

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board  
(CTMUHB) held on Thursday 25<sup>th</sup> March 2021 as a Virtual Meeting  
Broadcast Live via Microsoft Teams**

**Members Present:**

Marcus Longley	Chair
Paul Mears	Chief Executive
Maria Thomas	Vice Chair
Gareth Robinson	Interim Chief Operating Officer
Hywel Daniel	Executive Director for People
Dilys Jouvenat	Independent Member
Greg Dix	Executive Director of Nursing
Ian Wells	Independent Member
James Hehir	Independent Member
Jayne Sadgrove	Independent Member
Keiron Montague	Independent Member (In part)
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member
Nicola Milligan	Independent Member
Kelechi Nnoaham	Executive Director of Public Health
Clare Williams	Executive Director of Planning & Performance (Interim)
Steve Webster	Executive Director of Finance
Nick Lyons	Executive Medical Director

**In Attendance:**

Georgina Galletly	Director of Corporate Governance
Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Cathy Moss	CTMUHB Community Health Council
David Jenkins	Independent Advisor to the Board (Observing)
Sara Utley	Audit Wales
Louise Mann	Assistant Director of Quality & Safety (In part)
Valerie Wilson	Director of Midwifery, Gynaecology & Sexual Health (In part)
Mohamed Elnasharty	Consultant Obstetrician & Gynaecologist (In part)
Victoria Box	Midwife (In part)
Ria Jenkins	Midwife (In part)
Emma Walters	Corporate Governance Manager (Secretariat)

## Agenda Item

### 1 **PRELIMINARY MATTERS**

#### 1.1 **Welcome & Introductions**

The Chair **welcomed** everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also **noted** by the Chair.

The Chair advised that he was pleased to announce that J Sadgrove had been appointed as Vice Chair of the Health Board and would commence in post on 1 June 2021. The Chair extended his thanks to M K Thomas for the fantastic contribution she had made over many years during her time as Independent Member and Vice Chair of the Health Board.

The Chair advised that he was also delighted to announce that Lisa Curtis-Jones had been appointed as an Associate Member and would commence in post on 1 June 2021. The Chair added that I Wells term of office had been extended for another four years.

#### 1.2 **Apologies for Absence**

Members **noted** apologies from Philip White, Independent Member, Mel Jehu, Independent Member and Fiona Jenkins, Interim Executive Director of Therapies & Health Sciences.

#### 1.3 **Declarations of Interest**

No declarations of interest were received.

#### 1.4 **Shared Listening & Learning – Patient Experience Story**

L Mann shared the story of a patient who was a survivor of domestic abuse.

Board Members **welcomed** the story which they had found to be extremely moving and powerful. The Chair extended his thanks to L Mann for the presentation.

Resolution: The Patient Story was **NOTED**.

#### 1.5 **Shared Listening & Learning – Staff Experience Story**

V Wilson, Director of Midwifery, Gynaecology & Sexual Health was joined by her colleagues to share a Staff Experience Story which outlined the progress that had been made within Maternity Services following the review undertaken by the Royal College of Obstetricians and Gynaecologists/Royal College of Midwives in December 2019.

Members **noted** the improvements that had been made particularly in relation to listening to staff and families, incident reporting and shared learning processes. Members **welcomed** the introduction of the lunch and learn events which had received excellent feedback from staff and **noted** that the events had helped to improve the service for patients as well as improving the wellbeing of staff.

The Chair extended his thanks to V Wilson and her colleagues for the presentation.

Resolution: The Staff Experience Story was **NOTED**.

## **2 CONSENT AGENDA**

Members confirmed there were no reports they wished move from the Consent Agenda to the Main Agenda. There were no questions raised by Members on the consent agenda items prior to the meeting.

### **CONSENT FOR APPROVAL**

#### **2.1.1 Unconfirmed Minutes of the Meeting held on the 28<sup>th</sup> January 2021**

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

#### **2.1.2 End of Year Reporting Arrangements**

Resolution: The arrangements for end-of-year Corporate Governance Reporting were **APPROVED**.

#### **2.1.3 Chairs Report and Affixing the Common Seal**

Resolution:

- The Affixing of the Common Seal was **ENDORSED**.
- Chairs Action in respect of the Independent Maternity Services Oversight Panel Thematic Report Response and Implementing Smoke Free Premises and Vehicle Regulations 2020 was **RATIFIED**.

#### **2.1.4 Section 33 Agreements**

Resolution: The renewal of the Section 33 Agreement under the National Health Service (Wales) Act 2006 with Bridgend County Borough Council regarding the provision of integrated mental health daytime opportunities was **APPROVED**.

#### **2.1.5 Amendment to Standing Orders**

Resolution: The Amendments to the Standing Orders were **APPROVED**.

#### **2.1.6 Hosting Agreements for National Imaging Academy Wales**

Resolution: The extension to the hosting agreement for the National Imaging Academy for Wales until 31 March 2023 was **APPROVED**.

### 2.1.7 **Continuous Improvement Self-Assessment Process in Response to Targeted Intervention**

Resolution: The revised approach to self-assessment of improvement against the Targeted Intervention Maturity Matrix was **APPROVED**.

### 2.1.8 **Cwm Taf Morgannwg NHS General Charitable Funds Update as at 28<sup>th</sup> February 2021**

Resolution:

- The proposal to extend the Charities, Churches and Local Authorities (CCLA) contract for the period covering 1 August 2019 – 31 July 2023 was **APPROVED**;
- The decision of not to distribute excess over 20% of the market value of investments to the individual funds for the time being was **ENDORSED**;
- The proposal to invest surplus cash of £600k in CCLA Charities Official Investment Fund (COIF) Charities Ethical Investment Fund units was **APPROVED**;
- The current balances and investment performance of Cwm Taf Morgannwg NHS General Charitable Funds and the rate of the Investment Management Fees charged by CCLA were **NOTED**.

## 2.2 **FOR NOTING**

### 2.2.1 **Committee Action Log**

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

### 2.2.2 **Chief Executives Report**

Resolution: The Chief Executives report was **NOTED**.

### 2.2.3 **University Status Triennial Review**

Resolution: The Review Report was **NOTED** and **SUPPORTED**.

### 2.2.4 **Equality & Monitoring/Strategic Equality Plan Update**

Resolution: The Plan and Report were **APPROVED** for publication.

### 2.2.5 **Civil Contingencies and Business Continuity Report Q4 of 2019/20 and 2020-21**

Resolution: The Annual Report was **NOTED**.

### 2.2.6 **Audit & Risk Committee Highlight Report 8 February 2021**

Resolution: The Highlight Report was **NOTED**.

## **2.2.7 Planning, Performance & Finance Committee Highlight Report 8 February 2021**

Resolution: The Highlight Report was **NOTED**.

## **2.2.8 Quality & Safety Highlight Report 16 March 2021**

Resolution: The Highlight Report was **NOTED**.

## **2.2.9 Remuneration & Terms of Service Committee Highlight Reports 28 January 2021 and 4 March 2021**

Resolution: The Highlight Reports were **NOTED**.

## **2.2.10 Stakeholder Reference Group Highlight Report 17 February 2021**

Resolution: The Highlight Report was **NOTED**.

## **2.2.11 Local Partnership Forum Highlight Report**

Resolution: The Highlight Report was **NOTED**.

## **2.2.12 Digital & Data Committee Highlight Report**

Resolution: The Highlight Report was **NOTED**.

## **2.2.13 Joint Committee Reports**

Resolution: The Reports were **NOTED**.

## **3. MAIN AGENDA**

### **3.1 Matters Arising not considered within the Action Log**

There were no further matters arising identified.

## **4. CO-CREATE WITH STAFF AND PARTNERS A LEARNING & GROWING CULTURE**

### **4.1 Neonatal and Maternity Improvement Programme Report**

G Dix, N Lyons and V Wilson presented members with the report which provided an update with regard to the Independent Maternity Services Oversight Panel (IMSOP) review and associated improvement relating to Health Board Maternity services and Neonatal services. Members **noted** that the IMSOP programme of work now formally included Neonatal Services.

Members **noted** that the report identified the work being undertaken within Neonatal Services to ensure the safety of the current service, to ensure the improvements being made were being embedded within Integrated Locality

Groups and to ensure that engagement was being undertaken with patients and families. Members **noted** that further work would be required in relation to culture within Neonatal Services. In relation to Maternity Services, a further three recommendations had been formally signed off.

In response to a question raised by N Milligan in relation to the Management Development Programme that the Team had introduced, V Wilson confirmed that work was being undertaken with the Learning & Development Team to ensure consistency was in place.

A question was raised by N Milligan in relation to recommendation 707, and V Wilson advised that this related to the dignity of women experiencing pregnancy loss and added that a wonderful facility had now been put into place for patients. V Wilson added that the scanning machine should be in place imminently.

M K Thomas **welcomed** the significant improvement in data that was now being presented to the Neonatal & Maternity Improvement Board and extended her thanks to V Wilson and the Team for enabling this to happen.

The Chair extended his thanks to G Dix, N Lyons and V Wilson for presenting the report and recognised the progress that had been made in a number of key areas.

Resolution: The Programme Report was **NOTED**.

#### 4.2 **Annual Board Effectiveness Self-Assessment**

G Galletly presented Members with the report and advised that each year the Board is required to undertake an annual assessment of its effectiveness. The report identified that during the year the Health Board had undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment.

P Roseblade asked a question in relation to the £58m deficit not being referenced within the Structured Assessment Report received in 2020 and G Galletly confirmed that the Health Board would shortly be receiving the Structured Assessment from Audit Wales for the current year (2021) which would reflect the position for the current calendar year.

In relation to a question raised by M Longley regarding the current trajectory, G Galletly advised that all sources of information had indicated that good progress had been made over the last year. Members **noted** that other sources of assurance would include the scrutiny undertaken by Welsh Government of the current escalation status alongside the outcome of the follow-up review being undertaken by Healthcare Inspectorate Wales/Audit Wales in relation to Quality Governance.

Resolution: The Self-Assessment Maturing Rating of Level 3 was **APPROVED**.

## 5. WORK WITH COMMUNITIES AND PARTNERS TO REDUCE INEQUALITY, PROMOTE WELLBEING AND PREVENT ILL HEALTH

### 5.1 Public Health Update - Covid-19 Pandemic Response

K Nnoaham presented the Board with an update on the pandemic response. Members **noted** the improvement against the R Rate within Cwm Taf Morgannwg, the recent reduction in positive cases and positivity rates within the Merthyr Tydfil area, the uptake of testing across all three Local Authority areas, the increase in positive cases amongst 30-39 year olds and 10-19 years olds particularly within the Merthyr Tydfil area, the continued improvement being seen in hospital admissions and Covid ITU bed occupancy, with the exception of Prince Charles Hospital where there had been an increase.

The Chair extended his thanks to K Nnoaham for the presentation and added that Tuesday of this week had marked the anniversary of the lockdown that had been introduced in the UK where we all paused to reflect on the appalling human toll the virus has had on our communities.

Resolution: The Covid-19 Pandemic Response update was **NOTED**.

### 5.2 Covid-19 Vaccination Update

C Williams presented the report the report which provided Members with an update on progress being made against the Covid-19 Vaccination programme. Members recognised the significant amount of work that had been undertaken to deliver the programme and paid tribute to the staff, members of the community and Local Authority partners for the support they had provided. Members **noted** that the Health Board was on target to meet the mid-April deadline for delivering the vaccines to over 50's, despite concerns being in place regarding fluctuating supplies and **noted** that consideration was now being given to vaccinating the harder to reach communities.

J Sadgrove raised a question in relation to the plans for the opening of the Aberfan Community Centre as a mass vaccination centre and C Williams advised that whilst it had been intended to use the facility as a mass vaccination centre, following security checks it was felt that the facility would not be secure enough to hold the vaccine. Members **noted** that this would not affect the number of vaccines available to residents of the Merthyr Tydfil areas, with transport being provided to residents if they had difficulty in getting to the vaccination centre in Merthyr Tydfil. Members **noted** that it was also hoped that a number of community pharmacies would be commissioned in April to deliver vaccines in areas with challenging transport links.

In response to a question raised by I Wells as to whether there was data available to show how many people were refusing to have the vaccine, C Williams advised that the current "Did Not Attend" rate was 3%, with a very recent increase being seen which may be linked to concerns raised in relation to the Astra Zeneca vaccine. Members **noted** that patients had been contacted to

determine why they had decided to not attend for their vaccine and **noted** that no definitive themes could be identified, however, 30% of patients did state that they did not want the vaccine. K Nnoaham advised that 70% continued to be the prevalent figure in relation to herd immunity.

M K Thomas advised that she was very pleased with the effort that had been made by staff to deliver the programme and questioned whether any lessons could be learnt for other vaccination programmes, for example, flu vaccination. C Williams advised that a strategic decision had been made to ensure the vaccination team were not solely focussed on Covid and added that an Operational Manager was in the process of being recruited who would be responsible for managing the whole vaccination programme. K Nnoaham added that a number of lessons had already been learnt and there was an ambition to extend the knowledge and capacity that had been gained across other vaccination programmes.

The Chair extended his thanks to C Williams for presenting the report and welcomed the progress that had been made.

Resolution: The report was **NOTED** and the latest Covid-19 Mass Vaccination Plan for Phase 2 was **APPROVED**.

## **6. PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE**

### **6.1. Organisational Risk Register**

G Galletly presented the report which provided the Board with an opportunity to review and discuss the latest version of the Organisational Risk Register.

I Wells acknowledged the progress that had been made and welcomed the inclusion of dates when risks would next be reviewed. In response to a question raised by I Wells, G Galletly confirmed that the Risk Owner had been included in the overall Risk Register and added that she would be happy to include this information for Board Members moving forward.

G Galletly confirmed that following helpful feedback received from Board members in relation to the timelines of Risk Register reports being presented to Committees, a review of timings would be undertaken moving forwards.

In relation to a question raise by P Roseblade in relation to a risk relating to the main gates at one of the hospital sites, G Robinson agreed to provide an update on this outside of the meeting.

P Roseblade advised that she would welcome a discussion outside of the meeting on impact of risk and risk values. G Galletly advised that she welcomed the opportunity to discuss this further outside of the meeting and added that any further feedback from Board Members on the Risk Register would be welcomed to inform the ongoing development and improvements.

- Resolution: The report was **NOTED** and the recommendations in relation to accepting the new risks, de-escalated risks, updated risks and closed risk were **APPROVED**.
- Action: G Galletly to undertake a review of timelines for presenting future risk register reports to Committee meetings.
- Action: G Robinson to provide an update to P Roseblade outside of the meeting in relation to the risk related to the main gates.
- Action: G Galletly and P Roseblade to meet outside of the meeting to discuss impact of risk and risk values.

## 6.2 Integrated Performance Dashboard

C Williams presented the report and provided an update against four key areas which included information flows from Welsh Health Specialised Services, the Elective Care Recovery Programme, Unscheduled Care Performance and Cancer Performance.

Members **noted** that the Elective Care Recovery Programme was a core component of the Health Board's Integrated Medium Term Plan and **noted** that a discussion was held at the March Quality & Safety Committee on this matter, with a further discussion planned for the May meeting of the Committee.

Members **noted** that whilst cancer performance remained disappointing, a recovery plan was in the process of being developed by all three Integrated Locality Groups to improve performance.

In relation to a question raised by I Wells in relation to Ophthalmology Follow Up Outpatients not Booked, G Robinson advised that the Bridgend Integrated Locality Group was in the process of undertaking a piece of work to address the position, with consideration being given to outsourcing and extending the role of Community Optometrists. Members **noted** that this piece of work would also form part of the Elective Care Recovery Programme.

In relation to a question raised by I Wells regarding the current performance of Stroke Quality Improvement at Princess of Wales Hospital and what plans were in place to improve performance, G Robinson advised that F Jenkins, Interim Executive Director for Therapies and Health Sciences was responsible for this area and would be able to provide an update on her return from annual leave.

In response to a question raised by N Milligan in relation to the reduction in performance against the workforce metrics and what plans were in place to address this, H Daniel advised that a discussion had been held with Integrated Locality Groups regarding current performance and it had been agreed that realistic targets would be set against each metric which would be monitored closely at the Integrated Locality Group performance meetings. Members **noted** that in relation to sickness, whilst the position was starting to normalise, an increase was being seen in stress related sickness. In relation to Personal Development Reviews (PDR), H Daniel advised that the PDR process was in the

process of being redesigned using the new values and behaviours framework and consideration was also being given to improving compliance.

Following a question raised by N Milligan in relation to Neurodevelopmental Service performance which had now reduced to 36% for 26 week waits, G Robinson advised that a proposal had been developed by the Bridgend Integrated Locality Group seeking support to appoint an additional Consultant, which would need to be considered within the planning process for the next year. In response to concerns raised by N Milligan in relation to patients waiting over 80 weeks for an assessment, which was not acceptable, G Robinson **agreed** to clarify the latest position on this matter outside the meeting. M K Thomas added that a significant amount of work had been undertaken to transform the service, especially at Tier 1, and the team were continuing to consider innovative ways in which the service could be provided.

In response to a question raised by J Sadgrove in relation to emergency ambulance services and the reasons behind the worsening performance regarding the response to red calls, G Robinson advised that the issues related to patient flows and added that it would be difficult to link the poor performance to Welsh Ambulance Services Trust (WAST) response times.

In response to a question raised by the Chair as to whether the links between the Health Board and WAST were sufficient to ensure a co-ordinated approach was in place, P Mears advised that an excellent operational relationship was now in place with WAST, with regular catch up meetings being held at Board level. P Mears added that an Unscheduled Care Programme Board was now in place which WAST were key partners on the group.

Resolution: The report was **NOTED**.

Action: F Jenkins to provide an update on the current position regarding Stroke Quality Improvement Performance on her return from annual leave.

Action: G Robinson to confirm the current position in relation to Neurodevelopmental performance outside of the meeting, particularly in relation to patients waiting over 80 weeks for an assessment.

## **7. ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY**

### **7.1 Integrated Health and Care Strategy Engagement**

C Williams presented the report which provided the Board with an update on progress against the development of the Integrated Health and Care Strategy and the engagement that would need to be undertaken over the next few months with the Board, wider leadership teams and communities.

P Mears advised that a significant amount of work would need to be undertaken to make the Health Board a truly population health focussed organisation and

added that engagement would be a key element to this piece of work, particularly the engagement with our communities.

In response to a comment made by S Webster in relation to ensuring the level of detail regarding expected outputs from this piece of work were identified, P Mears advised that there would be a need to have an overarching ambition in place on the future model of care as well as a more detailed Clinical Strategy which would include detail in relation to service models.

The Chair extended his thanks to C Williams for presenting the report and welcomed the important discussion held on this matter. C Williams advised that the National Clinical Framework had been appended to the report as some of the local work would need to be undertaken in parallel to the national framework.

Resolution: The report was **NOTED**.

## 7.2 Integrated Medium Term Plan

C Williams provided the Board with a verbal update and advised that the last year had been a challenging year in which to plan. Members **noted** that Welsh Government had requested that the Health Board submit a draft plan which would be subject to continued discussion. The draft plan would be submitted to Welsh Government by 31 March 2021 with Board oversight. C Williams advised that as a Health Board there is a requirement to have an approved three year Integrated Medium Term Plan, which was already in place following the plan submitted to Welsh Government last year. Members **noted** that Welsh Government had acknowledged that the Health Board's previous approved plan would remain extant.

Resolution: The update was **NOTED**.

## 7.3 Staff Wellbeing Survey

H Daniel presented the report which provided the Board with a summary of the findings from the Staff Wellbeing Survey undertaken in October 2020.

J Sadgrove welcomed the report which she had found to be helpful and informative and advised that the issues relating to the wellbeing of our staff was on the risk register and is an area of concern for both the Quality & Safety Committee and People & Culture Committee. J Sadgrove advised that the report makes reference to there being a lack of awareness amongst staff of the wellbeing service and suggested that a question on this could be added into the next survey. H Daniel agreed that awareness did need to be raised of what services were in place for staff and added that a dedicated communications resource was in the process of being recruited to address this.

In response to a question raised by J Sadgrove regarding the timing of the next survey, which was proposed to be undertaken during April/May, whether it would be more appropriate to undertake this in June, H Daniel **agreed** to

consider the timing of the next survey and added that he would be keen to survey staff on a regular basis.

J Sadgrove commented on the "You Said, We Did" poster which she fully supported and made reference to staff stating that they felt under resourced. J Sadgrove added that she could not see a response to this and suggested that this needed to be acknowledged.

In response to a question raised by D Jouvenat in relation to whether evaluation was being undertaken of the effectiveness of some of the services that had been introduced for staff, H Daniel advised that the effectiveness of services was being evaluated and confirmed that if a service was not working steps would be taken to try alternative solutions.

I Wells made reference to the relatively small number of responses that had been received from staff which may impact the data analysis, however, also recognised that the responses provided also contained valuable data which must be acted upon. I Wells also agreed that the timing of the next survey may need to be reconsidered.

N Milligan advised that one of the biggest areas of concern raised by staff is lack of flexibility and added that consideration would need to be given to this moving forward. H Daniel agreed that the Health Board would need to refresh its approach to flexible/agile working.

Resolution: The Report was **NOTED**.

Action: Timing of the next staff survey to be considered by H Daniel.

Action: Acknowledgement to be given to the statements made by staff in relation to them feeling under resourced and response to be provided in the "You Said, We Did" poster.

#### **7.4 Finance Update – Month 11**

S Webster presented the report and advised Members that whilst the overall forecast had remained at breakeven, the planned return of funding to Welsh Government had increased by 5.9m to 26.9m. Members **noted** that there were some residual risks relating to this, which included the operational spend scheduled for March 2021 and the accrual of annual leave which currently stood at 15.9m. Members **noted** that there would still be a risk that the Health Board would end up with a surplus, which the Health Board would try to minimise.

In response to a question raised by P Roseblade as to whether Welsh Government had given any indication they would accept the surplus, S Webster advised that the Health Board were hopeful however, a formal response is awaited.

Resolution: The report was **NOTED**.

**8 ANY OTHER BUSINESS**

No items were identified.

**9 DATE AND TIME OF THE NEXT MEETING**

The next meeting would take place at 10.00am on Thursday 27 May 2021.

**10 CLOSE OF MEETING**

Unconfirmed