

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE  
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON  
26 APRIL 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
- Geraint Hopkins - Independent Member (in-part)

**IN ATTENDANCE**

- Jayne Sadgrove - Independent Member/Health Board Vice Chair (Observing)
- Linda Prosser - Executive Director of Strategy & Transformation
- Sally May - Executive Director of Finance & Procurement
- Gethin Hughes - Chief Operating Officer
- Georgina Galletly - Director of Corporate Governance/Board Secretary
- Sarah Bradley - Assistant Director, Primary Care
- Emma Samways - 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 Geraint Hopkins, Independent Member and Gethin Hughes, Chief Operating Officer who were attending their first meeting of the Committee. Sarah Bradley, Assistant Director of Primary Care was in attendance for Agenda Item 6.2, Access to GP Practices. Jayne Sadgrove, Independent Member/Vice Chair and Emily Howell from the Wales Audit Office were observing the meeting.

**1.2.0 APOLOGIES FOR ABSENCE**

Were received from Cally Hamblyn, Assistant Director of Governance and Risk, Stuart Morris, Director of Digital and Patsy Roseblade, Independent Member.

**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 22 FEBRUARY 2022**

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 11 Monitoring Returns were **NOTED**.

**2.2.2 ACTION LOG**

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

**3.0 MAIN AGENDA**

**3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.**

There was none.

**4.0 GOVERNANCE**

**4.1.0 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.

N. Milligan congratulated the team on the huge amount of work that had been undertaken on the risk register with regular updates on mitigating actions clearly articulated.

Resolution: The report was **NOTED**.

## **5.0 IMPROVING CARE**

### **5.1.0 INTEGRATED PERFORMANCE DASHBOARD**

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

G. Galletly referred to the quality section within the report and advised Members that this section was reviewed and scrutinised by the Quality and Safety Committee. If members did have any queries that they wanted to raise however, she would try and address them or pick them up outside of the meeting with the relevant clinical Executive.

C. Donoghue referred to page 18 and the actions being taken to support all specialties by March 2023 and queried whether this was a realistic timescale to achieve. L. Prosser advised that they were working with each of the specialties to discuss the actions within the current constraints such as increased day cases and some of the surgical services temporarily centralised at the Royal Glamorgan Hospital.

C. Donoghue referred to urology services and commented that they were performing really well and using innovative ways of working.

G. Hughes advised that there were a number of areas where there was a need to improve upon, inpatient surgery was challenging due to the reliance on beds. With regard to urology it was a specialty that sits within its own control with a lot of cancer activity.

N. Milligan referred to the graph on page 16 and commented that 26% of staff who were currently off work were suffering with anxiety and depression. She advised that the new format of the Personal Development Review (PDR) considers the wellbeing of staff and a concerted effort should be made to increase the percentage of PDRs undertaken to support staff in this area. L. Prosser agreed that this was a valid point and something that the Workforce and

## Agenda Item 2.1.1

OD Team were looking to address. This would be raised with them outside of the meeting and could also be discussed with the Executive Team.

L. Prosser referred to diagnostics performance contained on page 26 of the report and advised the Committee that this may need to be flagged on the organisational risk register. J. Sadgrove queried whether a go live date had been agreed for the mobile endoscopy unit. L. Prosser advised that it had been delayed due to some challenges with regard to water issues on the estate, but were now planning to go live on the 16May 2022. J. Sadgrove queried whether the contract was time banded. L. Prosser advised that she would query the contract and confirm the position outside of the meeting.

I Wells referred to the recent inspection that had been undertaken in child and adolescent mental health services (CAMHS) and queried the expected release date for the report. G. Galletly advised that she would pick this up outside of the meeting and would notify the Committee.

N. Milligan referred to the follow up patients not booked (FUNB) and the emergency unit waits on page 26 and queried what actions were being taken and when improvements would be anticipated and requested a more detailed look at this for the next meeting.

C. Donoghue referred to page 31 which advised that Public Health Wales had undertaken a stroke equity audit for CTM UHB and queried when this would be followed up. L. Prosser advised that this would be queried and the position confirmed with Committee members outside of the meeting.

C. Donoghue advised that the first paragraph on page 37 relating to Cardiac Surgery was not reading correctly. L. Prosser advised that this would be rectified and the Committee would be updated outside of the meeting.

I Wells referred to the stroke quality improvement measures on page 29 of the report which were concerning and queried what was being undertaken in terms of actions. J. Sadgrove advised that in her capacity as Chair of the Quality & Safety Committee, a report on stroke was to be received at their next meeting in June 2022 and an invitation was to be extended to members of the Planning, Performance & Finance Committee to attend specifically in regard to this report.

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J. Sadgrove referred to mental health compliance for Adult and Child & Adolescent mental health services (CAMHS) on pages 34 and 35 and stated that the level of performance was concerning. L. Prosser suggested that the Committee could request the Director of Primary, Community & Mental Health to attend the next meeting to discuss the CAMHS performance with the Committee. This was agreed.

M. Jehu referred to the changes for patients being treated at the Spire Hospital and particularly in relation to Orthopaedic referrals and queried how the organisation were communicating those changes to patients. L. Prosser advised that she would look into the detail on this and would advise the Committee outside of the meeting.

Resolution: The report was **NOTED**

Action: Discuss improvements on increasing percentages of Personal Development Reviews undertaken with Workforce & OD team.

Action: Contract for mobile endoscopy unit to be reviewed.

Action: Diagnostic performance to be reviewed and flagged on the organisational risk register.

Action: Detailed review of Follow Up Patients Not Booked (FUNB) to be received at the next meeting.

Action: Wording in relation to first paragraph on page 37 in relation to cardiac to be amended.

Action: Invitation to be extended to all Members to attend the next Quality & Safety Committee with regard to the stroke report.

Action: Detailed review of Child & Adolescent Mental Health Services (CAMHS) to be received at the next meeting. Invitation to be extended to Director of Primary, Community & Mental Health Services.

Action: Communication to patients in relation to changes for patients being treated at the Spire Hospital to be reviewed.

### 5.1.1 INTEGRATED MEDIUM TERM PLAN (IMTP) – VERBAL UPDATE

Linda Prosser provided a verbal update report on the submission to Welsh Government (WG) for the IMTP 2022-23 plan.

Members **noted** that the Health Board had been unable to submit a balanced three year plan and had agreed with Welsh Government that they would therefore submit an annual plan.

M. Jehu queried whether feedback had been received from Welsh Government. L. Prosser advised that initially the full dataset of the plan had not been submitted to WG which they were keen to receive and this would now be submitted on the 29 April 2022 and will then wait for comments back with further iterations being submitted following this.

S. May advised that the Board would be unable to approve a deficit Plan and therefore there would not be an approved plan at this stage going into Month 1.

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

### **5.1.2 REVIEW OF ESTATES PERFORMANCE REPORTING**

Sally May presented the report which outlined the 2021-22 estates operational planned and reactive maintenance performance data and the energy performance levels for the Health Board estate.

I Wells commented that the report was really useful with lots of detailed information and it was pleasing to see how the Health Board's performance compared to national standards. He referred to page 104, which referred to the backlog maintenance costs that were very high and queried how concerned the Committee should be in terms of risk. S. May advised that the Health Board were trying to eliminate any high risks and were making a real impact, however, because of the allocation for the next three years this would be tempered by realism. There were plans to develop a new estates strategy which would focus resources on where they were really needed. The level of discretionary capital allocation was remarkably small for an organisation of this size and complexity and the indicators could be looked at on a regular basis as part of the Integrated Performance report.

M. Jehu thanked the team for an excellent report which showed the complexity of the estates department and what was happening from an all Wales perspective. He queried whether there was anything in the report that could adversely affect patient safety. S. May advised that arrangements were in place to discharge health and safety arrangements and this was also reported via the Health Safety & Fire Committee and was tracked including the fire risks. There was a programme underway to get agreed plans to discharge the fire enforcement notices at the Princess of Wales Hospital.

Resolved: The report was **NOTED**.

## **6.0 SUSTAINING OUR FUTURE**

### **6.1.0 MONTH 11 FINANCE REPORT AND VERBAL FEEDBACK ON MONTH 12**

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 11 and 12.

C. Donoghue commented on the amount of capital spend that had not been spent in Month 12. She also referred to the level of savings and that the targets remained high and suggested that it would be useful for the Committee to look at this in more detail for a future meeting of the Committee. S. May advised that the task and finish group were looking at this, in previous years the plans had been to look at a range of low value items. However, they were now in the process of developing a set of schemes to be discussed with the Executives.

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

Action:

### **6.2.0 ACCESS TO GP PRACTICES FOLLOW UP**

S. Bradley presented the report that provided the Committee with an updated position on the previous report that the Committee had received in October 2021 on the various access arrangements and key issues facing general medical services.

N. Milligan referred to e-consult and advised that she had recently encountered problems when trying to access the service and wondered whether this was an issue that required looking into. S. Bradley advised that she would pick this up as an action outside of the meeting.

J. Sadgrove referred to the Community Health Council (CHC) mystery shopper telephone service and that one practice had been called 52 times before getting answered which had resulted in a wait of 1 hour 23 minutes and queried whether feedback was provided to the GP practices to improve upon this service. S. Bradley advised that feedback was provided via the Access Forum that met quarterly and was attended by GPs, Practice Managers and members of the General Medical Services (GMS) team. In terms of the practice referred to within the report she advised that the

primary care team were currently working with that practice to improve this service.

C. Donoghue referred to the bilingual message on the phone system and queried what the issue was with practices still not complying. S. Bradley advised that there can be a number of reasons why a practice may not have complied with the standard. The practices in question have been contacted and arrangements are being made to support them with compliance.

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

Action: Concerns raised in relation to the delays being experienced accessing e-Consult to be picked up outside of the meeting.

### **6.3.0 SWANSEA BAY DISAGGREGATION UPDATE**

L. Prosser presented the report that provided the Committee with an update on the planned disaggregation of Service Level Agreement (SLAs) between Cwm Taf Morgannwg University Health Board (CTMUHB) and Swansea Bay University Health Board (SBUHB).

M. Jehu referred to the outstanding SLAs and queried whether there was a timescale for completion. L. Prosser advised that there was a timetable of activity to get to the end of the list of SLAs but that would probably take at least another year.

I Wells commented that the Health Board commission certain services for patients to be treated and queried why SLAs were needed and whether there was any risk. L. Prosser advised that it was in relation to repatriation of patients, it was a good question and perhaps the organisation needed to stand back and look at what needs to be achieved with regard to these changes for the population of the regional footprint and perhaps it would be good to revisit and negotiate drawing a line taking into account the quality and safety element.

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.

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?**

A discussion was held to evaluate the meeting. The following responses were provided:

**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 28 June 2022 at 2:00 pm.

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