

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

**HELD ON THURSDAY 30 JULY 2020
AS A VIRTUAL MEETING BROADCAST LIVE VIA MICROSOFT TEAMS**

MEMBERS PRESENT:

Marcus Longley	– Chair
Sharon Hopkins	– Chief Executive (Interim)
Maria Thomas	– Vice Chair
Jayne Sadgrove	– Independent Member
Keiron Montague	– Independent Member (observing via Live stream due to technical issues)
Paul Griffiths	– Independent Member (observing via the Live Link due to technical issues)
Mel Jehu	– Independent Member
Nicola Milligan	– Independent Member
Philip White	– Independent Member
Alan Lawrie	– Executive Director of Operations
Hywel Daniel	– Executive Director of Workforce & Organisational Development
Kelechi Nnoaham	– Executive Director of Public Health
Clare Williams	– Executive Director of Planning & Performance (Interim)
Alan Lawrie	– Executive Medical Director
Nick Lyons	– Executive Director of Finance
Steve Webster	

IN ATTENDANCE:

Debbie Bennion	– Deputy Nurse Director
Valerie Wilson	– Director of Midwifery, Gynaecology & Sexual Health Services (In part)
Cally Hamblyn	– Assistant Director of Governance & Risk
David Jenkins	– Independent Advisor to the Board (Observed the meeting as a Member of the Public via the Live Link)
Urvisha Perez	– Audit Wales (Observing)
Wendy Penrhyn-Jones	– Head of Corporate Administration
Emma Walters	– Corporate Governance Officer (Secretariat)
Cathy Moss	– Chief Officer, Cwm Taf Morgannwg Community Health Council (CHC) (Observed the meeting as via the Live Link due to technical issues)
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A) PRELIMINARY MATTERS

HB/20/114

AGENDA ITEM 1.2 WELCOME & INTRODUCTIONS

The Chair **welcomed** everyone to the meeting which was being 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 questions had been sought from Independent Members in advance of the meeting which had been addressed by the relevant officer lead. The Chair advised that he did not intend to read these questions out during the meeting as they had all been shared prior to the meeting and had been included for ease of reference within the Ibabs system. Members **NOTED** that the questions and answers would be recorded formally within the minutes.

The Chair **welcomed** Debbie Bennion, Deputy Executive Nurse Director and Valerie Wilson, Director of Midwifery, Gynaecology and Sexual Health to the meeting, who were in attendance today on behalf of Greg Dix, Executive Nurse Director.

The Chair advised that he had some important announcements to make prior to proceeding with the items on the agenda, which included:

- Advising the Board that S Hopkins, Interim Chief Executive Officer would be leaving the Health Board in August 2020 and added that this would be her last Board meeting. The Chair on behalf of the Board extended his sincere thanks to S Hopkins for the commitment, dedication and passion for which she had led the organisation over the last 12 months;
- Advising the Board that following the recent process undertaken to recruit a substantive Chief Executive in June 2020, the Chair was delighted to confirm that Mr Paul Mears had been appointed as the new Chief Executive for the Health Board and was due to commence on 14 September 2020;
- Advising the Board that he was delighted to confirm that the Minister for Health and Social Services had agreed to extend Maria Thomas's appointment as Vice Chair for 12 months until September 2021;
- Advising the Board that he had recently received notification from Paul Griffiths that he had tendered his resignation to the Minister for Health and Social Services, noting that he would be stepping down from his role as Independent Member for the Health Board on 31 December 2020. The Chair advised that Paul would have served just

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short of a four year term with the Health Board and had offered significant contribution to scrutiny and assurance across all areas and specifically in relation to finance and audit. The Chair added that he would ensure the Board had an opportunity to formally thank Paul before he leaves in December.

HB/20/115

AGENDA ITEM 1.3 APOLOGIES FOR ABSENCE

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

- Dilys Jouvenat, Independent Member
- Ian Wells, Independent Member
- James Hehir, Independent Member
- Greg Dix, Executive Nurse Director
- Georgina Galletly, Director of Corporate Governance
- Liz Wilkinson, Executive Director of Therapies and Health Sciences
- Giovanni Isingrini, Associate Member
- Suzanne Scott-Thomas, Associate Member
- Sharon Richards, Associate Member
- Olive Francis, Vice Chair, Cwm Taf Morgannwg Community Health Council.

HB/20/116

AGENDA ITEM 1.4 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.

HB/20/117

AGENDA ITEM 2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 28 MAY 2020

Members **RESOLVED** to **APPROVE** the unconfirmed minutes of the meeting held on 28 May 2020.

HB/20/118

AGENDA ITEM 2.1.2 UNCONFIRMED MINUTES OF THE MEETING HELD ON 29 JUNE 2020

A comment had been raised by an Independent Member prior to the meeting, as outlined below, together with the response provided:

Comment: Matter of accuracy on page 5, final paragraph – The Chair was thanked for his commitment to ensuring no stone was unturned in

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considering the 24/7 provision of emergency services at Royal Glamorgan Hospital, not Nick Lyons, Medical Director, as stated within the minutes.

Answer: This correction will be reflected in the final minutes.

Members **RESOLVED** to **APPROVE** the unconfirmed minutes of the meeting held on 29 June 2020.

HB/20/119

AGENDA ITEM 2.1.3 AMENDMENT TO THE STANDING ORDERS

Some comments and questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Comment: Item Number 22 – An observation on page 3, 1.3.1, we are a University Health Board (UHB) not a Local Health Board (LHB).

Answer: This correction will be rectified in the version that will be published on the website following the Board meeting.

Question: Page 5, Primary, Community, Population Health & Partnerships Committee – States that the Chair of the Committee is the Vice Chair of the Health Board. Within the new Committee Arrangements, it states that the new Chair of the Committee is Philip White.

Answer: The master copy of the terms of reference have been updated to reflect the correct Chair aligned to the new Committee arrangements. This corrected version will be uploaded to the website once approval has been sought by the Board.

Members **RESOLVED** to: **APPROVE** the amendments to the Health Board Standing Orders as outlined in section 2 of the report.

HB/20/120

AGENDA ITEM 2.1.4 AMENDMENT TO THE STANDARDS OF BEHAVIOUR FRAMEWORK POLICY

The Board **RESOLVED** to **APPROVE** the following changes to the Standards of Behaviour Framework Policy in relation to the management of the Register of Interests process:

- A revised Declaration form for implementation commencing July 2020.
- Revised timescales for prompting declaration of interest returns commencing in July 2020 and then April each year.
- Increased reporting to Management Board and Audit & Risk Committee

CONSENT AGENDA – FOR NOTING

HB/20/121 AGENDA ITEM 2.2.1 ACTION LOG

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

HB/20/122 AGENDA ITEM 2.2.2 CHAIRS REPORT AND AFFIXING OF THE COMMON SEAL

The Board **RESOLVED** to:

- **NOTE** the report.
- **RATIFY** the approvals gained via Chair's Urgent Action since the last Board meeting.
- **ENDORSE** the Affixing of the Common Seal to the listed documents within the report.

HB/20/123 AGENDA ITEM 2.2.3 CHIEF EXECUTIVES REPORT

A question had been raised by an Independent Member prior to the meeting, as outlined below together with the response provided:

Question: Looking ahead, resetting quarter three and beyond, can the Chief Executive Officer confirm when we will be implementing more precautions for members of staff who identify as Black and Asian Minority Ethnic (BAME) as they are more likely to be at risk than other members of staff.

Answer: The Health Board will review the risk assessment undertaken and respond to any action required as appropriate.

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

INTEGRATED GOVERNANCE

HB/20/124 AGENDA ITEM 2.3.1 AUDIT & RISK COMMITTEE HIGHLIGHT REPORT 15 JUNE 2020

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

HB/20/125 AGENDA ITEM 2.3.2 AUDIT COMMITTEE ANNUAL REPORT 2018-2019

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

HB/20/126 AGENDA ITEM 2.3.3 AUDIT & RISK COMMITTEE HIGHLIGHT REPORT 29 JUNE 2020

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

HB/20/127

**AGENDA ITEM 2.3.4 REMUNERATION AND TERMS OF SERVICES
COMMITTEE HIGHLIGHT REPORT – 29 JUNE 2020**

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

HB/20/128

**AGENDA ITEM 2.3.5 PROGRAMME FOR CONTINUOUS
IMPROVEMENT IN RESPONSE TO TARGETED INTERVENTION
PROGRESS REPORT**

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Reference 2.3.5a page 1 - The proposed score for leadership, capacity, capability and development (2.3.5 page 3) is level two for July 2020. How have we reached this score and if so what leadership programmes do we have? Have we commenced implementation? If so at what level?

Answer: This score was reached having been through the full self-assessment process, as set out as Appendix D in the papers i.e. the Senior Responsible Officer (SRO) reviewed the evidence provided and in discussion with colleagues, feels that the score has increased from level 1 basic, to level 2 early progress. Specifically, the Health Board has moved from "recognising the need for sufficient leadership capacity, capability, and recognises that the work is required to get sufficient capacity and capability" - level 1 basic, to "developing leadership development programme to develop capacity and capability, and move towards a clinically led organisation".

Although the leadership plans are not all in place yet across the organisation, elements of the plan include coaching for all senior level Cwm Taf Morgannwg (CTM) posts (Executives and Integrated Locality Group (ILG) Directors), and clear milestones have been developed to deliver against the management basics training (November 2020), and to present the leadership programme offering, which if supported would be implemented in early 2021.

In addition there is evidence that the Health Board has moved to a clinically led organisation over the past four months, with the implementation of the new operating model, to include clinically led ILGs and clinically led Systems Groups. As part of the new operating model implementation, the Health Board has identified the leadership gaps and worked to fill them (a requirement to move from level 1 Basic, to level 2

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Early Progress). There is strong evidence of leaders from ILGs being visible and approachable, ILG staff road shows are indicators of this.

The Heath Board recognises the need for sufficient leadership capacity and capability, and recognises that work is required to get sufficient capacity and or capability. It was noted that there have been numerous examples of staff empowerment and leadership which have been identified through the Health Boards response to the Covid-19 pandemic.

Question: What is the difference between a 'Level 2 Basic' and a 'Level 2 Early Progress' score.

Answer: Criteria Definition:

- 1 Basic Level Principle accepted and commitment to action Health Board is aware of the requirement but is unable to demonstrate meeting it and/or cannot evidence clear plans or approaches to meet the criteria.
2. Early Progress – In development the Health Board recognises what is required for the criteria. The Health Board is able to evidence being able to meet some of the criteria but cannot evidence being able to meet all aspects in full. The Health Board plans to meet all the criteria in full.
3. Results – Initial achievements realised the Health Board meets some of the criteria, in line with agreed milestones, it has clear and credible plans to continually and sustainably improve service provision.
4. Maturity – Results consistently achieved the Health Board meets all the criteria to a high standard, can evidence many examples of good practice against the criteria which are routinely shared and adopted by others.
5. Exemplar – Others learning from our consistent achievements. The Health Board excels at all criteria, service provision and patient experience is excellent. The Health Board is leading the strategic agenda through the implementation of innovative practice that is shared with other Health Boards and beyond the organisation to others, enabling realisation of long term sustainability.

Question: Are we being consistent in our assessment of the progress being made against different Targeted Intervention (TI) categories. For example, the overall score described for 'Rebuilding Trust and Confidence' (as shown in the table on page 3) is 'level 2 early progress' - based upon all four underlying elements achieving a 'level 2 early progress' score as at July 2020. By contrast, the overall score for 'Quality and Governance' is described as 'Level 2 basic' although all five elements which make up this category also achieved a 'level 2 early progress' score.

Answer: This is an error the Quality and Governance item should read level 2 early progress not level 2 basic. If all the sub-category scores are level 2 early progress (as Trust and Confidence and Quality Governance) the overall score is level 2 early progress. For Leadership and Culture at the time of the assessment two sub-categories were scored as level 1 basic, and two were scored as level 2 early progress, therefore the overall

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score was level 1 basic. The report was subsequently reloaded to rectify this error after initial publication.

Question: Can the CEO inform the Board as to whether she is happy with the progress made in advance of the escalation meeting with Welsh Government scheduled for the 7 August 2020.

Answer: A response was received from the Chief Executive as follows: "We are continuing to progress and there have been positives and negatives within the last 4 months (COVID-19). I am certain that we are on the right path and optimistic about seeing continuous improvement overall. We need to work hard on developing our 'early progress' to 'results' as assessed on the matrix so as to be able to talk about de-escalation through the phases of targeted intervention and special measures. Our staff are doing impressive work, adapting and championing change both in the way we do things and how we deliver services. The safety and quality focus is increasingly evident and has been supported through the Health Boards response to the Covid-19 pandemic".

To note: The Welsh Government Escalation presentation for the 7 August 2020 will be shared with Board members and will include a visual representation of progress aligning the matrix scores (**added to the action log**).

The Board **RESOLVED** to:

- **NOTE** the Escalation meeting scheduled with Welsh Government on the 7 August 2020, for the first time since 28 February 2020;
- **APPROVE** the proposed Maturity Matrix scores and current self-assessment position for Targeted Intervention.

QUALITY & SAFETY

HB/20/129

AGENDA ITEM 2.4.1 QUALITY & SAFETY COMMITTEE HIGHLIGHT REPORT 14 JULY 2020

The Board **RECEIVED** the report and **RESOLVED** to: **NOTE** the report for assurance.

HB/20/130

AGENDA ITEM 2.4.2 LEGISLATIVE UPDATE

A question was raised by an Independent Member prior to the meeting, as outlined below together with the response:

Question: These are two key Legislative changes. Will consideration be given to having a Board Development session so that the Board will be clear around their responsibility of the implications of the Acts and an

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understanding how the monitoring by the sub committees of the Board will be undertaken.

Answer: Yes – legislative updates will be planned at appropriate intervals at future Board Development Sessions **(added to the action log)**.

The Board **RESOLVED** to:

- **NOTE** the legislative update, and that the on-going developments and monitoring in relation to the actions required by the Health Board will be undertaken by the Quality & Safety Committee and the Planning, Performance and Finance Committee for the Quality & Engagement Act (2020) and the Socio-Economic Duty accordingly.

PLANNING, PERFORMANCE AND FINANCE

HB/20/131

AGENDA ITEM 2.5.1 PLANNING, PERFORMANCE AND FINANCE COMMITTEE HIGHLIGHT REPORT 20 JULY 2020

The Board **RECEIVED** the report and **RESOLVED** to: **NOTE** the report for assurance.

MAIN AGENDA

INTEGRATED GOVERNANCE

HB/20/132

MATERNITY SERVICES IMPROVEMENT PROGRAMME UPDATE

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Page 4, Recommendation 7.43 - At the Health Board meeting in May 2020, it was reported as "updated on 18.2.20, closed with no further action and moved from QLM to QWE". What is the current position five months on in identifying a lead? Has there been consultation and engagement with staff?

Answer: The action is closed. A lead has been identified for the work stream. Consultation and engagement is being captured within the development of an engagement plan.

Question: Page 4, Recommendation 7.8 - The minutes of the May 2020 Health Board meeting recorded that the Executive Director for Workforce & Organisational Development was meeting to discuss leadership programmes within maternity. Given that on page five it is reported the culture is still seen as punitive, what programmes have been introduced? If none what is the timeline to commence.

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Answer: Training programmes were stepped down during Covid-19, however, there are ongoing discussions with an external company to re-establish these programmes.

V Wilson presented the report and advised that 41 recommendations had now been closed, with a further 15 being proposed for closure at the next Independent Maternity Services Oversight Panel (IMSOP) meeting, two of which were pending further work.

Members **NOTED** that a targeted piece of work had been undertaken on serious incident management, with a review of guidelines being undertaken to ensure they were of a high standard. Members **NOTED** that work had been undertaken with Neonatal colleagues to address the backlog in perinatal reporting, with the Team now moving into business as usual, with a review of cases being undertaken as and when they occur.

Members **NOTED** that the Team would continue to respond to the Royal College of Gynaecologists recommendations, and would continue to align the Maternity Services Improvement Plan into the Assurance Framework.

Members **NOTED** that in relation to an external review, pre-review work had been undertaken on comorbidity and still births and initial feedback was now being received as to how to respond to families regarding their concerns.

V Wilson advised that the leadership programme had been stood down in March 2020 due to the response to Covid-19, with work being undertaken with external companies on innovative ways to take this forward. A forward plan was now in place as to how to take forward engagement with families.

In relation to a question raised regarding slippage regarding the engagement work, Members **NOTED** that work-streams were being opened up as the Maternity Services Improvement Programme developed. Members **NOTED** that despite a sustained reduction in Caesarean section rates being seen, the Health Board was still 2% higher than the rest of Wales. The Caesarean Section working group had now been re-established.

The Chair extended his thanks to V Wilson for presenting the report. S Hopkins also extended her thanks to V Wilson and the Team for all of the work that had been undertaken, with continued focus being placed on the improvement journey. Members **NOTED** that the next report from IMSOP was due to be published at the end of September and **NOTED** that the Tirion Birthing Centre was due to reopen on 5 October 2020.

N Milligan advised that whilst the Board were all aware of the amount of work that had been undertaken, it was disappointing to see that culture was still being seen as punitive within Maternity, although it was **NOTED** that a questionnaire had been distributed to staff. In response, V Wilson advised that the questionnaire had now closed, with 130 responses being received. Members **NOTED** that an analysis of the responses would be included in the next update report.

M K Thomas advised that significant scrutiny was being undertaken by the Maternity Improvement Board, with V Wilson providing further robust and detailed answers to the questions that had been raised.

The Chair extended his thanks to V Wilson for her leadership and welcomed the positive steps and improvement evident within the report.

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

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MATTERS ARISING NOT CONSIDERED WITHIN THE ACTION LOG

There were no further matters arising identified.

HB/20/134

COVID-19 UPDATE

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Have the latest estimated programme costs been included in the month three financial forecast?

Answer: Yes - Confirmed with the Executive Director of Finance.

Question: Are the ILGs fully engaged in the plans and assumptions made given the many unknowns of how COVID 19 will progress over the coming months and the possible impact on staff?

Answer: The ILGs have been engaged in various ways:

- Through the Management Board where the ILG directors engage in the discussion about the assumptions and plans;
- The Rhondda Taf Ely (RTE) ILG hosts Pathology and leads on planning related to hospital Covid-19 testing;
- The Re-Setting CTM programme incorporates nine workstreams, one of which is the Test-Trace-Protect programme. The ILGs interact and engage with the programme workstreams.

Question: As we are planning alongside the pandemic, second wave appending etc we have our winter planning assumptions to undertake. I understand that a number of winter planning meetings have taken place

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and at best assumptions being made will be under constant review. Are we going to have the financial and physical resource available to manage a second wave if it happens?

Answer: Whether the Health Board has the financial and physical resources to respond to a second wave depends on:

- The status of the Covid-19 vaccine by the Autumn;
- Uptake of seasonal flu vaccine;
- The type of winter we get, and the degree of adherence to preventative behaviours in the general population – social distancing, masks, universal precautions.

Question: What are our plans for the Flu vaccine programme. Will we be having sight of the plan at the next Board meeting?

Answer: Significant work is underway in relation to planning in respect of the seasonal flu and Covid-19 vaccines and an update will be reported to the Board at the appropriate interval.

K Nnoaham presented the report. The Chair extended his thanks to K Nnoaham and the Team for the significant amount of work that had been undertaken over the last few months.

Members **NOTED** that emphasis had been placed on the Test, Trace, Protect Programme within the report which was running according to plan, despite there being some changes made to the system.

Members **NOTED** that surveillance had been a key element of the programme, with monitoring being undertaken of how the virus was acting within the community, care homes etc. More than 8000 antibody tests had been undertaken within Cwm Taf Morgannwg, with no evidence available as yet as to whether people will get immunity. Members **NOTED** that the levels of positive tests were slightly higher than the Welsh average.

Members **NOTED** that the Testing work-stream was progressing well, with significant headroom created as the Health Board moves into the Winter period. Data was now starting to be obtained from the Contact Tracing system.

S Hopkins expressed the importance of maintaining social distancing and hand hygiene moving forward and asked Board Members to act as advocates in relation to continuing to cascade these messages.

J Sadgrove welcomed the report which she found to be informative and found the references made to the spikes being experienced in the Southern Hemisphere interesting, which made it all the more important for our communities to continue to observe social distancing and

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maintaining hand hygiene, and in this regard J Sadgrove questioned how communities could be motivated to continue to do this. In response, K Nnoaham advised that seasonal flu activities within the southern hemisphere were very low, with a spike being seen in Covid-19 cases. Members **NOTED** that the Test, Trace, Protect programme would be crucial in preparing for a second wave, with a key element of the programme being community engagement as there would be a need to understand what the community were thinking in relation to the virus.

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

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AGENDA ITEM 3.2.2 MANAGING THE RISK TO OUR BLACK AND ASIAN MINORITY ETHNIC (BAME) POPULATION IN RELATION TO COVID-19

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Disappointing to note some areas where our BAME staff are at greater risk have as little as 36.23% in compliance with the risk assessment tool despite there being no staff unwilling to complete the assessment. It is noted that communication will be sent to the heads of nursing on a weekly basis on the importance of completing the assessment and that there is an escalation process however, what are we actively doing to ensure we complete these vital risk assessments on some of our more vulnerable staff members. More assurance is needed than the sending of reminders and an escalation process.

Answer: Compliance is now being reinforced by ILG colleagues, who are working with their individual areas to drive-up completion of the assessments. Directorate Managers and Heads of Workforce & Organisational Development are working with the Equality Team to encourage all BAME staff to complete the Risk Assessment, through regular updates, emails and face to face conversations.

Question: Page 2: Why are staff so reluctant to complete the risk assessment and what are we doing to address any concerns specific individuals might have. Are we making use of peer staff to support the completion of the assessment?

Answer: Our staff have fed back that they are reluctant to undertake the assessment for a number of reasons. Staff have said they feel they are being singled out; they view it as an unnecessary exercise which they do not require; and some staff have said they do not feel it is a priority. Staff and managers have been informed that completion is not mandatory, however the ability of some departments to reach 100% (or close to it) suggests that it should be possible to overcome concerns in the vast majority of cases. Regular communication is issued on the evidence-base,

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and on the importance of all BAME completing the assessment, however there are clearly emotional responses to this issue, as with any issue of this nature, which are understandable.

Question: Appendix 2: There is a very wide variation in the level of 'risk assessment' completion across the Health Board locations ranging from 36% to 100%. Is the planned completion date of 31 August realistic given that when this report was prepared we still had well over 100 staff who had not carried out the assessment?

Answer: The fact that many areas with significant numbers of BAME staff have managed to achieve completion rates of 90%+ in a very short period of time suggests that the issue is not the timescale but rather the difference in response and management of this issue between areas. There should be no practical reason why the Health Board is not able to meet the 31 August timeframe.

Question: Two areas of uptake and compliance of concern - Merthyr and Cynon and Rhondda Taf Acute Surgery. Further actions noted on improving compliance however have we engaged and targeted individuals to see what further help or support may be required.

Answer: This issue is now being reinforced by the ILG teams for Merthyr & Cynon and Rhondda Taf Ely respectively. Individual members of staff are being engaged with to discuss the risk assessment and encourage completion, as well as managers being encouraged to discuss this with their staff. The two ILGs have indicated that they are confident that they will reach the level of compliance required.

H Daniel presented the report and advised that work was being undertaken with the ILG's to ensure risk assessments were being completed for BAME colleagues and reiterated that it was hoped that all risk assessments would be completed by the end of August 2020.

The Chair extended his thanks to H Daniel and his team for the work that had been undertaken to date.

The Board **RESOLVED** to: **NOTE** the update on the on work undertaken to complete the risk assessment tool for all BAME staff.

HB/20/136

AGENDA ITEM 3.2.3 VALUES AND BEHAVIOURS FRAMEWORK

One comment had been received from an Independent Member prior to the meeting, as outlined below together with the response provided:

Comment: Page 5 - Phase Four - second paragraph comment for information this work has already been started by the Employee Experience Group, however, it has been on hold due to Covid-19

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response, however, as Chair I am due to meet with officers in August 2020 to discuss where we are currently and how we move the work programme forward.

Answer: This activity was placed on hold during COVID-19. The Health Board is now planning to recommence the work. It is proposed that this will be taken forward with the provider as part of the employee journey.

H Daniel presented the report and reminded Independent Members of the background behind this piece of work. Members **NOTED** that an external company had been commissioned pre-Covid to assist the Health Board with its Values & Behaviours Framework, with a number of sessions held with staff during the Autumn and Winter periods of 2019. A survey was also undertaken, with 4500 responses received. This resulted in the Health Board having a draft set of Values and Behaviours in March 2020, with a follow up survey undertaken in May 2020, which aimed to also gauge the health and wellbeing of staff. 1500 responses were received, with positive feedback received on the draft values and behaviours, which had influenced the final draft.

Members **NOTED** that the final draft had been presented to Management Board and the People and Culture Committee, prior to today's meeting. Engagement had also been undertaken with Cwm Taf Morgannwg Community Health Council who had commented on the work undertaken. H Daniel advised that the values would now be embedded into the organisation, once Board approval had been sought.

J Sadgrove extended her thanks to H Daniel for presenting the report, and advised that she recognised that a significant amount of engagement work had been undertaken and added that the values and behaviours were discussed in detail and supported by the People and Culture Committee on the 23 July 2020. J Sadgrove advised that whilst she was happy to approve, she would require further assurance as to how the values and behaviours would be implemented and taken forward.

S Hopkins advised that Board ownership of these values and behaviours would be required moving forwards, which would need to be demonstrated over the next few months. There would also be a need to ensure that these were being embedded into the organisation moving forward. The Chair confirmed that K Montague was also happy to support the values and behaviours having also had the opportunity to meet with H Daniel after the People and Culture Committee and discuss community engagement.

The Board **RESOLVED** to:

- **APPROVE** the Values and Behaviour statements

- **NOTE** the approach taken to co-create those Values and Behaviours with staff and the next steps for their launch
- **APPROVE** the process outlined to begin embedding those Values and Behaviours across the organisation

QUALITY & SAFETY

HB/20/137

AGENDA ITEM 3.3.1 SAFE, SUSTAINABLE AND ACCESSIBLE EMERGENCY MEDICINE AND MINOR INJURY ILLNESS SERVICES FOR THE PEOPLE OF RHONDDA TAF ELY

A comment was raised by an Independent Member prior to the meeting, as outlined below together with the response provided:

Comment: Page 10 - 2.4 would ask that third sector organisations are included seeking expressions of interest.

Answer: The comment above has been noted.

N Lyons presented the report and reminded Members of the commitment made by Board Members at the last meeting to provide a 24/7 Consultant Led service at the Royal Glamorgan Hospital. Members **NOTED** that the report outlined how services could be sustained within the Rhondda and Taf Ely community in the context of Covid-19, with the report also outlining that a flexible project management approach would be undertaken moving forward.

Members **NOTED** there would be seven work-streams within the project, which would work together in order to move the project forward. The development of the Major Trauma Network and the constant changing guidance being received from the Royal College of Medicine would also need to be considered within the project.

Members **NOTED** the importance of the establishment of a Partnerships Panel and **NOTED** the need to jointly design services that were usable and accessible to members of the Community. Expressions of interest would be sought for future participation in the Partnerships Panel, and work would be undertaken with other organisations who have set up successful Partnerships Panels previously.

M K Thomas sought clarity as to how the Board would have continuous sight of the project and the progress being made, seeking further clarity regarding the timescales for completion and advised that a specific skill set would be required for Members of the Partnerships Panel. N Lyons advised that he would be happy to receive feedback from the Board on reporting requirements and suggested that safety risks would need to be reported into the Quality & Safety Committee, with bi-monthly updates

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being presented to Board. In relation to membership of the Partnerships Panel, community involvement would be required in addition to formal partnerships arrangements.

In relation to timelines, N Lyons advised that the majority of the work was well underway and it was hoped that the Partnerships Panel would be established within the next few days, with the first meeting being planned for October 2020. Members **NOTED** that the workforce model would hopefully be in place by the end of October 2020 and that timelines would be clearly laid out within the Project Initiation Document.

S Hopkins extended her thanks to N Lyons and the Team for all of the work that had been undertaken and asked the Board to further consider how Board oversight and scrutiny could be undertaken whilst enabling the project to be taken forward by the project team at an operational level.

J Sadgrove welcomed the establishment of the Partnerships Panel and advised that this would only be successful if the Community was involved and questioned whether this 'less formal' approach would be the way in which the Health Board engages with communities moving forward. N Lyons advised that he was unsure whether this approach would be less formal and advised that there would be a need for some formality balanced with the ability to be agile and flexible in the approach.

The Board **RESOLVED** to:

- **NOTE** the content of the report;
- **APPROVE** the establishment of a new project encompassing 'safe, sustainable and accessible emergency medicine and minor injury and illness services for the people of Rhondda Taf Ely', as defined in section 2 of this report, which will oversee work-streams that have already commenced and which will continue over the next 12 to 18 months
- **APPROVE** the formal closure of the former 'Emergency Medicine and Inpatient Paediatrics Services Project' (which was framed in terms of progressing the implementation of the recommendations of the South Wales Programme)

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AGENDA ITEM 3.3.2 RISK MANAGEMENT UPDATE

A question was raised by an Independent Member prior to the meeting, as outlined below together with the response:

Question: Page 3 has some thought been given to allow IMs to access Datix to review risks and would that be helpful? Board development session on refreshing IMs understanding on risk and the new arrangements may be helpful when we review our risk appetite.

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Answer: A brief recap of some of the key risk principles has been included in the risk session scheduled for the Board Development Session on the 3 September to support the discussion on Risk Appetite. The session will also include an update on progress to date and the use of the Datix Risk Management system in the review of risks

C Hamblyn presented the report and advised that the purpose of the report was to provide assurance to the Board on the progress made. Members **NOTED** that the Board would receive the full risk register at the September Board Development Session.

The Board **RESOLVED** to: **NOTE** the contents of the report and the progress being made in relation to risk management.

PLANNING, PERFORMANCE AND FINANCE

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AGENDA ITEM 3.4.1 RESETTING CWM TAF MORGANNWG OPERATING FRAMEWORK 2020/2021 QUARTER 2

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Paragraph 2.4, Page 3: Did the Health Board meet the 24 July deadline to provide service capacity data for essential services to Welsh Government?

Answer: Welsh Government withdrew the requirement to provide the service capacity, however work is continuing within the Health Board to outline the demand capacity for essential services to inform plans and provide assurance.

Question: Paragraph 2.5, Page 3: Could you remind the Board of the escalation process for reporting the results of harm reviews to the relevant committees and to the Board and the likely reporting timescale involved. Will these reviews be split between harm caused by Covid19 and those which are a result of non-Covid factors?

Answer: Harm review Standard Operating Procedures (SOPs) developed to date have concentrated on avoidable delays to patient treatment pathways e.g. for Cancer, it is where the patient waited more than 104 days for treatment. As such therefore, suspension of treatment during Covid-19 will be a factor in delayed treatment for a number of referrals irrespective of whether or not this caused harm. However we expect all harm reviews to undergo robust root cause analysis, to provide assurance that all avoidable patient pathway delays are reviewed and actions implemented to reduce the risk to patients in the future. In addition, when a case of clinical or psychological harm is found to have occurred, the clinically responsible clinician will adhere to the Putting Things Right

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Regulations. The Harm Review data will be incorporated into the ILG quality dashboard which is reported to the Quality & Safety Committee. It is proposed that a further thematic review is prepared quarterly by the Patient Care and Safety team.

C Williams presented the detailed report which was a reflection of the considerable amount of work that had been undertaken during Covid-19. Members **NOTED** that the Quarter 2 return followed on from the Quarter 1 return which had been approved by Welsh Government. Members **NOTED** that there were nine Executive Led work-streams which had all been aligned to the Health & Wellbeing objectives.

Members **NOTED** that the guidance received from Welsh Government had asked the Health Board to focus on essential services, ensuring that the correct monitoring and surveillance processes were in place.

C Williams advised that in the Quarter 1 submission, there were 5 areas included, with all services included in the Quarter 2 submission that needed to be delivered at the essential level. Members **NOTED** that Lung Cancer Pathway issues had now been resolved, with these services now being delivered via Cardiff & Vale University Health Board.

Members **NOTED** that high level agreed strategic objectives had now been included within the report. C Williams advised that questions had been raised prior to the meeting which related to the capacity available within the organisation and advised that this was a difficult area to articulate and added that Welsh Government had requested that a capacity template was completed, with the request later being withdrawn due to the complexity of the position.

Members **NOTED** that areas had been identified at each District General Hospital site which would be utilised for non-covid-19 work, with the Nuffield Vale Hospital being utilised to supplement capacity, with options being developed to expand capacity further. C Williams advised that this was a significant piece of work which was likely to continue for the remainder of the year.

The Chair extended his thanks to C Williams for presenting the report and invited A Lawrie to comment further. A Lawrie advised that this piece of work had been discussed at the Health & Sport Committee where it was noted that at the start of June, less than 100 elective surgery procedures were being undertaken, this had now risen to 300, which was still substantially less than the numbers that would have been undertaken pre-Covid-19. Focus was now being placed on urgent cases, with routine cases being considered moving forward.

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M Jehu advised that this report had been scrutinised in detail at the recent Planning, Performance and Finance Committee where the significant amount of work of undertaken was acknowledged.

The Chair extended his thanks to all colleagues for the work that had been undertaken to date.

The Board **RESOLVED** to:

- **NOTE** the 'NHS Wales Covid-19 Operating Framework, Quarter 2', Appendix 1.
- **NOTE** the progress made in delivery of 'Resetting Cwm Taf Morgannwg' Operating Framework 2020/21 in Quarter 1
- **NOTE** the Health Board is now able to provide all essential services, with one exception of lung cancer surgery for Bridgend residents, and that plans are in place to address this.
- **NOTE** the detailed Primary Care and Mental Health Plans to restart services as detailed in the appendices of the 'Resetting Cwm Taf Morgannwg' Operating Framework 2020/21, Quarter 2 Plan.
- **NOTE** the summary financial plan for Quarter 2
- **APPROVE** the 'Resetting Cwm Taf Morgannwg' Operating Framework 2020/21, Quarter 2, Appendix 2.

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AGENDA ITEM 3.4.2 INTEGRATED PERFORMANCE DASHBOARD

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Ref 2.44: Requires more narrative as the 100% is based on a total of only 3 patients identified through the months of April and May.

Answer: This was also identified at the recent Planning, Performance & Finance Committee where it was agreed that where numbers are small, both the absolute number and the % will be provided in the report in future.

Question: Page 6 Delayed Transfers of Care (DTOC) - position concerning. What are the issues and plans to address the 25 patients waiting for packages of care?

Answer: All ILG's are working with their respective Local authorities to ensure people are receiving the right care in the right setting when it is safe to do so. The care home sector is stabilising much more in recent weeks and if they maintain low levels of COVID as in the last few weeks there should be no reason for discharge flow to deteriorate further.

Question: Page 7 Cancer Waiting Times - there still remains issues with the Tertiary centres particularly around Urology breaches. What is the plan to improve the situation as this is a long standing problem?

Answer: The response to this question is being considered and will be shared outside of the meeting.

Question: Page 9 - PCAMHS and NeuroDevelopment (ND) still a concern and not meeting the targets. Is there any known impact on those patients waiting? What are the improvement plans?

Answer: As of the 23 July 2020, there are only 2 patients waiting over 4 weeks with an average wait time of 2.0 weeks, for sCAMHS 16 patients are waiting over 4 weeks with an average wait time of 1.7 weeks; ND remains a challenge, the service is in need of significant redesign in the post COVID period and a paper will be presented to Management Board on this.

C Williams presented the report which was now being presented in a revised format which was hopefully more accessible for Board members and added that any comments on the revised format would be welcomed. Members **NOTED** that it was hoped that the revised format would help to improve scrutiny and **NOTED** that a detailed discussion on the report was held at the last Planning, Performance & Finance Committee. Members **NOTED** that the Health Board's pre-Covid challenges remained in place, with areas of concern remaining the same.

The Chair extended his thanks to C Williams for presenting the report and welcomed the revised format.

J Sadgrove welcomed the report which she found to be more informative as opposed to a presentation of data. J Sadgrove made reference to referral to treatment times and the use of health risks factors in relation to the prioritisation of treatments and suggested that more explanation needed to be provided on this within the report. C Williams advised that work was being undertaken by Clinicians to review waiting lists and were prioritising lists into four areas. Waiting lists were also being reviewed by each Speciality area and by the Integrated Locality Groups. N Lyons added that this process was evolving and added that the Health Board was in the process of re-establishing its Ethics Committee to support any difficult decisions needing to be made. Members **NOTED** that work would be undertaken with other Health Board's regarding this to ensure an All Wales approach was being taken.

In response to a question raised by J Sadgrove as to how patients were being kept informed of where they sat within priority lists, S Hopkins advised that this was not being undertaken at present given the current

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situation with Covid-19 and that work would need to be undertaken on how the information could be translated into something that was more meaningful to individual patients.

M Jehu confirmed that the report was discussed in detail at the Planning, Performance & Finance Committee where it was noted that there had been a reduction in concerns and complaints and an increase in compliments being received which was positive to note.

S Hopkins advised that steps were being taken to move towards a more clinically led approach with measures that were meaningful to clinicians. The Chair added that this was a crucial report which would become more crucial moving forward and extended his thanks to C Williams for the excellent presentation.

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

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AGENDA ITEM 3.4.3 FINANCE REPORT

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Page 3: Whilst recognising that the new Operating Model is likely to present financial reporting challenges for individual budgets and budget responsibilities for many months to come, presumably the overall figures are reliable (except where specifically stated in the report).

Answer: Yes, the overall figures are reliable. The potential issue is around adjustments to budgets between ILGs, but any changes are not likely to be hugely material even at ILG level.

Question: Page 8: Given everything that is going on at the present time, is the requirement to make savings of £5m between October and March realistic.

Answer: The Month 3 bottom up forecast savings from ILGs and other budget holders was £7.2m, compared with the initial top down assessment of £5m. The Health Board has left the formal forecast at the £5m pending review of the bottom-up forecast, and will shortly have sight of forecasts from other Health Boards to benchmark. In the meantime, the fact of a bottom up forecast at this higher level suggests that the £5m is realistic

Question: Page 10/11: I recognise that the 5 'bullet point' questions posed in the report are extremely important. Presumably, future reports to the Planning, Performance & Finance Committee and to the Board will provide regular and comprehensive updates.

Answer: Yes this is the approach that will be taken.

Question: On a more general point, does the Health Board have any indication of when it will receive formal confirmation of WG funding relating to bridging finance, Targeted Intervention (TI) support, Covid-19 etc?

Answer: The Health Board has received Targeted Intervention support funding confirmed at the £3.5m assumed in the plan. Bridging funding is not confirmed, and the Interim Chief Executive will seek further clarity from Welsh Government. As regards Covid-19 funding, the Health Board has been allocated £10.3m for Quarter 1 as reflected in the report. It is not yet clear the timescales and process through which Welsh Government will allocate further funding.

Question: One of our financial risks is the COVID 19 forecast and additional revenues and capital costs. When are we likely to get confirmation from Welsh Government that the forecast costs will be funded or not.

Answer: Please see response to the question above. The risk is more around the exact level of funding relative to the costs incurred than the risk of getting no funding at all.

S Webster presented the report and highlighted some further key areas. The first area being that month 3 costs were lower than anticipated by £3-4m, this largely related to lower than normal planned care activity, together with some slippage regarding Test, Trace, Protect costs. Members **NOTED** that the first tranche of funding had been received from Welsh Government for Covid-19 (£10.3m).

In relation to the forecast, which was £66m before Welsh Government funding, Members **NOTED** that this was lower than what was reflected in the Quarter 2 Resetting plan which was discussed earlier, which would abate over time.

S Webster advised that moving forward, the Health Board would need to continue to respond to Covid-19 in an effective way and would need to continue to liaise with Welsh Government regarding funding.

The Chair extended his thanks to S Webster for presenting the report and advised that the level of uncertainty regarding the position was significant.

P White sought clarity as to whether S Webster was comfortable with the month 3 forecast. S Webster advised that the key reason for the lower forecast was as a result of the greater underspends on planned care and added that there was some provision in the forecast for a difficult winter

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and a potential second wave of Covid. Members **NOTED** that contingency plans would be in place regarding this.

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

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AGENDA ITEM 4.0.0 ITEMS FOR INFORMATION

The Board **RECEIVED** the following items for information:

- Shared Services Partnerships Committee Assurance Report 21 May 2020;
- Emergency Ambulance Services Committee Chairs Summary 14 July 2020

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AGENDA ITEM 5.1.0 ANY OTHER URGENT BUSINESS

The Chair advised that we was aware that due to technical difficulties two of the Independent Members had only been able to join the meeting via the public link and requested that the issues experienced were resolved prior to the next meeting.

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AGENDA ITEM 5.2 DATE OF NEXT PUBLIC BOARD MEETING

The next scheduled meeting would take place on Wednesday 30 September 2020.

SIGNED:.....

M Longley, Chair

DATE:.....