenged and the impact arising from this was currently being determined. In discussing the challenges that existed in terms of increasing the proportion of bilingual staff, Members **NOTED** that this would require ongoing discussion with the Welsh Language Commissioner.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/153

### **EMPLOYEE RELATIONS UPDATE**

A Phillimore presented the report.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/154

### **TARGETED INTERVENTION 'PROGRAMME FOR CONTINUOUS IMPROVEMENT IN RESPONSE TO TARGETED INTERVENTION'**

G Galletly presented Members with the report and advised that a meeting had been held with Welsh Government on 1 November 2019 regarding CTMUHB's 'Targeted Intervention' status and added that formal feedback had not yet been received. Members **NOTED** that the next meeting was scheduled for January 2020 to discuss progress.

Members welcomed the structured approach being taken in relation to the programme for continuous improvement.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/155

### **CONCERNS (COMPLAINTS, CLAIMS AND PATIENT SAFETY INCIDENTS)**

G Dix presented the report and advised that Management Board had approved the engagement with a number of suppliers regarding the Friends and Family test.

In relation to the management of complaints, Members **NOTED** a wider complaints/concerns improvement plan had been developed to assist Directorates with reducing the backlog of complaints and ongoing training was being provided regarding the quality of complaint responses.

In relation to serious incidents, Members **NOTED** the outputs of the Delivery Unit review into serious incidents were being worked through and that a Serious Incident toolkit was being developed.

With regard to improvement work around complaint response times, Members **NOTED** that a 'plan on a page' had been developed with consideration being given to improved training and education as well as a greater proportion of face-to-face discussions with patients rather than always providing a written response. G Dix advised that he would be happy to share the plan with Board Members outside the meeting.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/156

### **INTEGRATED PERFORMANCE DASHBOARD**

R Treharne presented the report and highlighted the following key issues:

- Referral to Treatment Targets – Detailed scrutiny had been undertaken by the Finance, Performance & Workforce Committee where it was noted that the Health Board were off trajectory as a

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result of the patients added to waiting lists following the work undertaken around unreported waiting lists and that a recovery plan was now in place to address the position;

- Unscheduled Care – Challenges continued in this area which was impacting on performance;
- There had also been a downturn in performance around Delayed Transfers of Care;
- Improvement had been seen in the Endoscopy surveillance position as well as Follow-Up Outpatients not Booked (FUNB) although there were issues had been raised with the Performance & Workforce Committee in relation to FUNB data for the Princess of Wales Hospital;
- Performance remained poor in stroke and cancer services. The Finance, Performance & Workforce Committee was due to consider a deep-dive report into Stroke Services.

J Palmer confirmed that patients waiting over 52 weeks for treatment and cancer patients were being clinically prioritised.

Concern was expressed over poor performance being experienced in a number of areas and it was acknowledge that these may require Board discussion if the situation did not improve.

In response to a question regarding indicator 34, compliance with Information Governance Training, A Phillimore advised that most data between the former Cwm Taf and Bridgend areas had now been amalgamated and agreed to provide an update to I Wells on the compliance figure for Information Governance training within CTMUHB. R Treharne also agreed to review the performance position for clinical coding discussing this further with I Wells outside of the meeting.

N Lyons suggested further clinical executive involvement in highlighting the areas experiencing the greatest challenges in terms of performance with a view to mitigating the current position.

M Longley extended his thanks to R Treharne for presenting the report and asked that this report be prioritised on future Board agendas moving forward.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/157

### **WORKFORCE & ORGANISATIONAL DEVELOPMENT METRICS**

A Phillimore presented the report and advised that detailed scrutiny of the position had been undertaken by the Finance, Performance & Workforce Committee. Members **NOTED** that the format of the report had been revised to ensure focus on key areas.

N Milligan made reference to the poor performance being experienced in relation to shortlisting and questioned whether work needed to be undertaken with managers on this matter. N Milligan also questioned whether, in relation to exit questionnaires, career progressions related to the inability to progress in their career within the organisation.

In response to a point around quality and safety issues associated with some of the staffing issues and whether reports routinely needed to be shared with the Quality & Safety Committee in addition to the Finance, Performance & Workforce Committee, S Hopkins advised that discussions had been held in relation to the development of integrated dashboard reports which should help to address such issues and could be shared with Board Committees as appropriate.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/158

### **FINANCE UPDATE MONTH 7**

S Webster presented the report and highlighted the following key areas:

- The month 7 delegated overspend was £2.4m which represented a £0.4m deterioration from the Month 6 position
- A forecast breakeven position had been maintained at month 7 which had an added amount of risk associated against the position
- The success of overseas recruitment would have an impact on the financial position
- CTMUHB's share of the Welsh Risk Pool overspend was likely to be in the region of £1.8m
- The outcome of the review into the allocation of funding from the Bridgend transfer was awaited
- In order to achieve the forecast, there would be a required improvement of Directorate forecasts as at month 6.

Members **NOTED** the importance of the escalation meetings being held with Directorates and that discussions in the next round of meetings would focus on Quality Key Performance Indicators. S Hopkins advised that work was being undertaken with Executive Directors to ensure the balance of discussion was appropriate.

Members **NOTED** that a detailed discussion around the financial position had taken place at the Finance, Performance & Workforce Committee where the importance of having balanced discussions was also recognised.

The Board **RESOLVED** to: **NOTE** the report.



HB/19/159

**INTEGRATED MEDIUM TERM PLAN (IMTP) 2020 – 2023  
DEVELOPMENT AND QUARTER 2 IMTP 2019/20 UPDATE**

R Treharne presented the report and advised that ongoing discussions had been held by the Board regarding the development of the IMTP for 2020 – 2023. Members **NOTED** that a detailed discussion was planned for the Board Development Session in December 2019, when there would be a focus on those services which were felt to be fragile as well as those requiring development.

Members **NOTED** that the IMTP had been presented to the Finance, Performance & Workforce Committee and would also be presented to the Quality & Safety Committee the following week. Members **NOTED** that the IMTP would undergo further iteration over the next few weeks prior to final submission in January 2020.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/160

**INTEGRATED HEALTH AND CARE STRATEGY**

R Treharne presented the report and advised that the Strategy, which had previously been referred to as the Clinical Services Strategy, would be undertaken by a phased approach, with a draft version being in place by the end of the calendar year and a final strategy in place by 31<sup>st</sup> March 2020. Members **NOTED** that the strategy would be discussed further at the December 2019 Board Development session.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/161

**QUARTERLY CAPITAL UPDATE**

R Treharne presented the report and advised that the Health Board was on target to achieve its Capital Resource Limit.

Members **NOTED** that significant achievements included the opening of the Palliative Care Unit at Royal Glamorgan Hospital, the refurbishment of Tonypany Health Centre, funding for a replacement CT scanner at the Princess of Wales Hospital and the approval by the Minister of the Phase 2 Business Case for Dewi Sant Hospital.

Members **NOTED** that the Phase 2 Business Case for the PCH Ground & First Floor would be submitted to Welsh Government in February 2020 and that discussions would need to be held with the Chair & Chief Executive regarding the approach to the contract strategy.

K Montague indicated he was pleased to see schemes were in place and that anti-ligature work was being progressed. K Montague noted his

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concern around the degree to which the Mental Health estate was fit for purpose, Members **NOTED** that operational staff were working closely with colleagues in the Capital Team regarding future plans and requirements. S Hopkins added that the quality of aspects of the mental health estate had also been raised with Welsh Government.

The Board **RESOLVED** to: **NOTE** the report

HB/19/162

### **REGIONAL TRANSFORMATION PROGRAMME PROGRESS REPORT**

R Treharne presented the report and advised that this would be monitored by the Primary, Community, Population Health & Partnerships Committee moving forward. Members **NOTED** that there were a number of schemes which would need to be implemented in the New Year and two workshops had been held by Welsh Government which had been well received by partners.

S Webster highlighted the importance of ensuring that a sustainability plan was developed and implemented and A Lawrie advised that it may be helpful if the Board were sighted on the work being undertaken in the Bridgend locality regarding Regional Transformation.

In response to a request for clarity around governance arrangements, R Treharne advised that oversight was being undertaken by the Regional Partnerships Board and that each respective partner would also be responsible for seeking assurance. Members **NOTED** that regular progress reports would be presented to the Board in addition to the Primary, Community, Population Health & Partnerships Committee.

The Board **RESOLVED** to: **NOTE** the report.

HB/19/163

### **HEALTHCARE INSPECTORATE WALES (HIW) ANNUAL REPORT 2018-2019**

G Galletly advised that the report was being brought to Board for completeness following HIW representatives attending earlier in the year to present their feedback.

J Palmer advised that for accuracy, in relation to IRMER, two action plans had been submitted in January and June 2019.

The Board **RESOLVED** to: **NOTE** the report.

**HB/19/164**

**COMMITTEE CHAIR'S REPORT**

The Board **RECEIVED** the report and **RESOLVED** to:

- **NOTE** the report;
- **APPROVE** the minutes of Board committee meetings;
- **APPROVE** the Mental Health Act Monitoring Committee Annual Report 2018/19 including the revised Terms of Reference.

**HB/19/165**

**ANY OTHER BUSINESS**

There was no other business to report.

**HB/19/166**

**DATE OF NEXT MEETING**

The next scheduled meeting would take place on Thursday 30 January 2020.

**SIGNED:.....**

**M Longley, Chair**

**DATE:.....**