

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 29 September 2022 as a Virtual Meeting
Broadcast Live via Microsoft Teams**

Members Present:

Emrys Elias	Chair
Greg Dix	Acting Chief Executive/Director of Nursing
Jayne Sadgrove	Vice Chair/Independent Member
Patsy Roseblade	Independent Member
Ian Wells	Independent Member (In part)
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
James Hehir	Independent Member
Carolyn Donoghue	Independent Member
Lynda Thomas	Independent Member (In part)
Dilys Jouvenat	Independent Member
Linda Prosser	Executive Director of Therapies & Health Sciences
Gethin Hughes	Chief Operating Officer
Kelechi Nnoaham	Executive Director of Public Health
Sally May	Executive Director of Finance
Lauren Edwards	Executive Director of Therapies & Health Sciences
Dom Hurford	Medical Director
Hywel Daniel	Executive Director for People (In part)
Anne Morris	Associate Member

In Attendance:

Georgina Galletly	Director of Corporate Governance
Stuart Morris	Director of Digital
Cally Hamblyn	Assistant Director of Governance & Risk
Tom Barton	Lead Advanced Nurse Practitioner (In part)
Helen Watkins	Deputy Director for People
Suzanne Hardacre	Director of Midwifery
Wendy Penrhyn-Jones	Head of Corporate Governance and Board Business
Richard Morgan- Evans	Chief of Staff
Lee Leyshon	Assistant Director of Engagement and Communications
Emma Samways	Internal Audit
Rhys Jones	Healthcare Inspectorate Wales
Nicola Bresner	Healthcare Inspectorate Wales
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.

1.2 **Apologies for Absence**

Apologies for absence had been received from:

- Paul Mears, Chief Executive
- Lisa Curtis-Jones, Associate Member
- Daniel Price, Cwm Taf Morgannwg Community Health Council
- Geraint Hopkins, Independent Member

1.3 **Declarations of Interest**

No additional declarations were made.

2 **SHARED LISTENING AND LEARNING**

2.1 **Patient Story**

T Barton, Lead Advanced Clinical Practitioner, Acute Clinical Team, presented a story which related to a patient's experience of the treatment they received after experiencing a devastating crush injury at work. T Barton also shared a poem he had written reflecting how Advanced Clinical Practitioners support end of life care.

The Chair thanked T Barton for sharing the patient story and poem and extended his thanks to the patient for allowing their experience to be shared.

J Sadgrove reflected how the patient story had provided the Board with real insight into the work undertaken by the Acute Clinical Team and how their efforts make such a difference in supporting patients with their daily lives.

G Hughes commented that the presentation provided such a moving illustration of how services and care can be provided for patients in their own home and took the opportunity to ask T Barton what the Health Board could do to build on the success of the service.

In response, T Barton reflected that one of the biggest challenges is the size and capacity of the team balanced with the enormity of the ask. He commented that the model works well however, the service needs to grow in order to realise the further opportunities and benefits that could be realised including digital innovations and solutions.

L Edwards noted that a key priority for the Health Board is to support staff in working at an advanced practice level, she drew attention to the advanced practice week which is scheduled for early November where an event is being planned to share learning.

3

3.1 CONSENT AGENDA FOR APPROVAL

3.1.1 Unconfirmed Minutes of the Meeting held on the 28 July 2022

Resolution: The minutes were **APPROVED**.

3.1.2 Chair's Report – Affixing of the Common Seal and Ratification of Chair's Action

Resolution: The report was **APPROVED**.

3.1.3 Committee Annual Reports

Resolution: The reports were **APPROVED**.

3.1.4 Proposal to Return Ferndale/Maerdy Medical Practice back to Independent Status

Resolution: The report was **APPROVED**.

3.1.5 Scheme of Delegation and Procurement Report

Resolution: The Chair made Board Members aware that since the report was published a minor additional amendment had been incorporated following a request from the Director of Therapies and Health Sciences to include the Clinical Director for Allied Health Professionals to the list of Care Group Directors set out within the Scheme of Delegation. It was agreed that this addition was appropriate as this role has the same function as Nurse Directors within the Care Groups. The report was **APPROVED**.

3.1.6 Welsh Language Standards Annual Report

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

3.1.7 Amendment to the Standing Orders

Resolution: The report was **APPROVED**.

3.1.8 Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement

Resolution: The report was **APPROVED**.

3.2 FOR NOTING

3.2.1 Action Log

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

3.2.2 Board Annual Cycle of Business

Resolution: The Report was **NOTED**.

3.2.3 Board Forward Work Programme

Resolution: The Board Forward Work Programme was **NOTED**.

3.2.4 Committee Highlight Reports

Resolution: The reports were **NOTED**.

3.2.5 Joint Committee Highlight Reports

Resolution: The reports were **NOTED**.

3.2.6 Infection, Prevention & Control Committee Annual Report

Resolution: The report was **NOTED**.

3.2.7 Annual Letter 2021-2022 – Public Services Ombudsman for Wales

Resolution: The report was **NOTED**.

3.2.8 Covid-19 Inquiry Preparedness

Resolution: The report was **NOTED**.

3.2.9 Sustainability of General Medical Services

Resolution: The report was **NOTED**.

4. MAIN AGENDA

4.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

5. INTEGRATED GOVERNANCE AND ASSURANCE

5.1 Healthcare Inspectorate Wales (HIW) Annual Report 2021-2022

R Jones presented the HIW Annual Report for the period 2021-2022 noting the key findings from the regulation, inspection and review of healthcare services in Wales and specifically those involving the Health Board.

The Chair extended his thanks to R Jones for sharing the presentation and for recognising the Health Boards commitment to improve and sustain improvements.

Resolution: The presentation was **NOTED**.

5.2 Chief Executive's Report

G Dix presented the report highlighting the key areas of activity of the Chief Executive, drawing particular attention to the section on the 'Institute for Healthcare Improvement / Improvement Cymru'. He noted the informal feedback received and advised that the Health Board is expecting a report in due course, following which the Chief Executive is keen to invite Improvement Cymru to a future Board Development session.

G Dix also reiterated the continuing challenges faced by the Health Board in relation to the sustained pressures across a number of its services and specialities which will be a theme recognised throughout the reports presented to the Board at the meeting.

The Chair extended his thanks to G Dix for presenting the report.

Resolution: The report was **NOTED**.

5.3 Board Assurance Framework

G Galletly presented the Board Assurance Framework drawing the Boards attention to the significant changes to the Strategic Risks this period. She also noted that the Organisational Risk Register has been made available in full on Admincontrol for Board Members.

J Sadgrove drew attention to the following areas within the Board Assurance Framework Report:

- Strategic Risk 2, reference made on Page 10 to the Listening and Learning Framework, commenting that the launch which was held on the 27th September was a success and really well attended. She confirmed that the framework has now been published following its launch at the event.
- Strategic Risk 4 – recognising the Health Boards financial plan to reduce reliance on agency workforce it appears that reference to the Nursing Bank is an omission in this section which currently only refers to Medical Bank. In response, H Watkins agreed that this should be included and the risk will be updated in future reports to reflect this inclusion and the significant

activity being undertaken to modernise and improve the effectiveness of the bank process.

- Strategic Risk 6 – the update under 'Current Performance Highlights' notes that deployment of 'Open Eyes' has been delayed, however there has been progress in terms of glaucoma. In response, S Morris reflected upon the detailed discussion at Digital & Data Committee in relation to the constraints across the digital programme, however, he expressed delight that some areas of the 'Open Eyes' programme are moving forward and this will be reflected in the future risk updates.

The Chair extended his thanks to G Galletly for presenting the report.

Resolution: The Board Assurance Framework was **APPROVED**.

Action: Strategic Risk 4 and Strategic Risk 6 to be updated to reflect the discussion at Board in terms of the Nursing Bank and Open Eyes Programme.

6 DELIVERING OUR PURPOSE/STRATEGIC DIRECTION

6.1 CTM 2030 – Our Health, Our Future

L Prosser shared a presentation with Members noting that Board approval is being sought to progress with the proposal to adopt a phased approach to the delivery of CTM: 2030, Our Health, Our Future. She noted that the small changes will help inform and shape the longer term strategy.

L Prosser noted that the presentation highlights the Health Boards planned approach to delivering the strategy and how the programme would be monitored.

I Wells queried the future arrangements for Maesteg Hospital. In response L Prosser provided assurance that Maesteg Hospital is recognised as a critical part of the Health Boards estate and advised that the Health Board is designing an engagement process which will include stakeholders to support the development of service proposals that best fit the needs of the population. These proposals will be developed early in the new year 2023.

P Roseblade commented that she welcomed sight of how the other programmes of work align with the strategy such as the '6 Goals Urgent and Emergency Care Programme' etc and asked what success would look like in terms of the strategy. In response, L Prosser commented that in order to describe this part of the development journey is to ensure that the Health Board is clear as to its priority metrics and to then use these as outcome indicators.

In support of the question raised by P Roseblade, K Nnoaham reiterated the comprehensive Population Health Programme which was approved by the Board and how these high level indicators, which highlighted what would be delivered, will support the Health Board in monitoring progress in a number of areas.

G Hughes referenced the establishment of the Improving Care Board which will oversee 'Portfolio 2 – Improving Care' and will monitor progress and delivery of this portfolio with close links to the Population Health Programme Indicators.

J Hehir commented that the iterative approach presented will provide the Health Board with greater flexibility to adjust as circumstances change particular in the current challenging financial climate.

The Chair thanked L Prosser for presenting this item and commented that the Board welcomed continued monitoring and evaluation of the progress being made on the development of the strategy.

Resolution: The presentation was **NOTED** and the phased approach to the delivery of CTM 2030, Our Health, Our Future was **APPROVED**

6.2 CTM Operating Model – Progress Report

R Morgan-Evans presented Members with an update on the implementation of the new operating model, guiding Members through the approach taken to support the establishment of the six Care Groups that now form the overarching Care Group Model. It was noted that the next phase is to focus on the most effective structure for the Clinical Service Groups and this will be supported with engagement from Care Group leaders and other key forums within the Health Board.

I Wells queried the challenges that may be posed through differing staffing structures and digital infrastructures. In response R Morgan-Evans and L Prosser provided assurance to Members that as part of the next phase of activity the Health Board will ensure all service areas are mapped and considered in terms of the more technical/infrastructure aspects. S Morris reflected on discussion at the recent Digital & Data Committee where it was recognised that the Care Group Model will further support some of the disaggregation activity and the alignment of differing digital systems.

D Hurford commented that this activity will require a culture change as although close alignment with other Health Boards will be maintained teams in Bridgend are being asked to ensure that along with maintaining close links with Swansea Bay University Health Board they also focus on the Acute Hospital sites on the Health Boards i.e. Prince Charles Hospital and the Royal Glamorgan Hospital.

L Edwards noted that positive feedback has been received from Clinicians in response to the new Operating Model.

J Hehir welcomed the very positive report and noted that any change in services will require an Equality Impact Assessment to be undertaken to ensure that the Health Board is recognising the reach across the entire CTM footprint and demonstrate the commitment to reducing any inequalities.

The Chair thanked R Morgan-Evans for presenting the progress update.

Resolution: The report was **NOTED**.

6.3 Integrated Performance Dashboard

6.3.1 Introduction and Overview

L Prosser introduced the report noting that there had not been any changes to format or presentation of the report on this occasion.

P Roseblade drew attention to the trend information on the quadruple aims and asked if an additional line could be added to the graphs to outline the target position the Health Board aims to achieve as it could be different depending on the activity and its context. In response, L Prosser agreed to take this back to the team.

P Roseblade reflected upon the robust discussion held at the Quality & Safety Committee on Stroke and Ambulance Handovers and commented that as full responses were received in that forum she will not repeat the questions at Board. P Roseblade then drew attention to the Follow Ups Not Booked (FUNBs) performance and reflected that the data as presented may need revisiting to aid understanding. In response, G Hughes agreed that this data will be reviewed. In terms of this activity G Hughes advised that there has been significant focus on FUNBs which is reflected in the Planned Care Recovery update, demonstrating the improvements being made on the backlog which has been reduced by six years with focus now on targeting the 1700 patients who have waited longer than 2020 for their follow up appointment. G Hughes also informed Members that the Outpatient Transformation Project is focussed on implementing improvements in this area.

G Hughes advised that in addition to the detailed presentation received on Stroke Services at Quality & Safety Committee a Board Briefing is planned for December.

G Hughes drew attention to the exceptionally low compliance in CAMHS activity and explained that this is as a result of significant focus currently being aimed at clearing the referral backlog, and although the position is improving this will not be reflected in the performance position for a few months whilst focus on the backlog continues. He noted that the backlog is currently the lowest it has been for over 12 months and recognised the significant efforts of the team in improving performance in this area.

J Sadgrove drew attention to the graphs on page 33 relating to patient discharge and flow and commented that this clearly illustrates that the Health Board has a significant issue compared to the All Wales average in relation to bed occupancy by patients who are ready to leave acute hospital sites. G Hughes advised that this will be addressed in the update later in the agenda under the Six Goals Programme.

J Sadgrove further queried the graph on page 30 which related to adult mental health services performance with regards to residents who are in receipt of secondary mental health services who have a valid care and treatment plan. She commented that performance does not appear to be going in the right direction and the narrative did not provide an update as to what is being done to improve performance in this area. In response, G Hughes suggested that the Deputy COO for Primary Care, Community, Mental Health and Learning Disabilities, prepare a briefing for Members that could be further explored at the Planning, Performance & Finance Committee.

Resolution: The report was **NOTED**.

Actions:

- Additional line to be added to the trend information on the quadruple aims graphs to outline the target position for which the Health Board aims to achieve as it could be different depending on the activity and its context.
- Deputy COO for Primary Care, Community, Mental Health and Learning Disabilities to prepare a briefing for Members that could be further explored at the Planning, Performance & Finance Committee in relation to the performance in relation to residents who are in receipt of secondary mental health services who have a valid care and treatment plan.
- Follow Ups Not Booked (FUNB) performance data to be reviewed to ensure data and narrative accuracy.

6.3.2 Quality Performance

G Dix, G Galletly and D Hurford presented the report highlighting key areas of activity during the period in relation to their respective portfolios.

The Chair reiterated concerns around the critical overcrowding in the Health Boards Accident & Emergency Departments, particularly at the Princess of Wales Hospital, and queried what improvement activity is underway. In response G Dix advised that as well as the significant improvement activity which forms the Six Goals and Urgent Care Programme there is further work needed in relation to admission avoidance and raising awareness of care which can be received in alternative environments.

The Chair also queried the requirement for more resources to support the management of concerns. In response, G Galletly advised that the proposed new Operating Model for Quality Governance has been designed to support a new way of working where concerns are addressed at source. She also advised that the central concerns support team is being realigned and a consultation via the Organisational Change Process is underway. In conclusion, G Galletly recognised that the current concerns response rate is not acceptable however considered that the changes in the operating model will hopefully result in noticeable improvements in response times.

Resolution: The report was **NOTED**.

6.3.3 Workforce Performance

H Watkins presented the reported advising Members that the continued challenges and significant pressures faced by the Health Board and the impact of the economic climate is reflected in increased sickness absence rates. She noted that in response to these concerning rates of absence the Health Board continues to raise awareness of the services available to staff to support their emotional, physical and financial well-being.

In concluding the update H Watkins was pleased to announce to the Board that a Fruit and Vegetable Stall will be trialled at the Royal Glamorgan site from Monday 3rd October 2022 in support of promoting healthy eating.

Resolution: The update was **NOTED**.

6.3.4 Financial Performance

S May presented Members with an update on the challenging financial position and performance for the period to the 31st May 2022.

J Hehir queried whether any re-prioritisation of spending requests is anticipated from Welsh Government. In response, S May advised that this is a fast moving area and currently Welsh Government have asked Health Boards to fix its forecast for month six which may result in alternative areas of focus and potentially lead to more challenging targets. She noted that energy consumption is a focus of attention and will be again after month six.

P Roseblade queried the narrative and expectations around recouping Covid-19 losses and IT home working expenditure. In response, S May advised that the Health Board is not assuming these elements will be funded.

P Roseblade further queried if the Health Board can retain the release of annual leave accrual. In response, S May advised that this is expected however, further guidance is awaited as potentially this could be managed differently and does remain a risk for the Health Boards financial position.

The Chair thanked Health Board Officers for their updates on the Integrated Performance Dashboard.

Resolution: The report was **NOTED**.

7. DELIVERING OUR RECOVERY/IMPROVEMENT PLANS

7.1 Improving Urgent Care

G Hughes provided Members with the following presentations:

- 6 Goals Programme Overview
- Ambulance Handover Performance Summary and EASC Weekly Data Set.

Following the detailed presentations I Wells queried whether there will be an improvement in Ambulance Handover Performance. In response, G Hughes noted that there are ongoing issues at Prince Charles Hospital due to the site improvement works which impacts flow outside the Accident and Emergency Department.

P Roseblade reflected that in previous years the process was to immediately offload patients from ambulances avoiding the delays being experienced currently and whether these processes are being revisited to see if they could demonstrate quality improvements. In response, G Hughes advised that that this is a difficult question to answer due to the need of balancing the risk to safely offloading patients from the ambulance with the patients in the community that are waiting for an ambulance. He confirmed that this cannot be looked at in isolation and requires a risk assessment across the entire pathway.

The Chair requested future updates on bed occupancy activity and how many assessment treatment beds remain occupied by patients who could be discharged from the acute setting.

The Chair extended his thank to G Hughes for the presentation.

Resolution: The presentations were **NOTED**.

Actions: The Chair requested future updates on bed occupancy activity and how many assessment treatment beds remain occupied by patients who could be discharged from the acute setting.

7.2 **Planned Care Recovery**

G Hughes provided a presentation on the Planned Care Recovery Programme and the targeted activity being taken forward with all specialities within the Health Board.

The presentation captured the following areas:

- Treat in Turn
- Follow Ups Not Booked (FUNBs)
- Activity Volumes – Pre Covid Volumes v. Present New Outpatients
- Outpatient Transformation
- Use of Planned and Unscheduled Care Sustainability Funding
- Next Steps

P Roseblade queried if patients were offered an alternative surgical site but refused would they lose their place on the waiting list. In response, G Hughes advised that this would not be the case.

The Chair drew attention to the wait times for children and queried whether improvements are anticipated soon in this area. In response, G Hughes advised that the Health Board is committed to addressing the wait times, however, highlighted that there are constraints around the number of available

anaesthetic sessions and a limited number of surgeons who operate on children.

The Chair thanked G Hughes for a comprehensive overview of the Planned Care Recovery activity.

Resolution: The report was **NOTED**.

7.3 Maternity & Neonatal Services Improvement Programme

G Dix, S Hardacre and D Hurford presented the report on the progress of the Maternity and Neonatal Improvement Programme.

G Dix highlighted the following additional activity since the report was drafted:

- IMSOP have verified the Boards self-assessment of Maternity Services maturity ratings as follows:
 - Quality of Leadership and Management – ‘Early Maturity’ Status
 - Safe and Effective Care – ‘Maturity’ Status
 - Quality of Women’s Experience – ‘Exemplar’ Status
- In terms of the Neonatal Service the maturity rating is ‘results’ status across all domains.
- IMSOP will be next publishing their progress report on the 24th October 2022.
- 13/14 of the deep dive neonatal recommendations have been closed.
- Maternity and Neonatal Improvement Board have now closed the two remaining service work programmes (Quality of Leadership & Management and Safe and Effective Care). Any residual activity will be incorporated into the “Wash up Plans” led by the new Children and Families Care Group as appropriate.
- The Clinical Review Programme has closed however, the Health Board is committed to action any care reviews received through the self-referral process.
- The new Integrated Dashboard is close to being finalised and will be used for future Board reports to frame the business narrative.

S Hardacre led Members through the metrics report and drew attention to the activity around culture, quality of leadership and management.

J Sadgrove commented on the significant scrutiny afforded to this activity at the Quality & Safety Committee and Maternity and Neonatal Improvement Board. She welcomed the commitment of the staff in driving forward movement and utilising data intelligence to support improvement activity and thanked them all for their continued hard work and dedication.

The Chair also recognised the significant amount of work being undertaken by the Team which is evident in the progress illustrated in the updates. Members also congratulated S Hardacre in obtaining her PHD.

Resolution: The report was **NOTED**

7.4 Ty Llidiard Improvement Plan

L Edwards presented the report which provided Board members with an update on quality, safety and experience issues in Ty Llidiard (TL) Tier 4 CAMHS Inpatient Unit. In concluding the update L Edwards provided assurance that the Health Board is heading in the right direction to support de-escalation from its Enhanced Monitoring Arrangements status with the Welsh Health Specialised Services Committee.

The Chair thanked L Edwards for presenting the report

Resolution: The report was **NOTED**.

7.5 Continuous Improvement Self-Assessment Process in response to Targeted Intervention

R Morgan-Evans presented the report which provided an update on the progress within the Targeted Intervention Improvement Programme.

J Hehir queried whether there was anything concerning R Morgan-Evans in terms of the pending review of sustainability issues. In response, R Morgan-Evans advised that he felt confident that the Health Board now had the right systems in place to effectively and efficiently manage and respond to areas where improvement activity is identified.

The Chair thanked R Morgan-Evans for presenting the report.

Resolution The report was **NOTED**.

8 ANY OTHER BUSINESS

There were no other areas of business identified.

9 How did we do in this meeting?

The Chair advised that he would welcome feedback from Board Members as to how they felt the meeting went today outside the meeting.

10 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at Thursday 24 November 2022 at 10am.

11 CLOSE OF MEETING

The Chair advised that the Board would now be holding an In Committee session, the outcome of which would be presented to the Board in November 2022