

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
24 AUGUST 2021, AS A VIRTUAL MEETING WHICH WAS HELD
VIA MICROSOFT TEAMS**

PRESENT

- Mel Jehu - Independent Member (Chair)
- Ian Wells - Independent Member
- Nicola Milligan - Independent Member
- Patsy Roseblade - Independent Member

IN ATTENDANCE

- Emma Samways - NWSSP – Internal Audit & Assurance
- Georgina Galletly - Director of Governance/Board Secretary
- Julie Denley - Director of Primary, Community & Mental Health
- Linda Prosser - Executive Director of Strategy & Transformation
- Fiona Jenkins - Executive Director of Therapies & Health Science
- Sally May - Executive Director of Finance & Procurement
- Kathrine Davies - Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Philip White, Independent Member, Kelechi Nnoaham, Director of Public Health and Gareth Robinson, Chief Operating Officer.

1.3.0 DECLARATIONS OF INTERESTS

F. Jenkins declared that she was also Executive Director of Therapies & health Sciences at Cardiff & Vale UHB.

PART 2. CONSENT AGENDA

The Chair asked whether Members wished to move any item on the Consent Agenda to the 'Main Agenda'. No changes to the Consent Agenda were requested.

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 22 JUNE 2021

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

A question had been raised by an Independent Member in advance of the meeting.

Question:

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Is there an update on integrated pathways to provide further support to families?

Response:

Current position for Neurodevelopmental patients

- Cwm Taf Morgannwg (CTM) wide service group established, chaired by Dr Z Sibanda, looking at the operational issues and service redesign.
- Non recurrent funding utilised to recruit to a Neuro Development Psychiatrist, Lead Pharmacist and Healthcare Support Worker roles.
- Waiting List Initial clinics currently being utilised to address longest waiters and backlog of patients
- Session planned for September 2021 with National Clinical Lead, Values Based Healthcare, to discuss and explore future service model
- Proposal to be developed for recurrent funding

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

2.2 FOR NOTING

2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Month 3 and 4 Monitoring Returns were **NOTED**.

3.0 MAIN AGENDA

3.1.0 ACTION LOG

Members went through the action log with regard to the outstanding actions.

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

Action: Outstanding Director of Finance actions to be reviewed outside of the meeting and respond by Friday.

Action: Review minutes of previous meeting to ensure all actions have been contained on the Action Log.

Action: Outstanding Updates on the Action Log to be reviewed outside of the meeting with the relevant Executive lead.

3.2.0 PPF COMMITTEE SELF-ASSESSMENT OUTCOME AND IMPROVEMENT PLAN

The Chair advised that to date only three responses had been received which would not be able to provide a robust overview required, and therefore agreed that this be deferred to the October 2021 meeting. Members were encouraged to complete the survey.

Resolution: The Committee **AGREED** to defer the report until the October 2021 meeting.

Action: Members of the Committee to complete the Self-Assessment Survey.

4.0 PLANNING

4.1.0 INTEGRATED MEDIUM TERM ANNUAL PLAN 2021-22 UPDATE – PRESENTATION AND VERBAL UPDATE

L. Prosser provided a presentation to the Committee on the current position with the Annual Plan for 2021-22 and the feedback received from Welsh Government.

I Wells queried what functions Ysbyty Seren was providing at the moment. L. Prosser confirmed that it was being utilised as an alternative facility for Maesteg Hospital which was currently closed for refurbishment. It would also be used to provide capacity for a potential winter surge and would not be decommissioned until April 2022.

N. Milligan suggested that consideration be given to the commissioning of advanced paramedics to assist with ambulance waiting times and the flows through the back and front doors of the emergency departments. L. Prosser commented that this was a helpful suggestion and would look into this.

The Chair referred to pages 3 and 4 of the plan and in particular the concerns raised by Welsh Government, and sought assurance on how the Committee would be sighted in terms of governance and scrutiny on the actions being taken once a formal response had been received. L. Prosser advised that the Committee would receive regular updates at every meeting via the elective recovery plan and the performance report. An additional report could also be provided to the Committee updating on the actions if it was their wish.

Resolution: The Committee **NOTED** the presentation and verbal update.

Action: Commissioning of advanced paramedics to be considered.

Action: The Committee to be kept updated in terms of governance and assurance on the concerns raised by Welsh Government in relation to the plan and the actions being undertaken to address this.

5.0 PERFORMANCE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

The Committee received a summary update on performance against a number of key quality and performance indicators.

L. Prosser advised that the report was in the process of being reviewed and updated and asked members for feedback if there was anything particular that they would like to see contained within the report.

N. Milligan commented that where the targets were not being met, i.e. sepsis not meeting the 100 percent target, the report does not outline what was being done to address this and it would be helpful to see the actions being undertaken. L. Prosser advised that this also applied to all areas within the report and would be reviewed.

I. Wells raised a query on the quadruple aims and how they actually relate to the aims, and provided better health management as an example and whether the measures validate those and also how the measurements were decided. L. Prosser confirmed that they could look at the connections between the aims and the measures. It was

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confirmed that this was a national approach based on the Welsh Government strategy 'Healthy Wales'.

I. Wells referred to paragraph 2.2.6 with regard to pressure damage reducing and queried whether the whiteboard project was helping to bring the numbers down. L. Prosser confirmed that the project was being undertaken only at the Royal Glamorgan Hospital at the moment but this could be explored outside of the meeting to see if the project was having an effect.

P. Roseblade queried the table in paragraph 2.1 which was showing the scorecard and efficiency savings showing as zero. L. Prosser confirmed that this was an error and would be rectified.

P. Roseblade referred to page 8 of the dashboard and queried why the waits were being referred to as hourly rather than 15 minutes, and suggested that the Committee should receive a report from the Welsh Ambulance Services Trust (WAST) which would be useful.

P. Roseblade referred to the Delayed Transfers of Care (DToC) on page 9 and queried what was the longest DToC time as it would be helpful to make a note of the longest and average DToC times.

L. Prosser advised that the comments raised by P. Roseblade on the waits, WAST report and DToC times would be taken into account with the review of the report and confirmed that they could review the statistics on DToC waits but often it could just be one specific person.

N. Milligan referred to the compliance figures for Child & Adult Mental Health Services (CAMHHS) and Neuro Development. It was advised that some progress had been made, additional non recurrent funding had been received and would be utilised to recruit a Neuro Development Psychiatrist, a lead Pharmacist and Healthcare Support Worker roles. However, there was not enough capacity to support school nursing but there was a partnership approach being undertaken to schools with regard to well-being. J. Denley confirmed that they could bring a high level action plan in relation to this and the work being undertaken by the service group established to look at operational issues and service re-design.

I. Wells referred to the charts on page 6 of the report in relation to follow up patients not booked (FUNB) for Ophthalmology and Trauma and Orthopaedics and advised that they seemed to be more problematic within the Bridgend area and queried what the Health Board were doing about this. L. Prosser advised that the narrative

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should be clearer in relation to the actions and expected outcomes and this would also be considered when reviewing the report.

The Chair referred to paragraph 2.2.3 with regards to complaints and queried whether the figure was higher than usual or the same? G. Galletly advised that as of the 1 August 2021 the Concerns and Claims portfolio moved from the Director of Nursing to Director of Corporate Governance. An Internal Audit was underway on how concerns are managed and the numbers had slowly started to increase post Covid-19. Improvements and learning from concerns would be strengthened by the appointment of a centrally based Head of Complaints and Legal Services which would provide a steer for complaints management and responses and a review was being undertaken within each Integrated Locality Group (ILG) to look at their own specific concerns in relation to themes and trends and this could be shared with the Listening and Learning Forum.

N. Milligan queried whether feedback was given to staff following a concern or a compliment received. G. Galletly advised that complaints and concerns sit very firmly within each ILG, the Learning Framework will provide a clear mechanism that would provide confidence and assurance that this was being done.

The Chair asked F. Jenkins if she would provide a quick update on progress with regards to Stroke. F. Jenkins advised that a report would be provided to the September Health Board meeting. There were plans coming together in relation to short, medium, interim and longer terms plans. Most of the stroke care sits within Bridgend and Merthyr Tydfil/Cynon and there are issues linked to unscheduled care flows and getting patients into the stroke units. She confirmed that the teams were currently looking at the pathways and the flow out of hospitals, focussing on rehabilitation and getting patients home. There was an improvement plan in place that would provide sustainability and an upcoming national audit on Stroke that Bridgend and Merthyr Cynon have registered for this.

Resolution: The report was **NOTED**

Action: Quadruple Aims – to review the connections between the aims and the measurements.

Action: Scorecard to be amended to reflect the figure for savings and not as currently showing zero .

Action: Review links between the Whiteboard Project and decrease in pressure damage figures.

Action: More detail to be included with regard to DToC waits.

Action: CAMHS report to be brought to the October meeting outlining mitigating actions and a high level plan.

5.2.0 ORGANISATIONAL RISK REGISTER

G. Galletly presented the report that outlined the high-level organisational risks that had been assigned to the Committee, and highlighted the management actions being taken to manage or mitigate these high-level risks.

Members **noted** that there were four risks assigned to the Committee with two of the four risks also scrutinised by Quality and Safety Committee. Risk number 4149 had increased in score due to the Ty Llidiard escalation.

I. Wells queried why Risk 4149 had been escalated following the Welsh Health Specialised Services (WHSSC) flagging this up and why had this not been picked up before. G. Galletly advised that the risk had always been a high risk, however, the dynamics had changed due to possible reputational damage and public confidence and a number of risks and had been re-framed in light of organisational issues.

Resolution: The report was **NOTED**.

5.3.0 OPHTHALMOLOGY UPDATE

J. Denley presented the report on behalf of G. Robinson.

The Chair advised that it would have been helpful to have the Executive Lead and author of the report present to answer the questions raised by members and suggested that the report be deferred to the October meeting and updated in order to provide the Committee with an opportunity for further scrutiny and to have a robust debate and discussion that was required to provide them with assurance.

A number of questions had been raised by Members which are contained within the actions and would be circulated outside of the meeting to the Executive Lead and report author.

Resolution: The Committee **NOTED** the report.

Action: Table on page 2 for R1, R2 and R3 – the colours do not match the lines and need to be amended.

- Action: Paragraph 1.11 – Capacity in clinics – need to review social distancing guidance.
- Action: When will a decision be made on the Business Case and is there clinical availability for the Business Case to be recruited into?
- Action: When would the outcome of the Welsh Government review be received?
- Action: Putting Things Right Panel looking at Ophthalmology FUNB and assessment of numbers – Committee to be updated in due course.
- Action: Communications messaging on the service provided in the community by Optometrists to be revisited.

6.0 FINANCE

6.1.0 MONTH 4 FINANCE REPORT

S. May presented the report that highlighted the key messages in relation to the current month, year to date and forecast year- end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 4.

P. Rosblade queried whether the confirmed allocation of £26.1m was in addition to the £20m and £5.5m. S. May confirmed that they were in addition and advised that questions had been raised with Welsh Government with regard to the make-up of the figures and what they represented. There was pressure with regard to the position with reporting planned care and how this is delivered. There were lots of uncertain areas such as pay terms for waiting list initiative and annual leave accrual which would need careful adjustments throughout the year.

S. May advised that the report would be reviewed to make it more engaging and would pick this up outside of the meeting.

Resolution: The report was **NOTED**.

7.0.0 OTHER MATTERS

7.1.0 HIGHLIGHT REPORT TO BOARD

Resolution: The Committee **AGREED** that the report would be prepared by the Governance Team following the meeting.

7.2.0 FORWARD WORK PLAN

Resolution: The Committee **NOTED** the Forward Work Plan.

7.3.0 ANY OTHER URGENT BUSINESS

There was none.

7.4.0 CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The next meeting of the Committee was scheduled to be held on 18 October 2021 at 2:00 pm.

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