

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

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

PRESENT

- Mel Jehu - Independent Member (Chair)
- 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
- Sally May - Executive Director of Finance & Procurement
- Gethin Hughes - Chief Operating Officer
- Stuart Morris - Director of Digital
- Elizabeth Beadle - Assistant Director of Transformation, Strategic and Operational Planning
- Cally Hamblyn - Assistant Director of Governance and Risk
- Paul Dalton - Internal Audit and Assurance
- 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 Stuart Morris, Director of Digital and Elizabeth Beadle, Assistant Director of Transformation, Strategic & Operational Planning.

1.2.0 APOLOGIES FOR ABSENCE

Apologies were received from Georgina Galletly, Director of Corporate Governance and Wendy Penrhyn-Jones, Head of Corporate Governance and Board Business.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 28 JUNE 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 28 JUNE 2022

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

2.1.3 TRANSPORT, TRAVEL AND CAR PARKING POLICY

A query was raised in advance of the meeting in relation to the following typographical errors:

- Page 24 of 28 refers to the Integrated Locality Groups – this will need to be changes in light of the new structure. This has now been amended to 'the organisation'.
- Page 6 of 28, paragraph 2.3, third line should read as 'the' and not 'he'. This has been amended.
- Page 19 of 28, third paragraph from the bottom of the page ends with a question mark and should be a full stop. This has been amended.
- Page 21 of 28 – second table, first line should read as 'Ensuring' and not 'Ensure'.

P. Roseblade referred to the Policy and advised that whilst it referred to environmental rules and decarbonisation, there was very little practical process contained within the policy that would help with the green agenda and only a small reference to electric vehicles which was disappointing and hopefully moving forward that would change.

S. May advised that the policy was trying to cover a range of things from not only environmental but also practical matters such as who can drive a company car and when, however, it might be worth simplifying this and there were other things that they could do for a greener sustainability plan and something that one of the groups could pick up.

G. Hughes, in response, advised that he agreed with the points made by P. Roseblade and they were currently working through the all Wales approach to decarbonisation of the transport fleet and looking to move to full electric battery (EB) by 2026. He confirmed that there was work ongoing under the Director of Strategy & Transformation's work-stream on decarbonisation and also with regard to the work in relation to Prince Charles Hospital where they were installing more electrical car charging points. G. Hughes advised that it was a challenge to do this work quickly and to do as much as possible and he confirmed that he would be happy to explore this further with the facilities team, with a view to also breaking the policy down into component parts for the next iteration.

C. Hamblyn advised that in recognising the points raised by the Committee the policy could be approved but the review date shortened in order that the ongoing developments with the greener plans could be recognised and incorporated.

Resolution: The Policy was **APPROVED** subject to the amendments and it was **AGREED** that the review date should be brought forward to a suggested date of August 2023, to allow the work currently undertaken to be reflected within the policy.

2.2 FOR NOTING

2.2.1 OUTCOME OF THE COMMITTEE SELF-EFFECTIVENESS SURVEY

The Chair advised that due to the limited responses received to date that the Committee Effectiveness Survey would be deferred to the next meeting. The Chair encouraged Members to complete the survey, if they had not already done so, by the 10th September 2022.

Resolution: The Committee **AGREED** to defer the item to the October 2022 meeting and Members to complete the Survey by the 10th September 2022.

2.2.2 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

A question was raised by an Independent Member in advance of the meeting and responded to as follows:

Question:

I still find these monitoring reports very confusing even though I have been through them in detail with the Deputy Director of Finance. I do not think they give us what we need and it would be

very easy to miss risks given the amount of detail. I know these are being reviewed and it would be good to have an update on that.

Response:

The Monitoring Reports are provided for information as per Welsh Government guidance. The information provided is consistent with the main finance report but is set out in the format required by Welsh Government.

Resolution: The Committee **NOTED** the Monitoring Returns for Months 3 & 4.

3.0 MAIN AGENDA

3.1.0 ACTION LOG

The Action log was **RECEIVED**. The following queries were raised:

- Action 5.2.0 - N. Milligan raised a query on 5.2.0 in relation to the staff engagement survey that was marked as complete. However, she advised that she was not entirely sure that it had been completed. In response, it was agreed that this would be considered under the Integrated Performance Dashboard section of the agenda.
- Action 5.2.0 - I Wells advised that he also had a query with regard to the progress of the Stroke Action Plan. G. Hughes advised that at the last Board Meeting Stroke had been discussed in detail along with the collective concerns around stroke performance. He advised that Lauren Edwards, Executive Director of Therapies and Health Sciences, was pulling together a deep dive on Stroke and this would be going to the Board and the relevant assuring Committees. He also advised that they would touch upon some of the tactical activities under the Integrated Performance Dashboard. G Hughes also noted that the Executive Leadership Group were also having regular discussions on the Stroke performance.

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

3.2.0 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.

C. Hamblyn acknowledged that some Members would have received the entire Organisational Risk Register at Audit & Risk Committee on the 22nd August 2022. She advised that the focus continued to be on ensuring that updates and reviews were undertaken timely and effectively. It was noted that there would be a period of transition as risks were aligned to the new Operating Model.

N. Milligan commented that it was pleasing and reassuring to see a demonstrable shift with the Organisational Risk Register moving in the right direction with timely updates reflected in the mitigating actions.

M. Jehu echoed N. Milligan's comments and extended his thanks on behalf of the Committee to the team. C. Hamblyn advised that she would feedback the comments to risk leads.

Resolution: The report was **NOTED**.

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 insourcing for scrub staff in theatres and queried how the recovery staff nurses were being managed to be able to care for patients post operatively and was there enough staff to recover all of the patients and maintain the increase in theatre lists moving forward. G. Hughes advised that a significant number of staff at Prince Charles Hospital had been looking after the inpatient colorectal cases and therefore this impacted the day case activity, however, there was a commitment to ensure that day surgery activity was also a focus and teams were working to

Agenda Item 2.1.1

achieve the right balance of this across the service. In terms of staffing, it was acknowledged that overall staffing levels were as required, however, it was noted that there was further capacity required for Theatre staff. G Hughes reassured the Committee that the ongoing challenges faced by the Health Board were being closely monitored.

C. Donoghue queried the timescale for the insourcing of staff and was there any activity alongside this in terms of recruitment and building up resilience in the system. G. Hughes, in response, advised that the Health Board was working with external companies as part of the procurement process to provide support for the orthopaedic and gynaecology reconfiguration. In terms of recruitment, he advised that there was a national shortage of theatre scrub staff, however, part of the Health Board strategy moving forward and aligning to the new Operating Model should allow a review of the theatres and provide more flexibility. In terms of timescales he advised that they were looking towards the end of the year.

C. Donoghue referred to the mobile endoscopy unit and commented that it was pleasing to see this now up and running. She added that it had been very much delayed and queried at what point they would expect to start seeing an impact from that. G. Hughes advised that they were seeing the waits for urgent referrals decreasing, however, the overall volume was not decreasing which was going to be their next area of focus. He advised that they were also looking at other solutions through the Charitable Funds to bring the trans-nasal endoscopy (TNE) online and this could be done anywhere without an endoscopy room which should then free up capacity.

I Wells referred to prostate and in particular the reference to the blockage with pathology and queried whether there would be outsourcing and movement to get an All Wales system where patients could be moved around to share capacity and resources. G. Hughes advised that currently there were differential waiting times for pathology across Wales and differentials also from where the specimen comes from in the body which was challenging. He advised that strategically their alignment was with Cardiff & Vale UHB, however, the Chief Executive was leading a pan South East Wales review of pathology. G Hughes highlighted that there were other challenges as the laboratories were not fit for purpose for a modern pathology service and that there was limited physical space to employ more staff. There was also an increase in the sub specialisation of tests and the amount of work required to undertake this.

G. Hughes advised that the biggest enabler would be electronic pathology which would allow samples to be moved around Wales smoothly, however, this was not in place at the moment. S. Morris, in response, advised that currently they were using the all Wales Laboratory Information Management System (LIMS) which was not the same as digital pathology. There was a digital pathology programme, however, like many programmes in Wales at the moment funding for those was currently challenging. He advised that there was a procurement exercise ongoing at the moment for when the LIMS system comes to end of its contract in 2025.

P. Roseblade referred to ophthalmology and the reduction in 'Follow Up Patients Not Booked' (FUNB), and advised that it was pleasing and encouraging to see the level 4 patients being seen more quickly. She suggested that it would be helpful for the Committee to have a review of the detailed action plan and progress on ophthalmology at a future meeting. G. Hughes confirmed that this would be brought to the October or December 2022 meeting.

M. Jehu referred to the ongoing pressures on staff with the planned care recovery activity and queried what was being done in terms of support for staff in these challenging times. G. Hughes advised that there were real challenges for staff in the planned care areas and that was why a decision was made to bolster the workforce. He advised that the Health Board sought to obtain as much feedback as possible from staff and it was hoped that the new Operating Model would bring teams closer together and help to alleviate some of the areas that were frustrating staff. G. Hughes welcomed feedback from Independent Members following any suggestions and feedback they receive from staff on their IM Walk-arounds.

Resolution: The presentation was **NOTED**.

Action: Update on progress with regard to the Ophthalmology Action Plan to be brought to a future meeting of the Committee.

5.2.0 WINTER PLANNING

L. Prosser provided a verbal update on the winter planning process.

Members **NOTED** that the Health Board had received advance notice of the Welsh Government requirements for the winter plan but not a formal written request for submission of winter plans as yet. Once received this would need to be received by this Committee and signed off by the Board for submission to Welsh Government.

Agenda Item 2.1.1

Members were advised that the Health Board had received an update on the six goals for urgent emergency care which would be combined into the refreshed winter plan and reported to the Board at their September 2022 meeting.

G. Hughes advised that work was ongoing with Local Authority partners as part of the 1000 Beds Plan which was to create an additional 1000 beds for winter in the acute sector by increasing capacity and changing pathways within the acute hospital model. There were a number of initiatives within the three Local Authority areas as well as plans to increase the stroke capacity at Ysbyty Cwm Cynon to enable stroke rehabilitation patients to move from the Princess of Wales Hospital.

S. May updated the Committee on the current financial position in relation to winter planning. Members **NOTED** that there was no indication that the Health Board would receive additional monies for winter and therefore were not planning for this assumption. Members were advised that it was imperative that the Health Board makes the best use of any ring fenced funds if received.

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

5.3.0 INTEGRATED PERFORMANCE DASHBOARD

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

The following queries were raised on the Integrated Performance Dashboard and L Prosser agreed to raise them with the relevant function outside the meeting and share the response with the Committee via email:

- I Wells referred to Bowel Screening and noted that the current performance was 59.1% of the 60% target. He advised that he would be interested to understand the comparison of the targets both pre and post Covid-19.
- P. Roseblade referred to page 9 of the report and in particular the percentage of staff who reported that their line Manager took a positive interest in their health and wellbeing and queried why there was only one marker captured and no data for 2021-22, and sought assurance on when this data would be available within the Performance Dashboard.
- P. Roseblade referred to page 13 and advised that it was pleasing to note that medication errors were on a downward

Agenda Item 2.1.1

trajectory. However, she noted that there was a serious medication error which was described as a catastrophic reaction to an unknown allergy and queried if the allergy was unknown, why was that described as a medication error.

- N. Milligan referred to stroke on page 19 where it stated that there was no significant improvement, however, when looking at the chart on page 6 this differed as it was showing a decrease, therefore clarification was required on what the actual data was saying.
- N. Milligan referred to page 9 and the overall staff engagement score and advised that the presentation of the data was stating 71% performance based on a 10% response to the 2020 NHS survey. She queried whether this should either be presented as 71% of the 10% of staff who responded said that they felt engaged or that 7.1% of staff felt engaged and that the messaging within the data need to be clearer. M. Jehu advised that this had also been discussed at the People & Culture Committee on the use of data based on information that might not be completely factual.

N. Milligan referred to the action plan on stroke and queried when this would be implemented and what the timeframes were. G. Hughes, in response, confirmed that a detailed report would be brought back to the Committee.

C. Donoghue referred to the percentages on exit interviews, PDR compliance, recruitment process and incidents relating to attitude and behaviour metrics and advised that it was disappointing that there was not much traction and trends showing in the high numbers that related to attitudes and behaviour and queried whether there was a trend. C. Hamblyn advised for assurance purposes that this activity was scrutinised and monitored through the People & Culture Committee via the Workforce Metrics report and the report that went to the last meeting would be shared for information.

N. Milligan confirmed that the task and finish group had been reviewing the forms for exit interviews aligning some of the questions to reflect the all Wales questionnaire.

M. Jehu referred to pages 6 and 7 which outlined that mental health services would be enabled by digital and would be better supported and sought clarification on the improvement activity in this areas. S. Morris, in response, confirmed that the roll out of the Welsh Community Care Information System had been challenging and had

not as yet gone live with any of the health modules, however, Aneurin Bevan UHB had now gone live. The social care modules had been implemented for the local authorities and there would need to be further discussions with them on the preferred direction of travel.

S. Morris advised that the organisations data and information sharing could be further improved as there was still a reliance on paper based practices. He confirmed that they were working on a path to implement something aside from this with a number of local innovation APPS and looking to implement a co-ordinated and centralised approach to using digital solutions right across the organisation.

Resolution: The report was **NOTED**

Action: Comparison of bowel screening targets both pre and post Covid-19 would be queried offline with colleagues in public health.

Action: Query the critical vaccination rate to prevent outbreaks, i.e. is the 95% rate that would provide 'herd immunity offline with colleagues in public health.

Action: To query with Workforce & OD Colleagues outside of the meeting the percentage of staff who report that their line manager takes a positive interest in their Health & Wellbeing. Only one marker captured and no data for 21-22 and when would that be available and reported upon within the Integrated Performance Dashboard.

Action: To query with Patient Care & Safety colleagues the serious medication error described as a catastrophic reaction to an unknown allergy.

Action: Clarify with the Performance Team the Stroke Performance data.

Action: Query with the Workforce and OD team the overall staff engagement percentage scores.

5.4.0 SOUTH EAST WALES PLANNING COLLABORATIVE

L. Prosser presented the report that provided an update on progress with the development of the South East Wales Collaborative.

C. Donoghue commented that it was pleasing to see the work being undertaken on this and advised that sometimes one of the challenges with collaborations is how success was measured across each individual Health Board and queried whether that had happened at a Welsh Government level as yet. L. Prosser advised that they were trying to be quite overt with regard to the principles

Agenda Item 2.1.1

for the collaboration, for example, treating people in turn and according to need. She advised that they were developing an agreement in the form of a Memorandum of Understanding (MoU).

P. Roseblade commented that she applauded the work outlined in the report however, it did not appear that there would be a smoothing out of waiting lists. L. Prosser advised that this was covered off in the first bullet point of the report under the guiding principles. P. Roseblade in response, advised that she would have preferred it to be more clearly stated.

M. Jehu requested that the point made by P. Roseblade should be relayed back to the Collaborative. L. Prosser advised that she would take the comments back to the next round of negotiations and the development of the MoU and seek to strengthen this in the next iteration.

N. Milligan referred to the report talking about bringing together talent and extra resources and queried whether staff would be expected to move around other Health Boards. L. Prosser confirmed that this was quite likely and advised that some surgeons had already started doing some work in other theatres. N. Milligan, in response, queried whether there would be a consultation with staff on this. L. Prosser confirmed that there would be.

P. Roseblade queried clinical liability if staff were working on different sites. L. Prosser provided assurance that this is all being worked through to ensure that appropriate indemnity arrangements are in place.

Resolution: The report was **NOTED**

Action: To feedback to the Collaborative the comments to strengthen the guiding principles in regard to smoothing out of waiting lists.

5.5.0 NEVILL HALL HOSPITAL – SATELLITE RADIOTHERAPY UNIT

L. Prosser provided a verbal update on the progress in relation to the development of the Business Case for a Radiotherapy Unit in Nevill Hall Hospital, advising that it is an evolving situation.

P. Roseblade commented that given the current financial pressures for both Health Boards and Welsh Government for revenue and capital, it would be challenging for the Health the Board to commit to signing off a Business Case for such a huge amount of money when the activity forecasting had not materialised so far as what was originally planned when taking account of the pandemic which clearly would affect it and could that be modelled out.

L. Prosser assured the Committee that these queries were being explored on a National Basis and would be addressed before a Business Case was presented to the Board for approval.

M. Jehu suggested that an extra ordinary meeting of the Committee was convened in September prior to the Board Meeting receiving the Business Case.

Resolution: The verbal update was **NOTED**

Action: Governance Team to liaise with Planning Team with regard to the arrangements for an extra ordinary meeting of the Committee.

6.0 SUSTAINING OUR FUTURE

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 the Health Board as at Month 4.

P. Roseblade referred to the Covid response costs that were reported at the last meeting to be £550k and had now doubled to £1m and queried whether that was £550k each month of Covid response costs that are taken out that were not in the current plan. S. May advised that there was considerable variance in what Health Boards were describing as Covid response costs and the Health Board was an outlier due to their costs being low, however, they were in the spotlight due to the non-balanced core plan and advised that she would be happy to share the figures offline if that would be helpful.

P. Roseblade queried the purchasing of energy costs and was there a way around the recent decision made in relation to Prince Charles Hospital. S. May advised that it was tracking below the All Wales prices contract when the deal had been agreed in May 2022 but had since then escalated and the risk would be next whether it was looking any better by May 2023.

P. Roseblade referred to annual leave accrual and queried whether Welsh Government had funded that initially. S. May advised that it was quite marginal and had grown last year and was partly funded by the Health Board. S. May highlighted that the Health Board needed to understand the forthcoming annual leave position and that this was being explored with Directors of Workforce in relation

Agenda Item 2.1.1

to what the proposed policy would be at the year-end in relation to the amount of leave that could be carried over.

P. Roseblade referred to the possible overspend of £9.4m in relation to Prince Charles Hospital and queried the extent of the risk if realised. S. May advised that they were working to reduce this whilst recognising that there was limited flexibility in the capital position.

C. Donoghue made reference to the Monitoring Returns to Welsh Government and advised that they were difficult to follow and were also duplicated in the Finance Reports and queried whether there was a need for the Committee to have sight of them. S. May confirmed that the Health Board was required to ensure that there was Board visibility on what was being reported to the Board and also to Welsh Government.

C. Donoghue queried the agency spends and advised that costs had not decreased as expected in Month 3 and 4 following the closure of Ysbyty Seren and the report indicated there was more analysis to be done on this to understand why. S. May advised that there had been an initial decrease in one month but it had now increased. Staffing of the wards was very challenging and there had also been delays with the processing of invoices within the nurse bank offices.

N. Milligan referred to agency spends and queried whether the Operational Manager for unscheduled care was employed via an agency. G. Hughes advised that they did not currently have an Operational Director for unscheduled care but that this role was currently in the recruitment process. He confirmed that they were endeavouring not to use agency staff for any length of time and only for short term resource whilst going through substantive recruitments.

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

Action: Covid-19 cost figures to be shared offline.

6.2.0 EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY – MID YEAR REPORT

L. Prosser presented the report that provided the Committee with an update on the work undertaken to date as at mid-year 2022.

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

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. The Chair advised that as agreed at the meeting Stroke and Ophthalmology would be added to the plan for future meetings.

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

Action: Stroke and Ophthalmology reports to be added to the Forward 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.

Members felt that they had achieved their objectives today and fully scrutinised the reports. The meeting had ran slightly over, however, there were important issues requiring scrutiny. The Chair thanked everyone for their candour and the questions raised which were insightful and appropriate.

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 25 October 2022 at 2:00 pm.