

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 30 March 2023 as an In Person meeting at Yr Hwb, Royal Glamorgan Hospital Site, Llantrisant (also Broadcast Live via Microsoft Teams)**

**Members Present:**

Emrys Elias	Chair
Paul Mears	Chief Executive
Jayne Sadgrove	Vice Chair/Independent Member
Patsy Roseblade	Independent Member
Ian Wells	Independent Member
James Hehir	Independent Member (attending virtually)
Lynda Thomas	Independent Member (attending virtually)
Dilys Jouvenat	Independent Member
Geraint Hopkins	Independent Member
Linda Prosser	Executive Director of Strategy & Transformation
Greg Dix	Executive Director of Nursing
Lauren Edwards	Executive Director of Therapies & Health Sciences
Gethin Hughes	Chief Operating Officer
Sally May	Executive Director of Finance
Lisa Curtis-Jones	Associate Member (attending virtually)
Anne Morris	Associate Member (attending virtually)

**In Attendance:**

Stuart Morris	Director of Digital
Sara Thomas	Deputy Director of Public Health / Acting Director of Public Health
Matthew Butt	Chief Of Staff (attending virtually)
Simon Blackburn	Assistant Director of Communications & Engagement
Cally Hamblin	Assistant Director of Governance & Risk
Michelle Morrison	Occupational Therapist (In part)
Daisy Wilcox	Perinatal Team Leader (In part)
Sallie Davies	Deputy Medical Director
Sara Utley	Audit Wales (Virtual attendee)
Darren Griffiths	Audit Wales (Virtual attendee)
Mark Jones	Audit Wales (Virtual attendee)
Paul Dalton	Head of Internal Audit (Observing)
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:

- Nicola Milligan, Independent Member
- Dom Hurford, Executive Medical Director

## 1.3 **Declarations of Interest**

No declarations of interest were raised at this point.

## 2 **SHARED LISTENING AND LEARNING**

### 2.1 **Listening & Learning Story**

M Morrison and D Wilcox shared a Listening & Learning Story which related to a patient who experienced a significant deterioration in their mental health after giving birth and how this impacted upon the bond with her baby.

M Jehu extended his thanks to M Morrison and D Wilcox for sharing the story and queried the prevalence of this experience in others. . D Wilcox advised that sadly this is a common occurrence and that there is evidence that the rate of suicide increases in the first year following births.

In response to a query raised by M Jehu as to the impact and support for the child in these situations, D Wilcox confirmed that systems were in place to secure healthy lives from the first 1000 days and advised that there were 10 pathways in place that the service needed to follow, with this team being pathway 6 and 7. Members noted that there was a need to provide parity of care not just within Cwm Taf Morgannwg but across the whole of Wales and noted that the Team had a good handle demographically of prevalence of mothers who may struggle with their mental health. Members recognised how the team continue to support and educate GP's and third sector colleagues regarding these issues.

In response to a question raised by G Hopkins as to what extent the team felt they were meeting demands for the service provided and whether it was getting easier or harder for patients to access the service, D Wilcox advised that anyone could refer a patient into the service and added that patients could also self-refer. D Wilcox advised as much as the team aligned themselves to standards and criteria, they were flexible in terms of meeting demand. M Morrison added that whilst the service was trying to be accessible, the team was quite small for a large geographical area. Members noted that the team were hoping to be more specialised in relation to therapies and have a more targeted approach and noted that there was evidence in place to suggest that if a woman did not receive this support in a time critical period the impacts on the child were significant.

P Mears expressed the importance of removing the stigma of discussing mental health issues and advised of the need to socialise these conversations more actively. D Wilcox advised that the team were going to be undertaking more co-production work with other partners to try to address this.

J Sadgrove also welcomed the story which she found to be powerful and advised that she had been interested to hear about the pathways into the service and the importance of the Health Visitor knowing that this service was there to enable them to promptly signpost patients into the service. In response to a question raised by J Sadgrove as to how other professionals were being made aware that the service was in place, D Wilcox advised that the team had a perinatal care bundle which included applications which was being shared with other professionals as well as the commitment to continue to build partnerships

G Dix reflected on the patient having had an existing anxiety condition and queried whether there were any missed opportunities to support the patient sooner. M Morrison advised that at the time the patient's mental health was very well managed and it was only following birth that the mental health condition increased as a result of additional stresses.

In response to a question raised by G Dix as to how many referrals were being received by the Team, M Morrison advised that the numbers of referrals could vary, with around 20 – 30 referrals received in the last few weeks. Members noted that 850 referrals were made into the service last year.

L Edwards recognised that roles within the team were highly specialised and queried whether there was a network that the team could connect with for support. Members noted that the team had developed links with the Welsh Network of Perinatal Occupational Therapists and D Wilcox advised that she regularly attends the regional and national Perinatal Network meetings.

L Curtis-Jones also extended her thanks to the Team for sharing the story and expressed the importance of trying to remove the fear that engaging social services would result in the removal of the child, and queried whether it would be helpful if this presentation could be shared with Local Authority colleagues. D Wilcox agreed that effective delivery of key messages to the public was key and that this would be a helpful mechanism to raise awareness.

P Mears advised that C Hamblyn would share the contact details for L Curtis-Jones with the team in order for them to create a support network with Social Services. S Blackburn also advised that he would welcome a further discussion with the team on this matter from a communications perspective to discuss promotion and awareness of the service.

The Chair extended his thanks to D Wilcox and M Morrison for sharing the story and welcomed the positive outcome that had been experienced.

The Listening & Learning Story was **NOTED**.

Resolution: Contact details for L Curtis-Jones to be shared with the team in order for them to create a support network with Social Services.

Action:

Assistant Director of Communications & Engagement to hold a further discussion with the team to discuss promotion and awareness of the service.

Action:

### **3 CONSENT AGENDA**

#### **3.1 FOR APPROVAL**

##### **3.1.1 Unconfirmed Minutes of the Public Board Meeting held on the 26 January 2023**

Resolution: The minutes were **APPROVED**.

##### **3.1.2 Unconfirmed Minutes from the Annual Trustees Meeting held on the 26 January 2023**

Resolution: The minutes were **APPROVED**.

##### **3.1.3 Chair's Report – Affixing of the Common Seal and Ratification of Chair's Action**

Resolution: The report was **APPROVED**.

##### **3.1.4 Amendments to the Standing Orders**

Resolution: The report was **APPROVED**.

##### **3.1.5 Regional Ophthalmology Strategy**

Resolution: The report was **APPROVED**.

##### **3.1.6 National Imaging Academy for Wales Hosting Agreement Extension**

Resolution: The Hosting Agreement Extension was **APPROVED**.

##### **3.1.7 Quality Strategy**

Resolution: The Quality Strategy was **APPROVED**.

##### **3.1.8 Cwm Taf Morgannwg Public Services Board Wellbeing Plan**

Resolution: The Cwm Taf Morgannwg Public Services Board Wellbeing Plan 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 Annual Cycle of Business was NOTED.

### **3.2.3 Board Forward Work Programme**

Resolution: The Report was **NOTED**.

### **3.2.4 Committee Highlight Reports**

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

### **3.2.5 Joint Committee Highlight Reports**

Resolution: The reports were **NOTED**.

## **4. MAIN AGENDA**

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

P Roseblade advised that in relation to action log reference 6.1.1, this action could be marked as completed as she had met with one of the information officers to discuss the matter further.

## **5. DELIVERING OUR PURPOSE AND STRATEGIC DIRECTION**

### **5.1 New Velindre Cancer Centre Full Business Case**

L Prosser presented the report and the Full Business Case (FBC) and confirmed that the Economic and Financial Cases were discussed at the In Committee Board meeting held prior to the public meeting, due to their commercial sensitivities. L Prosser advised that the Board were being asked to consider the further details since the business case was last presented to Board in 2017.

Members noted the key impacts for the Health Board that had been outlined within the report, which included the changes in the financial contribution the Health Board would be required to make. Members noted that the benefits were also set out within the report which included an improved environment for care and an improved experience for patients and staff.

L Prosser advised that if the Board were content to approve the FBC at the meeting today, it had been agreed at Planning, Performance & Finance Committee that approval would be accompanied with correspondence to Welsh Government outlining concerns the Health Board has around the development.

M Jehu confirmed that the Planning, Performance & Finance Committee had received, discussed and supported the FBC prior to this being presented to the Board. G Hopkins endorsed the update provided by M Jehu and supported the commentary that would be included in the correspondence to Welsh Government.

Resolution: The Board **NOTED** the process to develop the Full Business Case (FBC) from the previously agreed Outline Business Case (OBC) has followed Treasury Green Book Guidance;

The Board **NOTED** the updates made from OBC to FBC and the assurance provided by the Collective Commissioning Group (CCG);

The Board **NOTED** the movement in recurrent revenue funding, from the uplifted OBC approved sum, for the Health Board this is £301,000. This figure is annual commitment set at 2022-23 price base;

The Board **APPROVED** the additional investment requested of £1.449m from the Health Board by Velindre University NHS Trust as set out. This figure is annual commitment set at 2022-23 price base.

The Board **APPROVED** the Full Business Case, excluding the Commercial Case. (This approval would be subject to the finalisation of the Commercial Case which is a matter of consideration between Velindre University NHS Trust and Welsh Government, not the Health Board. However, if there are any changes in the Commercial Case which would have an impact on the 'Approved' status of the other four cases from a commissioners perspective, these cases would be brought back to the Board for consideration).

## 5.2 Integrated Medium Term Plan 2023-2026

L Prosser presented the report and advised that the report had also been presented to the Planning, Performance and Finance Committee where it was noted. Given that the plan does not meet the Health Board's statutory duties, the Board were being asked to note the plan and endorse its submission to Welsh Government.

Members noted that following previous discussion internally and with Welsh Government in relation to the choices available and the planned in-year surplus of 8.5m in 2023/2024, there had been a move from option 3 to option 4, which would result in the Health Board being able to break-even in the financial year. Members recognised that following discussions held investment had been moved from planned care into Stroke Services, with £1m investment being made into Digital and Digitisation and £1.5m investment into overseas recruitment.

Members noted that the Health Board would be submitting a plan representing an £8.5m overspend, and were being asked to make choices as to what could be done to close the gap, which were not being included in the plan at the

present time. L Prosser advised that it is being commended to the Board that the Health Board would work within its current framework to address this gap.

Detailed updates were received from Executive Leads in relation to their elements of the plan.

P Mears recognised that it had not been an easy process to reach this stage and extended his thanks to all teams for the work that had been undertaken in the development of the plan. In relation to reference made to efficiencies and savings, P Mears advised that the Board would need to consider how this programme was overseen moving forwards given the financial risks that sit alongside this and how scrutiny and assurance could be undertaken in relation to the savings plans. P Mears added that the messaging in relation to the plan was important, particularly in relation to what was being done to improve the quality and efficiencies within the organisation. Members noted that further discussions would need to be held in relation to the wider strategy and future clinical service models.

L Thomas recognised the significant amount of work that had been undertaken to develop the plan and welcomed some of the opportunities that were being explored. L Thomas sought clarity as to whether there was confidence that the appropriate training was in place in relation to the use of White Boards given the number of staff that would be due to leave the Digital team. L Thomas also sought clarity as to what would happen to next year's savings target if that was not met and added that she would welcome a further discussion in relation to sustainability of the model.

S Morris advised that in relation to the structure within the Digital Team, a strategic leadership restructure was being undertaken which would result in the ability to retain some staff. Members noted that the compliance issues in relation to Information Governance and Cyber Security would need to be addressed as a result of the Information Commissioners Office action plan and noted that resource would need to be diverted into these areas as a matter of priority.

P Roseblade welcomed the investment proposed for Stroke services given the demographic.

A discussion was held in relation to messaging and the importance of clear communication to staff describing where investments would be made from a clinical perspective.

H Daniel advised that discussions were often held in relation to balancing healthcare, quality and finance and advised that staff need to be considered alongside this, particularly after the challenging few years they had faced. H Daniel advised that he felt that this plan balanced the workforce element and would have a positive impact on the staff within the Health Board.

I Wells also welcomed the investment into stroke services and made reference to the tables contained within the report which highlighted the probability of

financial risk, with the majority of items showing at 50%. In response to a question raised by I Wells as to how this was calculated, S May advised that these figures were estimates and the risk estimate may increase against some of the items.

In response to a comment made by I Wells in relation to the possible perception that if overseas nurses could not get involved in the culture this could lead to them feeling isolated, H Daniel advised that 96% of overseas nurses were still working within the Health Board which he hoped provided assurance in terms of the support in place, as well as the 2 year retainer in terms of overseas contracts. Members noted that feedback so far had been positive and there were some learning points identified that would need to be taken forward.

In response to a question raised by G Hopkins as to whether enough was being done to encourage the local population to join the nursing profession, H Daniel advised that although focus continued in terms of overseas recruitment, there was also work underway to attract into the profession locally. P Mears advised that he had recently met with the Future Generations Commissioner where they discussed the workforce challenges being faced by the Health Board and how the Commissioner could support the Health Board with raising the profile of healthcare careers. Members noted that discussions had also been held with the University of South Wales who were keen to build relationships and assist the Health Board in attracting staff into healthcare roles.

C Donoghue advised that she felt the plan could be strengthened in relation to the role of educational research and felt that this would be a positive element to add into the plan. L Prosser advised that she would seek to include this within the plan prior to submission.

M Jehu made reference to the staff recognition events that had previously been held within the Health Board and advised that recognising staff was a positive experience which needed to be re-introduced. S Blackburn recognised this gap and added that over the next few weeks there would be a launch of the Peer Recognition Scheme and advised that there were also plans in place to hold an annual event to recognise staff achievements.

The Chair recognised the areas of discussion, which included the sustainability of services and the inclusion of educational research within the plan. The Chair extended his thanks to Executive colleagues for presenting the report.

Resolution: The Board NOTED the report and **ENDORSED** its submission to Welsh Government, noting that this is an annual plan set in a three-year context due to the conditions that make it unachievable to deliver a fully balanced three year plan.

## 6. INTEGRATED GOVERNANCE PERFORMANCE AND ASSURANCE

### 6.1 Chief Executives Report

P Mears presented the report and highlighted the key matters for the attention of the Board.

J Sadgrove advised that in relation to Mental Health, the Quality & Safety Committee had been undertaking close scrutiny of the position regarding the two Healthcare Inspectorate Wales Inspection reports that had been received in relation to Mental Health Services and added that she welcomed the proposed discussion that would be held at a future Board Development Session on this matter.

J Sadgrove welcomed the proposed developments of facilities on the Royal Glamorgan Hospital site and sought clarity as to what the plans were for the review of the wider estate and the development of an estates strategy. P Mears advised that this was dependent as to what investments were available and consideration would need to be given to the required service models. Members noted that the Clinical Services Strategy for the acute sites would need to be developed further to inform an Estates Strategy. Members noted that capital planning and finance would be closely aligned to the Estates Strategy.

The Chair extended his thanks to P Mears for presenting the report.

Resolution: The Board **NOTED** the report and **SUPPORTED** and **ENDORSED** the signing Of the Spinal Services Operational Delivery Network MoU by the Chief Executive on behalf of CTM UHB.

### 6.2 Board Assurance Framework

C Hamblyn presented the Board Assurance Framework (BAF) drawing the Boards attention to the significant changes to the Principal Risks this period. Members noted the review Internal Audit were undertaking on the BAF, the outcome of which would be presented to the April meeting of the Audit & Risk Committee.

In response to a question raised by P Roseblade as to in which forum Risk 9 – Sustaining Our Future was being discussed given the importance of the environmental agenda moving forwards, C Hamblyn advised that consideration was being given to discussing this risk at the Population Health and Partnerships Committee.

In response to a comment made by I Wells in relation to the statement made within the report that there has been no change in relation to trajectory, C Hamblyn advised that this related to no change in terms of scoring which would need to be defined more clearly within the report.

The Chair extended his thanks to C Hamblyn for presenting the report.

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

### 6.3 Integrated Performance Dashboard – Part 1

L Prosser introduced the report. Members noted that the report format had not changed for this month in light of discussions planned for the April Board Development Session.

G Hughes presented an update in relation to the **Operational Performance** section of the report and the following key points were noted: -

- There had been a continued reduction in the cohort of longest waiters with focus being placed on patients waiting over 52 weeks for treatment;
- An insourced Theatres team had been secured for March and April which was working well despite challenges in relation to managing patients across two Patient Administration Systems. There had also been additional outsourcing within Ophthalmology and Dermatology;
- Good utilisation of Theatres at Prince Charles Hospital continued, with seven theatres being run consistently;
- Work was being undertaken with colleagues at Welsh Government in relation to endoscopy utilisation. Members noted that the Health Board was six rooms short in order to meet the demand and capacity;
- In relation to Diagnostics, focus would be placed on addressing Non Obstetric Ultrasound backlogs;
- In relation to Therapies, focus was being placed on the weight management programme;
- Continuing to source staff to staff areas in relation to additional capacity remained a risk;
- In relation to Cancer performance, compliance for February was 46% with the forecast position for March being sustained. Members noted that the backlog of patients was now at its lowest since November 2021 and the majority of patients were being diagnosed in a timely way. Key areas of focus included Lower GI, Urology and Gynaecology;
- In relation to Unscheduled Care, key challenges remained in relation to ambulance handovers, with 60% compliance being achieved at present and focus being placed on there being no declines of red releases. Discussions continued to take place in relation to challenges regarding flow of patients and the compromises that were being made to accommodate patients within hospitals. Members noted that the Health Board was experiencing twice the number of delays regarding packages of care compared to the rest of Wales;
- In relation to Mental Health, focus continued to be placed on addressing the backlog of patients requiring treatment.

G Dix and S Davies provided Members with an update in relation to the **Quality Performance** section of the report. The following key points were noted:

- There had been a positive improvement in compliance against the 30 day target for complaints responses. Members noted that further work was required in relation to the quality of responses being provided;
- There had been a reduction in the number of pressure damage incidents with work being undertaken to reduce the number of incidents further.

Members noted that a Spotlight Report on Pressure Ulcers and Falls would be presented to the May meeting of the Quality & Safety Committee;

- There were concerns in relation to the numbers of E-Coli and Klebsiella infections being seen with half of patients being admitted from the community having an infection. Work was being undertaken with Care Homes to address this;
- There had been a decrease in the number of medication errors with administration errors being within natural variation. Members noted that none of the errors had resulted in serious harm;
- Whilst there had been a decrease in Mortality rates in January, rates were still above the national average. Work was being undertaken in relation to how data was being recorded and analysed so that there was greater understanding in place.

H Daniel provided members with an update against the **Workforce Performance** section of the report. The following key points were noted:

- Whilst there had been an improvement in relation to Performance Development Review (PDR) performance, it was felt that progress had been too slow, with current performance being at 60%. Members noted that steps were being taken to improve the position;
- Compliance in relation to Statutory and Mandatory Training was 70%;
- Sickness absence remained a challenge, with current rates fluctuating between 7-8%.

In response to a query raised by P Roseblade as to what impact the Industrial Action by Welsh Ambulance Services NHS Trust colleagues had on the Health Board, G Hughes advised that the Health Board had been prepared with an established Gold Command structure put into place. Work was undertaken to ensure there was offloading capacity in place and Members noted that there were no prolonged delays experienced. Lower ambulance conveyance rates had been seen alongside consistent attendances at the Emergency Department.

In response to a query raised by P Roseblade regarding the Stroke Action plan which she thought was already in place and whether there was a date available for 24/7 Thrombectomy Services to be provided at Bristol, L Edwards advised that the Operations Team were developing an improvement plan as opposed to an action plan and added that a date was not yet available in relation to 24/7 Thrombectomy Services at Bristol.

In response to a comment made by G Hopkins as to no reference being made to complaints that are referred onto the Communications Team, G Dix advised that more detail regarding this was regularly being reported to Quality & Safety Committee.

In response to a query raised by G Hopkins as to whether there was a way in which some of the data could be presented in a more visual way in relation to some of the nuances that needed to be expressed, P Mears advised that a discussion would be held at the April Board Development Session as to what

data Independent Members would like to see included in the report moving forwards and whether the right level of assurance was being provided.

M Jehu made reference to the Crude Mortality Hospital rates which stood at 2.91% which was quite stark and requested that the outcome of the review being undertaken by the Medical Director and Deputy Medical Director was presented to either the Planning, Performance & Finance Committee or Quality & Safety Committee for further discussion.

In relation to the update presented by G Hughes in relation to Elective Care and Cancer Performance, P Mears suggested that it may be helpful update the Minister with an overview on the steps being undertaken within the Health Board to improve trajectory and asked G Hughes to draft a letter in this regard.

The Chair advised that there was a significant amount of improvement activity underway that would benefit from increased awareness along with the documented performance indicators.

D Jouvenat advised that reflecting on the importance of recognition, she wished to extend her congratulations to H Daniel and his team for the Chartered Institute of Personnel and Development achievement in relation to Personal Development Reviews.

The Chair extended his thanks to Executive Directors for presenting the report.

Resolution: The report was **NOTED**.

Action: Outcome of the review being undertaken by the Medical Director and Deputy Medical Director in relation to Crude Hospital Mortality rates to be presented to either the Planning, Performance & Finance Committee or Quality & Safety Committee for further discussion.

Action: Letter to be written to the Minister to provide an overview on the steps being undertaken within the Health Board to improve trajectory in relation to Elective Care and Cancer Performance

#### **6.4 Integrated Performance Dashboard Part 2 – Financial Performance**

S May presented the financial position as at Month 11 and highlighted the key matters for Members attention.

In response to a query raised by P Roseblade as to whether there were any red areas to flag in relation to Month 12, S May advised that improvements were being seen in relation energy pricing and added that work was being undertaken with Audit Wales in relation to getting ahead with year-end processes.

P Roseblade welcomed the achievements in relation to capital spend, with £61.6m being spent out of the £72.3m of Capital Resource Limit.

The Chair extended his thanks to S May for presenting the report.

Resolution: The report was **NOTED**.

## 6.5 Audit Wales Review – Structured Assessment

S Utley presented the report and highlighted the key points for Members attention.

P Mears advised that in relation to performance reporting, it would be helpful if some examples could be provided from other organisations of where performance reporting had been undertaken really well and suggested that maybe a further discussion could be held with C Hamblyn and L Prosser regarding this. S Utley agreed to action this request outside the meeting.

P Roseblade expressed concerns that she felt that the report did not fully reflect the positive improvements made over the last 18 months and agreed to meet with S Utley outside the meeting to discuss further.

Resolution: The report was **NOTED**.

Action: Examples to be provided from other organisations of where performance reporting had been undertaken really well. Further discussion to be held between Audit Wales, Assistant Director of Governance & Risk and the Executive Director of Strategy & Transformation

Action: Further discussion to be held with P Roseblade outside the meeting regarding her concerns in relation to the report.

## 6.6 Audit Wales Annual Audit Report

S Utley presented the report and extended her thanks to the Health Board for supporting the delivery of the audit programme throughout the year.

Resolution: The report was **NOTED**.

## 6.7 Annual Board Effectiveness Self-Assessment

C Hamblyn presented the report and advised that the report had been shared with Board Members outside the meeting for comment and review and extended her thanks to Members for their commitment in completing the Self-Assessment.

Resolution: The Board **APPROVED** the Self-Assessment Maturity Rating of Level 4.

## 6.8 Quality & Safety Committee Highlight Report – Verbal Update

J Sadgrove presented Members with a verbal update of the items the Committee wished to escalate to the Board following their meeting on the 16 March 2023. J Sadgrove advised that the Committee had a detailed discussion

on how to balance risk in relation to boarding additional patients on wards against the risk of failing to release ambulances and the failure to attend to really sick patients in the community. J Sadgrove advised that Committee members felt that it would be helpful to have wider Board discussion on this matter and it had been noted that a discussion would be held at the next Board Development Session.

J Sadgrove advised that the second area of concern related to Mental Health and the issues raised within the Healthcare Inspectorate Wales reports. Members had noted the need for an IT system which supported the service more effectively and there was awareness that the Welsh Community Care Information System was in the Health Board's plan for the coming year.

Resolution: The verbal update was **NOTED**.

### **6.9 Planning, Performance & Finance Committee Highlight Report**

M Jehu presented Members with an update on the items contained within the alert/escalate section of the report and advised that both issues had been discussed during the meeting today.

Resolution: The report was **NOTED**.

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

I Wells presented Members with an update on the items contained within the alert/escalate section of the report. Members noted that a number of reports presented to the last meeting of the Committee highlighted concerns in relation to capacity and resource. I Wells advised that this was discussed earlier in the meeting today as part of the IMTP discussion which had alleviated the immediate concerns.

I Wells advised that an area of positive escalation had also been identified in relation to the digital whiteboards that were being introduced throughout the Health Board. It was noted that a demonstration of the use of whiteboards would be received at a future Board Development Session.

S Morris advised that a positive discussion had recently taken place with the Information Commissioners Office (ICO) and Members noted that strong focus would be placed on the completion of the ICO action plan.

Resolution: The report was **NOTED**.

### **6.11 Population Health & Partnerships Committee Highlight Report**

J Sadgrove presented Members with an update on the items contained within the alert/escalate section of the report. Members noted that it had been agreed at a previous Board Development Session that monitoring of Research & Development activities would be undertaken by the Population Health & Partnerships Committee.

Resolution: The report was **NOTED**.

## **6.12 Mental Health Act Monitoring Committee Highlight Report**

J Sadgrove presented Members with an update on the items contained within the alert/escalate section of the report. Members noted that discussions were held in relation to the Healthcare Inspectorate Wales Inspection report and a request had been made to the Operational Group to report back to the next Committee on the steps that had been taken to address the issues identified. M Jehu advised that an update had been received from South Wales Police in relation to Section 136 and advised that Committee were pleased to note that discharges had decreased with 735 occurrences compared with 1,190 in the previous year amounting to a 40% reduction.

Resolution: The report was **NOTED**.

## **7 ANY OTHER BUSINESS**

P Mears recognised that this would be the Chair's last Board meeting and advised that he wanted to formally record his thanks to the Chair for everything that he had done for the organisation over the last 18 months. P Mears advised that the Chair had joined the Health Board at a challenging time and that he would be sorely missed.

The Chair commented that he felt privileged to have been Chair of the organisation and added that he had been proud to witness how everyone he met working within the Health Board were keen to make a positive difference to the people within the community and the services provided.

### **7.1 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.

## **8 DATE AND TIME OF THE NEXT MEETING**

The next meeting would take place at Thursday 25 May 2023 at 10am.

## **9 CLOSE OF MEETING**