

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
28 JUNE 2022, AS A VIRTUAL MEETING WHICH WAS HELD
VIA MICROSOFT TEAMS**

PRESENT

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

IN ATTENDANCE

- Linda Prosser - Executive Director of Strategy & Transformation (in part)
- Sally May - Executive Director of Finance & Procurement
- Gethin Hughes - Chief Operating Officer
- Julie Denley - Assistant Director of Primary, Community & Mental Health
- Cally Hamblyn - Assistant Director of Governance and Risk
- Paul Dalton - Internal Audit and Assurance
- Emily Howell - Wales Audit Office (Observing)
- Kathrine Davies - Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Emily Howell from Audit Wales who was observing the meeting and Julie Denley, Director of Primary, Community & Mental Health who was in attendance to present agenda item 5.3 – Review of CAMHS Performance Activity. The Chair advised that Linda Prosser would be late joining the meeting and that Gethin Hughes would be presenting agenda items 5.1 and 5.2.

1.2.0 APOLOGIES FOR ABSENCE

Apologies were received from Georgina Galletly, Director of Corporate Governance.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

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 26 APRIL 2022

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

2.1.2 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE IN COMMITTEE MEETING HELD ON 26 APRIL 2022

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

2.1.3 PPF Committee Annual Report 2022-23

Resolution: The Annual Report for 2022-23 was **APPROVED**.

2.1.4 PPF Committee Terms of Reference Annual Review

The Chair advised that any suggested amendments to be notified by the 19th July 2022.

Resolution: The Committee **AGREED** to review the Terms of Reference providing any suggested amendments to the Chair by the 19 July 2022. If there are no suggested amendments the Committee is able to **NOTE** that the review has been undertaken and **ENDORSE APPROVAL** that the Terms of Reference included at Appendix 1 are extant.

2.2 FOR NOTING

2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Months 1 and 2 Monitoring Returns were **NOTED**.

2.2.2 ACTION LOG

G. Hughes provided an update on Action 5.1.0 – April 2022 – Performance Dashboard. The Committee were advised that with regard to the Spire Hospital the Health Board provided a cohort of patients for the Spire to review and agree what patients could be treated by them. Patients are only informed once the Health Board has received confirmation that treatment can be undertaken at the Spire Hospital.

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

Action: Action Log to be updated.

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.

There were none.

4.0 GOVERNANCE

4.1.0 ORGANISATIONAL RISK REGISTER

C. Hamblyn 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.

P. Roseblade referred to risk 4722 in relation to the Laundry Service and advised that there had not been an update since April 2022 and requested a more detailed update on progress for the next meeting with clarity on the seriousness of the problem, confirmation that there is a business continuity plan in place and what resilience was there in the system. S. May advised that the capital expenditure had been approved but there had had been an issue with some of the delivery dates. C. Hamblyn advised that she would link in with G. Hughes to source an update on this risk from the Facilities Function.

I Wells recognised improvement in target dates. However, he advised that there were still ongoing issues where the target dates had passed and suggested that it should be re-emphasised to the Executive Team. C. Hamblyn advised that she would take this back to the Director of Corporate Governance to reinforce the message via the Strategic Leadership Group.

C. Donoghue referred to the monthly risk training and queried whether there was a target number set. C. Hamblyn, in response, advised that there was no target compliance figures set in relation to risk training and that it did not form part of the statutory and mandatory training on the electronic staff record (ESR). She added that the training had been found to be beneficial so it had been retained as a monthly session for the remaining calendar year. C Hamblyn noted that she is engaging with the Learning & Development Team to explore if the risk training could be added to ESR to form part of the training records for staff.

G. Hughes advised that it was difficult to have a numerical target, however, the use of ESR to be able to analyse the spread of staff attending would be beneficial. He advised that as the Health Board were currently undertaking a review of the Operating Model it would provide an opportunity to review all of the risks and see some movement in overall risk scores.

N. Milligan thanked the team and advised that the Committee should acknowledge the huge improvements that had been made to date with the risk register.

Resolution: The report was **NOTED**.

Action: To review risk 4722 in relation to the laundry services.

Action: Ongoing issues in relation to the target dates and how the risks were rated to be reinforced to the Strategic Leadership Group.

5.0 IMPROVING CARE

5.1.0 RESET OF THE 2022-23 PLANNED CARE RECOVERY PROGRAMME

G. Hughes provided a presentation to the Committee on the overall progress, challenges, risks and operational schemes in relation to the Elective Recovery Portfolio of work.

N. Milligan referred to the dermatology referrals and the prioritisation of conditions such as rashes against referrals involving possible cancerous moles. G. Hughes advised that 40% of cancer referrals are diagnosed via the routine pathway and there are people who could have potentially serious conditions on the waiting list which presented a significant risk which was why it was so important that the waiting times were driven down. G Hughes also confirmed that the Health Board was undertaking clinical reviews of the backlog and expediting conditions such as lesions. He added that recruitment was underway for a consultant post and that the

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Health Board was working with Swansea Bay University Health Board and transferring patients to them and also using an insourcing company, all of which would help to drive the waiting lists down.

P. Roseblade referred to the graphs and queried when they would see the actual line for each of the tumour sites so that they could compare the projection with the actual, and what would happen in September that would cause the improvements in trajectories as highlighted on the graphs. She also referenced the internal audit report on patient pathway, which had been given a limited opinion, demonstrating that patients should be on the waiting list and how were they factored into the projections.

In response, G. Hughes advised that cancer performance reporting would be at a variance plan and part of it would be reporting at Health Board and tumour site level. He advised that with regard to September the focus was on tail gunning the vast majority of patients and cancer PPLs (personalised care in cancer) over the summer. Some of this was ambitious however, in terms of breast cancer; work was ahead of schedule and at 89% compliance for the 62 days and probably would be delivered earlier than planned.

I Wells advised that some of the graphs flat lined after a certain point, for example, in September and queried why that was. G. Hughes advised that they flat line because they had hit the target.

I Wells referred to the cancer pathway 104 day wait and in particular for pathology and asked what was being done in relation to that and whether the health board were able to buy into services across Wales?

In response, G. Hughes advised that this had been the biggest concern in terms of waiting for pathology results and the size of the backlog. They were trying to get wet tissue samples processed within 5 days and work was underway to address this and using outsourcing companies. He also confirmed that they had secured some monies from the elective care recovery fund to completely clear that down which potentially should be back to normal standards by September. There was a demand capacity mismatch and a business case was being prepared to sustain that position and reconfiguration work over the next couple of years. This was also complicated by the Bridgend transition as some activity was being carried out by Swansea Bay UHB. He also advised that as part of the longer term plans, work was underway to move to a South East Wales regional laboratory with Cardiff and Aneurin Bevan UHBs.

M. Jehu thanked the team for all their hard work. He queried that when patients get their initial confirmation of their referral how are they communicated with in relation to any anticipated delays, i.e. are they just waiting for their appointment or does the Health Board proactively communicate updates. G. Hughes advised that some Health Boards had invested specifically in teams to keep contact with patients and noted that this forms part of the validation work and setting out expectations on the list. It was noted that funding had been received from Welsh Government to do this and provide more clarity to patients who were waiting, however, the continuing challenge is the volume of patients and capacity constraints.

M. Jehu commented that in those numbers waiting some patients might have gone private or even sadly passed away so the waiting list could be lower than presented. G. Hughes advised that because of the construction and Bridgend being on a different system they had to make some planning assumptions based on that. The validation work aims to review the waiting list in this regard to present the most accurate picture. He added that another challenge was that GPs could also refer patients to two specialties such as Colorectal and Gastroenterology resulting in duplication on the waiting lists.

Resolution: The presentation was **NOTED**.

5.2.0 INTEGRATED PERFORMANCE DASHBOARD

G. Hughes presented the report providing the Committee with a summary update on performance against a number of key quality and performance indicators.

M. Jehu advised that he had visited the Princess of Wales Hospital on the 27th June, along with the Health Board Chair, where they recognised the continuing impact of the Social Care setting challenges on the service and reiterated the importance of ensuring strong engagement and collaboration with Local Health Authorities in order to drive forward improvements. G. Hughes concurred with the challenges noted and also advised that there is learning internally to consider and explore different models of care to drive improvements, particularly in relation to challenges faced by Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda.

N. Milligan advised that she had recently visited the stroke ward 10 in Princes Charles Hospital and referred to page 29 of the report which talked about mitigating actions and compliance on targets. She queried that the concerns that had been raised by the staff were not being seen and it would be beneficial if the Committee

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could have an update on staffing levels and what was being done to mitigate this. In response, G. Hughes advised that the staff on the ward do an amazing job, however, the physical environment was challenging particularly around flow. He advised that he would address the nurse staffing numbers with the team and take a look at the longer service planning position for stroke. G Hughes commented that Prince Charles Hospital was the fixed point for the stroke network for Wales and perhaps that needed to be considered as part of the re-development of that site.

N. Milligan referred to the staff engagement scores on page 8 of the report and asked for more clarity on what the 71% represented. G. Hughes advised that he would pick this up outside of the meeting with the Director for People.

N. Milligan asked for an update on the feasibility plan on the therapies room. G. Hughes advised that following the recent visit it had been agreed to provide £30k from the capital allocation to undertake that piece of work.

P. Roseblade referred to the detailed action plan for stroke that had recently been received by the Quality & Safety Committee and queried whether this was still ongoing due to a change of direction. G. Hughes advised that the plan was continuing to be re-iterated to sustain a stroke service for the Health Board longer term and he would arrange for an update on the action plan.

P. Roseblade queried the Never Event that had occurred in May 2022 and asked for more detail to be provided. It was agreed that this would be queried with the patient care and safety team outside of the meeting.

P. Roseblade commented that it was pleasing to see that the Princess of Wales Hospital had met 100% of their red releases and it was good to see the improvement.

I Wells complimented the team on the revised presentation of the data, as it was helpful to show the trends and requested that this approach be retained for future reports. G. Hughes advised that he would pass the comments onto the team.

I Wells referred to the low statistics for breast-fed babies at 10 days old which was worrying and queried whether this was due to population health. N. Milligan advised that evidence showed that young girls had made up their minds about breast-feeding by the age of 14 and therefore it was paramount that education was received in schools regarding the benefits of breast-feeding.

I Wells referred to stroke performance and diagnosing within 4 hours. G. Hughes advised that the patients need to be seen in the unit and thrombolised as quickly as possible and this was an area that was being focussed upon and linked to crowding in hospitals.

N. Milligan referred to page 24, diagnostics and therapies and advised that the main risks were around staff and queried how confident they were that they would fill the vacancies through streamlining. G. Hughes advised that he would explore this point with colleagues and revert back outside of the meeting.

Resolution: The report was **NOTED**

Action: Staff engagement scores – clarity to be sought on what the 71% related to and were engaging on.

Action: Update on the action plan for stroke to be provided.

Action: Detail on the Never Event in May 2022 to be provided outside of the meeting.

Action: To query the filling of staff vacancies via streamlining in relation to diagnostics and therapies.

5.3.0 REVIEW OF CAMHS PERFORMANCE ACTIVITY

J. Denley presented the report that provided an update on the current performance position within the CAMH Service in CTM UHB against the Mental Health (Wales) Measure (2010) and the actions being taken to improve performance together with trajectories for improvement.

I Wells referred to Appendix 3 and the graph that showed the percentages within 28 days and queried what happened if assessment did not take place within 28 days. J. Denley advised that they receive a daily update on that position and only report on those that had been seen within the 28 days. J. Denley offered to provide an offline update outside of the meeting.

N. Milligan commented that it was pleasing to see that the pilot was commencing in schools from September 2022, as this would make a positive impact on early prevention. J. Denley advised that the challenge was achieving a sustainable position, the investment received last year should start to show this year and help to reduce the gap.

Resolution: The report was **NOTED**

Action: Offline update on assessments within 28 days to be provided.

5.4.0 ANNUAL PLAN 2022-23

Linda Prosser presented the report and provided an update on progress in relation to the Annual Plan for 2022-23. The Committee were asked to **NOTE** that no feedback from Welsh Government had been received as yet.

C. Donoghue referred to the plan and on page 4, the Population Health and Prevention, and queried whether the Committee would receive further updates as more information became available. L. Prosser advised that the Anchor Organisation would go to the Population Health & Partnerships Committee and then to Board.

C. Donoghue referred to the smoking cessation sub group and queried whether that was for inpatient smoking. L. Prosser confirmed that it was for inpatients.

I Wells commented that it was good to see that the smoking cessation sub group had been set up and queried whether the Committee would receive regular feedback from them. L. Prosser advised that it was a public health work stream and would report into Population Health & partnerships Committee. However, in terms of progress that would be reported within the Performance Report.

M. Jehu advised that it was good to see the Health Board were continuing to work on smoking cessation, however, it did not bear well on the policy when people, including staff in uniform, are smoking outside the hospital gates and this needed to be addressed. This point was echoed by N. Milligan.

In response, L. Prosser advised that this was a significant challenge for the team; the Health Board had worked really hard on the smoking cessation service for staff to get smoke free hospitals and confirmed that she would follow this up with the public health team.

Resolution: The report was **NOTED**

Action: To discuss staff smoking near the hospital gates with the Public Health Team

6.0 SUSTAINING OUR FUTURE

6.1.0 MONTH 2 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 CTMUHB as at Month 2.

The Committee **NOTED** the very challenging financial position with a significant amount of risk.

P. Roseblade commented that the new format of the report was much more user friendly and easier to understand and congratulated the team for the improvement in such a short time.

P. Roseblade referred to page 6 of the report and the reference to the £550k that Welsh government had instructed to remove Covid income losses and ICT/Homeworking costs from Covid response costs and to treat them as a Core plan costs and queried whether this had been assumed at Month 1.

S. May confirmed that they had assumed at Month 1 and then it had to be removed. She advised that there were some interesting variations across Wales and CTM was quite low in comparison to some and there would be some significant shifts in the Core position.

P. Roseblade queried whether the Welsh Risk Pool risk was contained in the plan. In response, S. May confirmed that it was in the plan however not the contingent liability that was disclosed at the end of the year and therefore presents a significant risk and impact to the plan if the £15.9m is not received at the end of June 2022.

P. Roseblade queried whether there was going to be any winter funding provided for this year. S. May confirmed that Welsh Government had confirmed that they would not be providing any significant levels of winter funding. She confirmed that currently all sites were continuing to run 'hot' during the summer months and there would be a need to increase capacity, however, at present there is no additional funding to support the winter planning activity.

P. Roseblade asked for some clarity on the accountancy gain of £4.5m. S. May confirmed that she would provide the detail on this outside of the meeting via email.

C. Donoghue referred to the savings and the risk related to the delivery of those savings and suggested that this could be an area that the Committee could look at in more detail at the next

meeting. S. May confirmed that they would start to see some progress with regard to the core savings plan in June and July and agreed to bring something back to the August meeting.

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

Action: Clarity on the accountancy gain of £4.5m to be provided outside of the meeting.

Action: Provide more detail on progress on the delivery of core savings at the August meeting.

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

The Chair asked Members of the Committee if they had any items that they would like to include for future meetings to let the Governance Team know.

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

7.3.0 ANY OTHER URGENT BUSINESS

There was none.

7.4.0 HOW DID WE DO TODAY?

The Chair advised that if anyone had any comments to feedback they could do that outside of the meeting if they so wished.

M. Jehu advised that C. Donoghue had chaired the meeting today as part of the mentoring process and extended his congratulations on an excellent meeting which was very well chaired.

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

The next full meeting of the Committee was scheduled to be held on the 23 August 2022 at 2:00 pm.