

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board  
(CTMUHB) held on Thursday 29<sup>th</sup> July 2021 as a Virtual Meeting  
Broadcast Live via Microsoft Teams**

**Members Present:**

Marcus Longley	Chair
Paul Mears	Chief Executive
Hywel Daniel	Executive Director for People
Dilys Jouvenat	Independent Member
Ian Wells	Independent Member
James Hehir	Independent Member
Jayne Sadgrove	Independent Member
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member
Linda Prosser	Executive Director of Strategy and Transformation
Fiona Jenkins	Executive Director of Therapies & Health Sciences (Interim)
Dom Hurford	Medical Director (Interim)
Steve Webster	Executive Director of Finance
Lisa Curtis-Jones	Associate Member

**In Attendance:**

Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Richard Morgan-Evans	Chief Of Staff
Cathy Moss	Cwm Taf Morgannwg Community Health Council
John Beecher	Cwm Taf Morgannwg Community Health Council (Observing via Live Stream)
Angela Jones	Deputy Director of Public Health
Debbie Bennion	Deputy Executive Nursing Director
Julie Denley	Director of Primary, Community & Mental Health Services
Rhys Jones	Healthcare Inspectorate Wales (In part)
Huw Jones	Healthcare Inspectorate Wales (Observing)
Dave Thomas	Audit Wales (In part)
Val Wilson	Director of Midwifery, Gynaecology & Sexual Health (In part)
Kathryn Greaves	Head of Midwifery, Gynaecology & Sexual Health (In part)
Mohamed Elnasharty	Consultant Obstetrician & Gynaecologist (In part)
Steve Sewell	Programme Director (In part)
Anna Lewis	Consultant Physician & Chair of the Clinical Advisory Group
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.

The Chair extended his thanks on behalf of the Board to S Webster, Director of Finance who was attending his last Board meeting prior to his retirement in August. The Chair wished S Webster all the very best for the future and thanked him for the contribution he had made to the Board over the last few years. The Chair advised that the Board were looking forward to welcoming Sally May into the Director of Finance role when she commences in August.

The Chair also extended his thanks to Nick Lyons for the invaluable support he had provided to the Board during his time as Medical Director. The Chair advised that N Lyons had now left the organisation to provide support to Welsh Government in the work being undertaken regarding the Covid 19 pandemic. The Chair welcomed D Hurford into the role of Interim Medical Director whilst recruitment was being undertaken to appoint to the substantive post.

### 1.2

## Apologies for Absence

Members **noted** apologies from:

- Keiron Montague Independent Member;
- Phillip White, Independent Member;
- Gareth Robinson, Interim Chief Operating Officer;
- Greg Dix, Executive Director of Nursing;
- Kelechi Nnoaham, Executive Director of Public Health; and
- Georgina Galletly, Director of Corporate Governance.

### 1.3

## Declarations of Interest

J Hehir declared an interest against agenda item 3.1.7 Welsh Health Specialised Services Committee Positron Emission Tomography (PET) Business Case. J Hehir advised that he was currently a Non-Executive Director of Llandarcy Park Ltd which was leasing MRI equipment to address elite sporting injuries in Llandarcy. J Hehir added that whilst he believed there was no direct conflict he thought it would be appropriate to raise.

As declared previously, F Jenkins advised that she was also an Executive Director of Therapies & Health Sciences on the Cardiff & Vale University Health Board.

#### 1.4 **Shared Listening & Learning – Staff and Patient Story Covid Challenges and Opportunities**

A short video was played from a Mum who experienced some complications in her second pregnancy and desperately wanted a straightforward labour similar to that she experienced first time around. In the video the Mum spoke about how the Health Board's Consultant Midwife played a key role in her achieving that outcome, as well as praising the support she received from her Community Midwives throughout her pregnancy during the pandemic.

The Chair welcomed the story and advised that this was a good prompt to recognise the work the staff were undertaking each day. The Chair extended his thanks to the lady who kindly agreed for her story to be shared.

Resolution: The Staff and Patient Story was **NOTED**.

## 2 **CONSENT AGENDA**

Members confirmed there were no reports they wished move from the Consent Agenda to the Main Agenda.

J Sadgrove commented on the Action Log at agenda item 3.2.1. In relation to Item 7 on the action log, which related to the Health Board's leadership role as being accredited as a living wage employer and the formal commitment made by the Board to take this forward, J Sadgrove advised that the response contained within the action log seemed to indicate that because of the cost there was no need to take forward the accreditation. J Sadgrove suggested that in this respect, it would be helpful if a report could be developed for discussion at the People & Culture Committee for further consideration of this matter. H Daniel agreed to prepare a report for discussion.

Action: Report to be prepared for the next People & Culture Committee in relation to the Health Board becoming an accredited Living Wage employer.

### 3.1 **FOR APPROVAL**

#### 3.1.1 **Unconfirmed Minutes of the Meeting held on the 27<sup>th</sup> May 2021**

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

#### 3.1.2 **Unconfirmed In Committee Minutes of the Meeting held on 9<sup>th</sup> June 2021**

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

#### 3.1.3 **Chairs Report and Affixing of the Common Seal**

Resolution: The report was **NOTED**;  
The Affixing of the Common Seal was **ENDORSED**.

### **3.1.4 Proposal for Health Board Commitment to Children's rights**

Resolution: The report was **APPROVED**.

### **3.1.5 Board Committee Annual Reports**

Resolution: The reports were **APPROVED**.

### **3.1.6 Smoke Free Environment Policy**

Resolution: The Policy was **APPROVED**.

### **3.1.7 Welsh Health Specialised Services Committee Positron Emission Tomography (PET) Business Case**

Resolution: The Business Case was **APPROVED**.

### **3.1.8 Transfer of Laundry Services**

Resolution: The Business Case was **APPROVED**.

### **3.1.9 Equality Annual Report 2020-2021**

Resolution: The Annual Report was **APPROVED**.

### **3.1.10 Welsh Language Annual Report**

Resolution: The Annual Report was **APPROVED**.

## **3.2 FOR NOTING**

### **3.2.1 Committee Action Log**

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

### **3.2.2 Chief Executives Report**

Resolution: The Chief Executives report was **NOTED**.

### **3.2.3 Board Committee and Advisory Groups Highlight Reports**

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

### **3.2.4 Joint Committee Reports**

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

#### **4. MAIN AGENDA**

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

There were no further matters arising identified.

#### **5. CO-CREATE WITH STAFF AND PARTNERS A LEARNING & GROWING CULTURE**

##### **5.1 Healthcare Inspectorate Wales Annual Report 2020/2021**

R Jones presented members with the Healthcare Inspectorate Wales Annual Report for 2020/2021.

The Chair welcomed feedback from Healthcare Inspectorate Wales which provided a key source of assurance to the Health Board. It was noted that the report identified that the overall the quality of care provided to patients was good taking into consideration the impact of responding to the Covid-19 pandemic. The Chair added that this was a phenomenal testament to the staff who have managed to maintain good care during a difficult time.

As Chair of the Quality & Safety Committee, J Sadgrove extended her thanks to Healthcare Inspectorate Wales for the work they had undertaken over the last difficult and challenging year and added that she valued the insight and the triangulation of the work that had been undertaken. J Sadgrove added that the Health Board had paid attention to the risks that had been identified by HIW, for example ligature risks and low levels of uptake of statutory and mandatory training, which were both firmly on the agendas of the relevant Board Committees.

In relation to Statutory and Mandatory Training, H Daniel advised that a plan had now been developed by each Integrated Locality Group which was now being monitored via the Health Board's performance arrangements and by the People & Culture Committee.

In response to a question raised by P Roseblade in relation to the comment made on page 11 on the need to strengthen action as a consequence of audits, R Jones advised that he did not have the exact details of which audits this related to and added that he would be happy to share details of the specific reports this related to outside of the meeting.

In response to a question raised by P Roseblade regarding whether issues identified in the improvement letter regarding resuscitation equipment and fire safety risks had been addressed, R Jones confirmed that these issues had now been resolved.

N Milligan made reference to page 12 and the reference made to redeployment of staff into areas where there were patients who were extremely vulnerable and needed consistency of care and sought clarity as to why the substantive

staff couldn't remain in these vulnerable areas and bank and agency staff utilised in other areas.

In response to the question raised, H Daniel advised that where the Health Board has had to redeploy staff steps have been taken to ensure that appropriate mentorship was in place. He added that steps were also being taken to ensure staff were appropriately trained prior to redeployment and that induction processes were in place as well as regular check ins with their home areas.

J Denley added that there were a spectrum of staff who would have welcomed the experience of working in a different area to what they would normally have worked in. D Hurford also added that from a medical workforce perspective, there were some staff who were keen to work in different areas and added that staff were only redeployed if it was deemed essential.

In response to the question raised by N Milligan as to why bank and agency staff could not be used in some of the areas substantive staff were redeployed to, D Hurford advised that it had proved to be difficult to recruit bank and agency staff to cover Covid-19 areas which would need to be considered in future planning. N Milligan highlighted the need to ensure familiar staff were caring for the most vulnerable patients.

Resolution: The report was **NOTED**.

## **5.2 Healthcare Inspectorate Wales/Audit Wales Joint Review of Quality Governance Summary of Progress Made – May 2021 Follow Up Report – Management Response**

C Hamblyn presented Members with the report.

D Thomas, Audit Wales, extended his thanks on behalf of the review team on the way in which colleagues had engaged with this review and added that the action plan developed was comprehensive and challenging in terms of the timescales identified, which would need to be closely monitored. D Thomas added that routine engagement with the Health Board would be kept in place and advised that the Board would be informed if any further follow up would be required in the future.

In response to a question raised by the Chair as to whether Covid-19 had impacted on the follow up review undertaken, D Thomas advised that Covid-19 did impact on the review in terms of the inability to meet with staff in clinical areas although it was felt that a good evidence base was in place. It was hoped that if further follow up was required visits to sites could be reinstated.

In response to a comment made by the Chair regarding the reinstatement of Independent Member walkabouts, C Hamblyn advised that this work was in train and added that she would discuss further with G Galletly on her return from leave as to when the walkabouts could recommence.

P Mears advised that he had been reflecting on the point raised regarding obtaining feedback from staff and suggested that consideration could be given to utilising the Clinical Advisory Group to obtain this feedback moving forwards. The Board welcomed this suggestion.

Resolution: The Action Plan was **APPROVED**.

Action: Discussion to be held with G Galletly outside of the meeting in relation to the recommencement of Independent Member walkabouts.

### **5.3 Neonatal and Maternity Improvement Programme**

S Sewell, Programme Director presented Members with the report which was being presented in a revised format.

The Chair extended his thanks to S Sewell for presenting the report and sought clarity as to whether assurance or indicators could be provided that the key risks listed were being managed and to what extent were they being managed. The Chair also asked for a further explanation in relation to the Quality of Women's experience section.

In relation to risks, S Sewell advised that some of the risks had been mitigated already and added that there was a risk and issues register in place which was being updated every two weeks and added that if there were any risks that were not being managed these would be escalated to the Board. S Sewell advised that he would be happy to provide more detail on key risks in future iterations of the report.

In relation to the quality of women's experience section, S Sewell advised that there was a PREMS system called CIVICA which was in the process of being tested prior to surveys being rolled out. Members noted that there was also a "My Maternity, My Way" engagement group in place in which attendance continued to grow. V Wilson added that the CIVICA system was being live tested next week and it was hoped that a go live date of the 9 August 2021 would be achieved. Members noted that women who were experiencing pregnancy loss would not be included in the survey.

J Sadgrove confirmed that this issue has been captured on the agenda for the Quality & Safety Committee for some time with a considerable amount of scrutiny being undertaken prior to the Committee. Members noted that at its August meeting the Committee would be receiving an update on the new structure and discipline that had been put into place by the Programme Director which would be scrutinised by Committee Members.

In relation to the work being undertaken on Serious Incidents, V Wilson advised that the Team were very grateful to be working closely with Delivery Unit colleagues who had been commissioned to work alongside the Health Board in addressing the serious incident backlog. Members noted that fortnightly assurance panels would be held to discuss serious incidents with learning

events being held.. Members noted that positive feedback was being received on the management processes that had been established.

In response to a question raised by N Milligan as to when the results of the snapshot survey that had been undertaken would be available, S Sewell advised that results should be seen within the next few weeks with the results being used to drive forward the objectives.

In response to comments made by P Roseblade in relation to the importance of ensuring the report provided appropriate assurance to the Board in terms of next steps, milestones and how risks were being mitigated for example, S Sewell agreed to give further to consideration to how future reports could be presented to the Board in terms of content.

J Hehir queried whether the service had commenced a peer review of the Health Board services to check on the robustness of the service being provided to patients from a patient safety perspective. In response V Wilson advised that alongside the improvement programme the Team were still completing the performance dashboard which was being monitored weekly by Welsh Government. V Wilson added that the Team had recently attended the All Wales Performance Board and a recent peer review of supervision had been undertaken in which positive feedback was received.

P Mears extended his thanks to V Wilson and S Sewell for the update and added that the report in its current form did not convey the significant amount of work that was being undertaken by the team. In response to a question raised by P Mears regarding whether appropriate medical support was now in place, V Wilson advised that the assurance process had been developed with medical colleagues and added that there was some further work required on the cultural journey from a Multi-Disciplinary Team perspective. M Elnasharty confirmed that the Clinicians were working very closely with the Midwifery Team with regular catch up meetings being held with the Senior Management Team. Members noted that a robust structure was now in place which involved the whole Multi-Disciplinary Team.

In concluding this item the Chair advised that he found this report and discussion to be a helpful update in terms of assurance was encouraged to hear of the progress that had been made. The Chair extended his thanks to colleagues for all of the work being undertaken in this area and added that the Board would continue to pay close attention to this matter.

Resolution: The report was **NOTED**.

Action: Further consideration to be given to how future reports should be presented to the Board in terms of content.

### **5.3.1 All Wales Maternity Statistics - Presentation**

V Wilson and Colleagues presented Members with an update on the All Wales Maternity Statistics. Members noted that in Wales there is a yearly



performance Board that all Maternity Services attends annually. Members noted that the Team felt quite well prepared as it went into the performance board.

M Elnasharty delivered a presentation which highlighted the Health Board's performance against the All Wales Maternity Statistics.

The Chair extended his thanks to M Elnasharty and colleagues for the helpful presentation and requested that the presentation was shared with Board Members outside of the meeting.

Resolution: The report was **NOTED**.

Action: Presentation to be shared with Board Members outside of the meeting.

#### **5.4 Continuous Improvement Self-Assessment Process in response to Targeted Intervention**

R Morgan-Evans presented Members with the report.

The Chair extended his thanks to R Morgan Evans for presenting the report which was a culmination of an entire round of self-assessments which have involved Independent Members.

J Sadgrove welcomed the approach that had been taken which was very clear and thorough and provided assurance that progress was being made and that evidence was being thoroughly scrutinised, and was a fair representation of where the Health Board was positioned based on evidence.

P Mears echoed the comments made by J Sadgrove and added that a significant amount of work was being undertaken in this area at a time where resources were being utilised to focus on other areas of importance as well as responding with the pandemic. P Mears added that it was the responsibility of the whole of the Executive Team and Board to take this work forward and added that consideration would always be given to how a culture of improvement could be captured.

Resolution: The report was **APPROVED**.

#### **5.5 Clinical Advisory Group Highlight Report**

A Lewis presented Members with the report. A Lewis introducing herself and advised that she was a Respiratory Consultant working at the Royal Glamorgan Hospital and advised that she found it a real privilege to work for the Health Board. A Lewis added that there were some frustrations which were felt by herself throughout her career in terms of patient care and advised that she felt encouraged and inspired that the population health agenda would be looking to address some of the issues being experienced in regards to deprivation, childhood disadvantages, unhealthy lifestyle choices, mental health problems

and the disempowerment of our population moving forwards, which would take time to address.

A Lewis commented upon the perceived 'them and us' culture in the NHS, with some services and individuals challenging each other in terms of patient care and added that there was a lack of services and individuals seeing themselves as a whole team with a common goal. A Lewis added that she felt really enthused that the Board were now driving forwards with communicating with Clinical staff through various forums, including the Clinical Advisory Group.

Members noted that in relation to the Clinical Advisory Group, an initial meeting was held where the Terms of Reference were agreed. The group, which consisted of a whole range of health professionals, was being Executively led by F Jenkins with other Executive Colleagues being invited to talk to the group regarding various pieces of work, for example, the Population Health Strategy and the Strategic Goals for the organisation.

The Chair extended his thanks to A Lewis for presenting the update which he found to be very eloquently expressed and added that our objective as a Health Board was to become better at being clinically led which would need to be considered at every meeting in the future.

P Mears advised that he felt it had been important to establish this group to support the work to address the health inequality issues and added that A Lewis provided a good reminder of some of the issues that can act as a barrier to clinicians in providing patient care. P Mears added that it would be helpful if A Lewis and her colleagues were provided with links into other support services and suggested that it would be helpful if a broader group of the Clinical Advisory Group Clinicians could be invited to a future Board Development Session to meet with the Board to have a more developmental discussion.

Resolution: The report was **NOTED**.

Action: Clinical Advisory Group Clinicians to be invited to a future Board Development Session to have a more developmental discussion.

## **6 WORK WITH COMMUNITIES AND PARTNERS TO REDUCE INEQUALITY, PROMOTE WELL-BEING AND PREVENT ILL HEALTH**

### **6.1 Population Health Update**

A Jones presented Members with the report and highlighted the key points contained within the report.

The Chair extended his thanks to A Jones for presenting the report and added that the report reminded Board members of the importance of focussing on population health as well as providing excellent care for patients.

P Mears advised that he agreed with all points raised by A Jones, particularly in relation to the obesity issues and advised that this was discussed at a

meeting held with Local Authority Chief Executives where it was agreed that this was a subject that needed to be prioritised collectively for the next 12 months. P Mears advised that he was encouraged by the offer of support from Local Authority colleagues to address this and the discussion held regarding having a joint strategy on addressing obesity issues.

P Mears made reference to the point made as to how change could be affected in a way in which encourages people to make the right choices. Members noted that P Mears had recently spent a day in Merthyr Tydfil with M Jehu where he was introduced to Voluntary and Community Groups who were working with the most vulnerable people in our communities. P Mears advised that the Health Board should be broadening its network and linking in with these groups so that they can assist with cascading key messages to communities and added that it would be important that assumptions were not made regarding individuals circumstances which may be challenging. Members noted that community groups should be utilised better to help understand the particular vulnerabilities within communities and how this influenced their ability to make the right choices.

The Chair concluded by advising that Board members were very enthused and interested in this piece of work which provided a really important frame as to what we do as a Health Board.

Resolution: The report was **NOTED**.

## **6.2 Strategy Update**

L Prosser presented Members with the report.

The Chair advised that the Board have been presented with opportunities to consider this approach on a number of occasions and would be familiar with the approach being proposed.

Resolution: The report was **NOTED** and the Strategic Goals were **APPROVED**.

## **7. PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE**

### **7.1 Integrated Performance Dashboard**

L Prosser presented the report on behalf of K Nnoaham.

Members noted that the report was less positive and noted that the Health Board was starting from a deficit position against a number of indicators as a result of the impact of the Covid-19 pandemic. Members acknowledged that recovery was likely to take some time.

P Mears advised that the pressure in the system from a non-elective perspective was significant at the moment, with slightly increased covid-19 levels presently in its hospitals, increasing non-elective demand presenting at the front door and the impact of Covid-19 which was being felt in the

community settings, all of which was not unique to the Health Board and were issues being experienced across Wales and the rest of the UK. P Mears advised that this impacted heavily on the ability to undertake elective work and added that the teams were working hard to try to address the position given the current pressures.

P Roseblade advised that she was pleased to see that the Health Board were continuing to investigate the Serious Incidents even though the Welsh Government reporting standard has changed which meant that discipline was being maintained alongside learning from the Serious Incidents.

In relation to a question raised by P Roseblade in relation to the difficulties being experienced in getting leavers to take part in exit interviews, H Daniel advised that there were two reasons for this. One being that a process had been designed which worked for the Health Board but did not work for the people who were being asked to complete the survey. The second reason being that it was too late to ask people to complete the survey once they had left as to the reasons why they had left. Members noted that consideration was now being given to putting in 'If you are thinking of leaving us' interventions. In response to a question raised by the Chair as to when the Health Board would likely achieve the 60% target, H Daniel advised that the process would need to be redesigned first in order to meet the target.

In response to a question raised by P Roseblade in relation to cancer waiting times and when it would be known as to what harm had been done by the increased waiting times, L Prosser agreed to review the position and provide a response outside of the meeting.

In response to a question raised by P Roseblade regarding ophthalmology waiting times which seemed to remain static, L Prosser agreed to provide a response to P Roseblade outside of the meeting. P Roseblade added that she had discussed this matter with J Sadgrove and suggested that a report be presented to a future Quality & Safety Committee in order to understand the actions being taken to improve the situation.

In response to concerns raised by N Milligan regarding the increase in waiting times being seen in the Neurodevelopmental Service, J Denley advised that this was being addressed via the Planned Care Recovery Programme and added that discussions had recently taken place regarding the insourcing of additional capacity to address the position. J Denley suggested that it may be helpful if the planned care programme action plan was shared at a future meeting of the Quality & Safety Committee in order for oversight to be given.

The Chair extended his thanks to L Prosser for presenting the report which had been a difficult read.

Resolution: The report was **NOTED**.

- Action: Response to be provided to P Roseblade outside of the meeting in relation to cancer waiting times and what harm has been done by the increased waiting times
- Action: Response to be provided to P Roseblade outside of the meeting in relation to Ophthalmology waiting times which remained static.
- Action: Report to be presented to a future meeting of the Quality & Safety Committee in relation to Ophthalmology waiting times and what was being done to address the position.
- Action: Planned Care Programme Action Plan to be shared at a future meeting of the Quality & Safety Committee in order for oversight to be given.

## 7.2 Annual Plan 2021/2022

L Prosser presented the report which had been presented previously to the Planning, Performance & Finance Committee on the 30 June 2021.

P Mears advised that he supported the submission and added that a meeting was held recently with Dr A Goodall, Director General for Health & Social Services where it was noted that further feedback would be coming forward on the plan from Welsh Government, however, this would not impact on the Board endorsing the plan at today's meeting.

- Resolution: The report was **NOTED**.

## 7.3 Elective Care Recovery Portfolio

J Denley presented the report.

J Sadgrove advised that she welcomed the suggestion made for a regular report to be presented to the Quality & Safety Committee on progress being made in this area which would address one of the two risks identified in the report regarding the potential effect on our population of the waiting list delays.

In relation to the second risk identified at 3.1 which related to support from Informatics and Performance in which pace was required, J Sadgrove sought clarity as to whether this indicated that support was not forthcoming, or does the risk suggest that we do not have the ability to provide the information for us to understand what needed to be done. J Denley advised that this related to the general volume of asks that were being made from our Informatics Department, particularly in light of the system pressures in place at this point, however, confirmed that should there be a problem in securing this it would be highlighted in the report being developed for Quality & Safety Committee. Members noted that the Board had already invested in increased capacity in ICT and Informatics as part of the recognition of the number of asks on the department.

P Mears confirmed that whilst additional capacity has been invested in the function it should be recognised that this is an area where demand will continue to increase as the Health Board continues to drive forward its digital agenda and therefore capacity within the function will remain under review.

Resolution: The Report was **NOTED**.

#### **7.4 Operational Resilience and Winter Planning**

L Prosser presented the report. Members noted that the Gold, Silver, Bronze Command structure had been stepped up recently partly for surveillance and partly to be prepared of the challenges that will be faced by the Health Board over the coming months.

In response to a reference within the report, D Hurford advised Members that RSV – Respiratory Societal Virus, was a virus which affected the whole population but mainly targeted very young children. The virus blocked airways and caused children to deteriorate and in some situations required them to be ventilated and intubated. Members noted that around 4% of children who get the virus end up in hospital needing care. D Hurford advised that this was a virus which circulated every year and it was expected that cases would increase this year as a result of children not being exposed to the virus last year.

Members noted that there were around 15 different viral infections that the NHS were expecting to come into circulation over the next few weeks/months. Members noted that the impact was already being seen in Primary Care as well as Secondary Care.

In relation to flu vaccinations, L Prosser advised that the flu vaccination planning was being progressed and the successes of previous campaigns would be built upon.

Resolution: The report was **NOTED**.

#### **7.5 Organisational Risk Register**

C Hamblyn presented the report noting the key highlights.

C Hamblyn drew Members attention to the comment made in the cover report regarding the CAMHS Risk at risk 4149. C Hamblyn provided assurance to the Board that this risk had been updated since the report was produced, which was approved at July Management Board and would now be presented via the Committee structures prior to being presented at the September Board meeting.

J Denley provided an update on the current escalation status of Ty Llidiard. Members noted that a meeting was held with colleagues from Welsh Health Specialised Services (WHSSC) on 12 July 2021 following the change in escalation status from level 3 to level 4. A discussion was held in relation to

the development of a joint action plan so that work could be undertaken in order to de-escalate the service. Members noted that the reasons the service was escalated related to two issues which were already known to and declared by the Health Board to WHSSC.

The first related to culture and leadership, in which there is an ongoing programme of work in place to address. The second issue related to the medical emergency response to Ty Llidiard. Members noted that whilst a solution was found, this was reviewed by the Integrated Locality Group who felt that the solution could be strengthened. Members noted that this action was due to be closed down with WHSSC during the second week of August and noted that a maturity matrix would now be adapted to help us frame what de-escalation looks like.

In response to a question raised by P Roseblade in relation to fire safety risks and the suggestions made to reduce the risk rating, particularly in relation to risk 4932, C Hamblyn advised that she would provide a response to this question outside of this meeting. H Daniel advised that he would also consider the broader points raised by P Roseblade when reviewing the risk.

In response to a question raised by P Roseblade in relation to the risk relating to Controlled Drugs and the plans to increase swipe card access to 24 hours and how out of hours clinicians accessed the drugs in an audited way, D Hurford advised that processes varied between sites, and advised that there would be a paper trail in place in the absence of an electronic audit and added that he would need to look into this further outside of the meeting to determine what processes were in place across sites.

Resolution: The report was **APPROVED** and **NOTED**.

Action: Response to be provided outside of the meeting to P Roseblade regarding fire safety risks and the suggestions made to reduce the risk ratings.

Action: Review to be undertaken outside of the meeting to determine what processes were in place for out of hour's clinicians to access drugs in an audited way.

## **8 ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY**

### **8.1 Finance Update Month 3**

S Webster presented Members with the report.

P Roseblade sought clarity as to whether the Integrated Locality Groups had only just completed developing their bottom up savings plans and added that if that was the case £900k out on the in-year savings plan is not such a bad place to be in relation to the overall position. S Webster advised that colleagues would need to bear in mind that the Health Board did not start properly planning until February, where planning would have normally commenced the

October prior to this, which meant that planning had commenced later than usual.

S Webster advised that in terms of the current position regarding the ILG's, they were short of the savings target, which was quite variable by ILG, and added that with more time to focus on this, with more clinical and management engagement, then the position should be able to move forward.

The Chair extended his thanks to S Webster for the exceptional clarity provided and extended his thanks to all the support provided over the years.

Resolution: The report was **NOTED**.

**9 ANY OTHER BUSINESS**

No items were identified.

**10 DATE AND TIME OF THE NEXT MEETING**

The next meeting would take place at 10:00am on Thursday 30<sup>th</sup> September 2021.

**11 CLOSE OF MEETING**