

**MINUTES OF THE MEETING OF  
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)**

**HELD ON MONDAY 29 JUNE 2020  
AS A VIRTUAL MEETING BROADCAST LIVE VIA MICROSOFT TEAMS**

**MEMBERS PRESENT:**

Marcus Longley	– Chair
Sharon Hopkins	– Chief Executive (Interim)
Maria Thomas	– Vice Chair
Paul Griffiths	– Independent Member
Dilys Jouvenat	– Independent Member
Ian Wells	– Independent Member
Keiron Montague	– Independent Member
Jayne Sadgrove	– Independent Member
Mel Jehu	– Independent Member
Nicola Milligan	– Independent Member
Philip White	– Independent Member
James Hehir	– Independent Member
Giovanni Isingrini	– Associate Board Member
Alan Lawrie	– Executive Director of Operations
Hywel Daniel	– Executive Director of Workforce & Organisational Development (Interim)
Greg Dix	– Executive Director of Nursing
Kelechi Nnoaham	– Executive Director of Public Health
Clare Williams	– Executive Director of Planning & Performance (Interim)
Nick Lyons	– Medical Director
Steve Webster	– Executive Director of Finance

**IN ATTENDANCE:**

Georgina Galletly	– Director of Governance / Board Secretary
Cally Hamblyn	– Assistant Director of Governance & Risk
David Jenkins	– Independent Advisor to the Board (Observed the meeting as a Member of the Public via the Live Link)
Cathy Moss	– Chief Officer, Cwm Taf Morgannwg Community Health Council
Olive Francis	– Vice Chair, Cwm Taf Morgannwg Community Health Council (Observed the meeting as a Member of the Public via the Live Link)
Paul Dalton	– Head of Internal Audit (Observing)
Steve Stark	– Audit Wales (Observing)
Julia Sumner	– Interim Head of Communications (Observing)
Emma Walters	– Corporate Governance Officer (Secretariat)

**A) PRELIMINARY MATTERS**

HB/20/096

**AGENDA ITEM 1.1 WELCOME & INTRODUCTIONS**

The Chair **welcomed** everyone to the first 'Live' broadcast meeting of the Board which was being held virtually via Microsoft Teams as a result of the ongoing Covid-19 pandemic.

The Chair commenced the meeting by expressing his thanks to all staff working in the organisation who had been working above and beyond their duties to provide excellent care to members of the Cwm Taf Morgannwg community. The Chair advised that the Covid-19 virus was still present and circulating within the community and the Chair paid tribute to the Black and Asian Minority Ethnic staff who had been particularly affected by the virus.

The Chair advised that the Consent agenda format was being utilised for this meeting and Board Members had been invited to submit questions regarding the reports contained on the agenda prior to the meeting. Members **NOTED** that all questions and responses would be recorded and published within the minutes.

HB/20/097

**AGENDA ITEM 1.2 APOLOGIES FOR ABSENCE**

Members **NOTED** that apologies had been received from Liz Wilkinson, Executive Director of Therapies & Health Sciences, Suzanne Scott-Thomas, Associate Board Member and Sharon Richards, Associate Board Member.

HB/20/098

**AGENDA ITEM 1.3 DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**B) CONSENT AGENDA**

The Chair advised that all Members had read the reports and that any questions raised had been responded to. There were no reports that Members wished to move off the consent agenda onto the Main Agenda.

HB/20/099

**AGENDA ITEM 2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 28 MAY 2020**

Members **NOTED** that the unconfirmed minutes of the meeting held on 28 May 2020 would be received at the next regular meeting of the Board on 30 July 2020.

**HB/20/100 AGENDA ITEM 2.2.1 ACTION LOG**

Members **NOTED** that the Action Log would be received at the next regular meeting of the Board on 30 July 2020.

**HB/20/101 AGENDA ITEM 2.3 MONTH 2 FINANCE UPDATE**

The Board **RECEIVED** the report and **RESOLVED** to:

- **NOTE** the report.

**HB/20/102 AGENDA ITEM 2.4 MONTH 1 & 2 FINANCE MONITORING RETURNS**

The Board **RECEIVED** the report and **RESOLVED** to:

- **NOTE** the report.

**HB/20/103 AGENDA ITEM 2.5 KEIR HARDIE HEALTH PARK DEMENTIA CARE SCHEME, JOINT ICF PROJECT WITH MERTHYR TYDFIL COUNTY BOROUGH COUNCIL**

The Board **RECEIVED** the report and **NOTED** that a question had been received by an Independent Member prior to the meeting, as outlined below, together with the response:

**Question:** Page 5: Who is responsible for the management and delivery of this scheme? Is it the Health Board, Merthyr Tydfil Council or the Regional Partnerships Board (RPB) (who is formally required to endorse the scheme prior to its onward submission to the Welsh Government) or is it a combination of all three. Is there any documentation available which clearly explains where the liability rests should anything go wrong.

**Answer:** As this is a Health Board property then the Health Board is responsible for management and delivery of the scheme and will enter into the contract with the preferred contractor. The Council has signed off the design and the development is an extension of an existing jointly run service between the Council and Health. The RPB role oversees prioritisation of funding for the region but the Health Board will deliver the scheme as a normal capital scheme. Full funding will come via the Capital Resource Limit.

The Board **RESOLVED** to:

- **APPROVE** the proposal for onward submission to the Regional Partnership Board and onto Welsh Government for Integrated Care Fund (ICF) funding.

**C) MAIN AGENDA**

HB/20/104

**AGENDA ITEM 3.1 MATTERS ARISING**

Members **NOTED** that any matters arising would be addressed at the regular meeting of the Board on 30 July 2020.

HB/20/105

**AGENDA ITEM 4.1 FUTURE OF EMERGENCY DEPARTMENT AT ROYAL GLAMORGAN HOSPITAL (RGH)**

The Chair advised that on behalf of the Board he wished to thank members of the community who had taken the time to write to the Board over the past few days, including Members of the Save Royal Glamorgan A&E Campaign Group, Assembly Members and Members of Parliament. The Chair added that a petition had also been presented to the Board on Thursday 25 June 2020, and advised that all representations had been taken very seriously.

In presenting the report, N Lyons advised that the key recommendation made within the report was to approve a commitment to the ongoing, long-term, delivery of emergency medicine services through a 24/7 consultant-led Emergency Department at the Royal Glamorgan alongside those at Prince Charles and Princess of Wales Hospitals.

N Lyons advised that the reasons the options had been examined was as a result of concerns relating to safety within the department, with little progress made in the plans to develop Minor Injuries Units (MIU), which had hampered recruitment. Members were reminded that last autumn, the Board approved the establishment of a project to undertake a review of two options. Option A being a 24/7 MIU at RGH and Option B being a reduction in the operational hours of the Royal Glamorgan Emergency Department.

Members **NOTED** that a significant amount of work had been undertaken in examining the options, with detailed analysis of Options A and B undertaken. Members **NOTED** that consideration had been given to the views expressed by members of the public and **NOTED** that the Covid pandemic had enabled the Health Board to develop new models of care.

Members **NOTED** that there had been early, significant recruitment successes into Consultant posts, further Consultant capacity had been created to lead the development of the department, with a new Medical Lead in place alongside a strengthened Medical Leadership Team, with a real feeling of team work now being in place within the department.

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Members **NOTED** that the detailed analysis undertaken identified that the Princess of Wales and Prince Charles Hospitals would have found it difficult to cope with the extra flow of patients if overnight provision at RGH ceased, which meant that Options A and B could no longer be considered.

The Chair, on behalf of the Board, extended his thanks to N Lyons for presenting the report and advised that the objective had always been to provide a high quality, safe service to members of the Health Board's community. The Chair invited Members of the Board to raise any questions or comments they had in relation to the report.

P White extended his thanks to N Lyons and advised that the position was far more positive compared to the position 12 months ago, and advised that the Health Board would now need to focus on its communication strategy as it moved forward into the 'new normal'. N Lyons advised that the learning from the Covid-19 pandemic on how emergency care would be delivered would be replicated across the whole of the Health Board.

S Hopkins also added that the engagement and involvement of local communities over the past few months had been tremendous, and working with communities moving forward would be critical in order to demonstrate that the Health Board would be able to develop Minor Injury Unit services.

I Wells welcomed the positive turnaround of the position and congratulated members of the community regarding the passion they had shown during this process. I Wells added that the correspondence received by Board Members from members of the public had been positive and supportive of the intention to establish a Partnerships Panel, although some people had expressed nervousness in relation to contingency plans, which may need to be discussed further at the Partnerships Panel once established. I Wells also added that he would welcome further updates at future Board meetings in relation to progress made with recruitment and the development of local services. N Lyons advised that contingency plans would be important to ensure safe and effective care was being delivered across all three sites and advised he would be happy to involve the Partnerships Panel in relation to the development of contingency plans.

D Jouvenat welcomed the report and reiterated the thanks already expressed by Members and extended her thanks to N Lyons personally for ensuring that all options were being considered. In relation to the Partnerships Panel, D Jouvenat advised that she would encourage the involvement of Third Sector organisations.

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P Griffiths advised that the report being presented today was of a very different tone to the report received earlier in the year, and added that he recognised that the report was based on the situation as it currently stood today. P Griffiths questioned whether enough was being done to ensure that the Health Board would not be in a similar position in a few months' time and asked whether work was being undertaken with other Health Boards in Wales to ensure no other organisations experienced the same staffing issues. N Lyons advised that if the recommendation being presented to Board today was approved, this would provide some certainty to the future of the Department, which would have a positive impact on future recruitment. N Lyons added that he was heartened by the successful recruitment already undertaken, which had enabled the release of some Consultant's to undertake some shifts at the Major Trauma Unit, which would aid their personal development.

M K Thomas also extended her thanks and advised that she had been grateful to have received the data and information that had been gathered. M K Thomas sought clarity as to whether assurance would be given to the Quality & Safety Committee in relation to safety and risks within the department. N Lyons advised that he had intended to present regular updates to Board in relation to this matter, however, he would also report into Quality & Safety Committee as appropriate.

J Sadgrove added her thanks and appreciation to the Team in the work undertaken to develop the proposition, and sought clarity as to whether culture had changed specifically, as this had been an area of concern previously identified in a review undertaken by Healthcare Inspectorate Wales. J Sadgrove also sought assurance that the Health Board had moved away from the acceptance of acceptable levels of risk and that the Health Board were now confident that services were safe. N Lyons advised that whilst culture was important, it was incredibly hard to measure. N Lyons added that whilst he had been concerned previously regarding safety standards and team working within the department, the position was much more positive, with Nursing and Medical leadership now in place, which had made a tangible difference.

N Milligan recognised that a significant amount of work had been undertaken, and added that she was pleased to see that development of staff had been built into the plan. N Milligan advised that in relation to the concerns expressed in correspondence received from members of the public regarding contingency plans, she believed that the Health Board's contingency plans were long term. N Lyons advised that the Board were being asked to approve the development of contingency plans in response to any short-term staffing pressures across all three Emergency Departments, and added that long term contingency plans were in place for the majority of clinical services.

M Jehu extended his thanks to N Lyons for the work undertaken and sought clarity as to when the Partnerships Panel was likely to be established. N Lyons advised that work was being undertaken to review how Partnership Panels had been established across Wales and the rest of the UK so that best practice could be identified to enable the panel to work effectively, and added that following this review a piece of work would be undertaken on the shape of the Panel.

G Dix commented that he was encouraged to see a work stream being put into place which maximises nursing care moving forward and added that he couldn't see any detail as to whether the Emergency Nurse Practitioner workforce had been considered within the workforce plan, as this workforce would be fundamental to Minor Injury Unit pathways. In response, N Lyons advised that a significant amount of work is underway regarding this and added that the role of Therapists would also need to be taken into consideration.

C Williams acknowledged the significant engagement and participation that had been undertaken throughout the process, particularly from Community Health Council (CHC) Members who had engaged and had gathered the voice of the public. C Williams extended her thanks to CHC colleagues for being incredibly constructive throughout the process.

The Chair paid tribute to all that had been involved and advised that the Health Board were now moving towards a new chapter in the life of Royal Glamorgan Hospital, and added that the Health Board must only move in the direction proposed within the report if it was felt that it would be deliverable.

The Board **RESOLVED** to **APPROVE**:

- A commitment to the ongoing, long-term, delivery of emergency medicine services through a 24/7 consultant-led Emergency Department at the Royal Glamorgan alongside those at Prince Charles and Princess of Wales Hospitals;
- The rejection of any further development of Option A (a 24/7 MIU at the Royal Glamorgan Hospital);
- The rejection of any further development of Option B (reducing the operational hours of the Royal Glamorgan Emergency Department);
- The continuance of work to develop the detailed underpinning service and staffing models for emergency medicine, minor injury and illness services and relevant elements of supporting specialties;
- The establishment of a Partnership Panel, with active community and staff involvement, to support development and implementation of models of care;

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- The development of contingency plans in response to any short-term staffing pressures in the Health Board's Emergency Departments which preserve access to safe and high-quality care.

HB/20/106

### **AGENDA ITEM 4.2 CWM TAF MORGANNWG UHB TEST, TRACE PROTECT (TTP) PROGRAMME**

The Board **RECEIVED** the report and **NOTED** that some questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

**Question:** Are there any specific actions we would take if there is a significant outbreak of the virus in a local community such as reported recently by a food processing company in Merthyr Tydfil.

**Answer:** Yes and the Health Board is indeed already taking action in relation to this particular matter. First the Health Board had identified this cluster via the TTP surveillance and contact tracing systems. It then decided to extract it from that system to give it focus through an Incident Management Team (IMT) process. The Health Board held the first multi-agency IMT meeting today where we agreed to elicit more information, do dedicated COVID-19 testing at the factory (CTM Testing teams will work with our Military Liaison colleagues to organise and deliver this), put in place immediate control measures, prepare reactive press statements in light of political and public interest. The Health Board did not declare a formal outbreak today but will have a follow up IMT on Friday to review the position.

**Question:** What are our current times for providing test results? At last week staff were waiting four days with some reports from senior nurses of five days. This will not only impact on the ability to commence the TTP but also on our staffing levels.

**Answer:** The Health Board recognises Turn Around Times (TATs) as a key risk to the existing TTP programme in CTM as well as to the ability to reset the Health Board to 'new normal' operations. There is ongoing work with Public Health Wales (PHW) to understand the nature of the issues which have varied with each phase of Welsh Government policy on COVID-19 testing. For example, moving to the UK Lighthouse lab systems have created additional complexities despite the welcome benefits. The Health Board's approach to TATs in hospital settings has been to work with PHW to secure additional PCR platforms for the DGHs. On this, we have made progress, with tangible gains reported by the ILGs, but we still have some way to go.

The current times for providing test results are as follows:

- The Mass Testing Unit in Abercynon – 48% result returned in one day and 85% in two days;
- The Community Testing Units (CTUs) – RGH, NIA and KHHP – 44% in one day and 82% in two days;
- For the one day returns through CTUs, this ranged from 33% in RGH CTU to 51% in KHHP CTU;
- For the two days returns through CTUs, this ranged from 63% in RGH CTU to 95% in KHHP CTU. Two caveats:
  - These may not reflect the lived experiences of people as a test returned simply means results are available on LIMS the laboratory system and there's no recording of when the individual actually receives their lab test through phone text messaging;
  - A related one, these figures don't account for entire turn-around times as they don't capture the interval from sample collection to arrival in lab and the interval from results in LIMS to receipt by individual. This is the subject of further work with PHW.

In presenting the report, K Nnoaham advised that the common consensus was that the lockdown had slowed down the amount of infections and added that as the gradual easing of lockdown was approached, there was a sense that COVID-19 was still circulating within our communities. Members **NOTED** that in order to keep further infections as low as possible, the Test, Trace, Protect programme had been put into place to enable lockdown to be eased. Members **NOTED** that the Test, Trace, Protect Programme was consistent with the National Framework, and consisted of four work streams, as set out below, each of which had operational plans in place:

- Surveillance – this work stream would allow the Health Board to monitor how the virus was behaving as lockdown was being eased;
- Sampling and testing;
- Contact Tracing – contact tracing was largely being undertaken by Local Authority staff at present
- Risk Communications and Engagement – to enable views to be gathered from members of the community.

In relation to Contact Tracing, Members **NOTED** that whilst this was largely being operated by Local Authority partners, the testing element was being operated by the Health Board, which had financial and workforce implications for the organisation. Members **NOTED** that Welsh Government had been very supportive of regional Test, Trace, Protect Programmes and had requested workforce and financial returns be

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submitted. Members **NOTED** that approval was being sought from the Board in relation to the Cwm Taf Morgannwg Health Board elements of the costs.

The Chair extended his thanks to K Nnoaham and his team for the significant amount of work that had been undertaken in this area and added that the plan presented to Board today was a crucial element of the exit route.

S Hopkins also extended her thanks to K Nnoaham and advised that this was a truly integrated partnership programme with Teams having to respond to policy changes on a daily basis. Members **NOTED** that Teams had been working hard to test people in the Merthyr Tydfil area to ensure whether the number of positive cases identified was an incident and not an outbreak.

S Webster advised that there would be further work required to refine the plan which has been aligned across various aspects and added that he would wish to strengthen the final recommendation within the report to reflect that formal approval was being sought in relation to the funding of the plan, which would be a substantial cost for the Health Board and its partners.

J Sadgrove welcomed the significant amount of work that had been undertaken for creating the system and sought clarity as to whether it was still intended to develop a National Case Management System as outlined in the draft strategy. In response, K Nnoaham advised that the Case Management System went live on 8 June 2020, which had resulted in some issues being experienced. Members **NOTED** that the Health Board had been able to extract data from the system and **NOTED** that a local back up system was also in place.

The Board **RESOLVED** to:

- **NOTE** the progress made in relation to developing a multiagency response programme for CTM TTP.
- **APPROVE** the latest draft strategic plan, updated testing strategy, work stream plans and oversight arrangements, recognising:
  - that this is a partnership arrangement;
  - that these plans will continue to develop and be reviewed as the context changes, with updates and any significant development brought back to the Health Board;
  - that work is underway to establish a 5<sup>th</sup> work stream on 'protect' arrangements.
- Formally **APPROVE** the latest workforce and financial plan, where this relates in particular to Health Board costs, committing £10.7m understanding that the estimated workforce and financial demands

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will change frequently based on the Covid-19 prevalence in the population and government policy on Covid-19 containment measures;

- **APPROVE** that whilst work continues on the refinement of the work to date, programme implementation and development, that liaison continues with the Welsh Government on support for funding.

HB/20/107

### **AGENDA ITEM 5.1 RESETTING THE CWM TAF MORGANNWG UHB OPERATING FRAMEWORK – GOVERNANCE & ASSURANCE PROPOSAL**

The Board **RECEIVED** the report and **NOTED** that questions had been raised by Independent Members prior to the meeting, as outlined below, together with the responses:

**Question:** IM's have previously submitted some comments and questions on the draft paper. Are we intending to include some of these in the 'Q and A' part of the agenda to help demonstrate that the paper has been subject to proper scrutiny?

**Answer:** The 'prior to sharing of a draft version of the report' is referred to in the presentation of the paper, if there are any queries not addressed at the draft stage then these should be raised as formal questions for the Board meeting.

**Question:** Is the paper intended to be approved by the Board or the Resetting CTM Management Team as stated in the report.

**Answer:** The report was amended to clarify that it is for Board approval, the report had already received approval from the Resetting CTM Management Team).

**Question:** The weekly Independent Member, Chair and CEO catch up has been very successful. What are the plans as per page 6 for Executive's to interact on a 1:1 basis, how and when will this commence and what assurances will we have that they will be consistent and sustained.

**Answer:** An email was issued to Independent Members (IM's) on Thursday 18 June 2020 seeking views from IM's on gaining assurance and improving contact with officers to support triangulation. Some suggestions were included within. These and any further suggestions from IM colleagues will be considered for implementation to support IM's during the current 'virtual' working arrangements where walkabouts have ceased and incidental contacts limited.

**Question:** Reference 2.2.2 - To continue with Q&A's prior to the Board. This month we have had less than two days to read the papers and raise any questions. This does not allow sufficient time for appropriate scrutiny

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and is not in line with the recommended time. How are we going to address this moving forward?

**Answer:** The Health Board is committed to publish papers seven days in advance of the meeting which we continue to achieve. Within this time, it is acknowledged that there is significant pressure on colleagues to read papers and allow sufficient time for questions raised to be fully addressed by Executive Leads and collated to then inform the Board prior to the meeting. The request is for questions to be submitted allowing two business days for questions to be answered prior to the Board/Committee meeting, but appreciate that this may not always be achievable. The Health Board will continue to try and address all questions submitted in advance of the Board whenever they are submitted. It was reiterated that this process has been put in place to assist the management of meetings, but does not prevent any member raising questions at the meeting should they wish.

**Question:** Is there a timeline for the new workforce committee as there is currently no oversight on Workforce & Organisational Development and there is a risk we are missing vital information.

**Answer:** A schedule of Board and Committee meetings has been drafted and, subject to the Board agreeing the recommended option, the schedule will be shared and dates put in diaries.

G Galletly presented the report and advised that the Board would be aware that in light of the COVID-19 pandemic, the Board amended its decision making framework, which now needed to be reviewed to ensure the Board continued to have an appropriate decision making framework in place.

Members **NOTED** that the report identified that a '*Resetting Cwm Taf Morgannwg Management Team*' had been put into place, a Decision Justification process had been adjusted and **NOTED** that there had been a change to revenue limit for the Chief Executive.

Members **NOTED** the three options for consideration outlined within the report, with the preferred option being option 3, which was being recommended to the Board for approval.

The Chair extended his thanks to G Galletly for presenting the report and sought clarity as to whether there were any risks in what the Board were being asked to approve, as one of the key issues was the need to be agile as well as being accountable. G Galletly advised that new ways of working would need to be introduced to ensure the Board were being agile and robust and added that she would welcome further comments regarding this.

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M K Thomas advised that Board Members had been provided with the opportunity to comment on the draft report prior to the meeting and advised that she would be happy to support option three and added that she welcomed the opportunity that had been given to Board Members to ask questions prior to the meetings being held.

In response to a question raised by P White regarding new ways of working and the likelihood of Executive Directors interacting with Independent Members, G Galletly advised that suggestions were invited from Independent Members as to how they could gain better assurance during COVID19.

M Jehu, advised that as Chair of the Planning, Performance & Finance Committee, he welcomed the sight of the flow and continuity of the Board meetings.

S Webster advised that links with Welsh Government would be important within this piece of work as there would be a number of individual areas requiring investment, and to finance these schemes the Health Board would be reliant on Welsh Government funding.

The Board **RESOLVED** to **APPROVE**:

- The governance and decision making approach outlined in the paper (including the amendment to the Scheme of Delegation on financial limits), and;
- The proposals for governance, decision making and Option 3 of the Board assurance mechanism.

HB/20/108

### **AGENDA ITEM 6.1 CWM TAF MORGANNWG UHB ACCOUNTABILITY REPORT (INCLUDING AGS AND REMUNERATION AND STAFF REPORT) 2019/2020**

G Galletly presented the report and advised that the report had been scrutinised by the Audit & Risk Committee who had met earlier today to sign off the Annual Accounts and Accountability report. Members **NOTED** that the 'draft' report had also been circulated prior to the meeting for full consultation with Internal and External Auditors and Independent Members.

HB/20/109

### **AGENDA ITEM 6.2 CWM TAF MORGANNWG UHB FINANCIAL ACCOUNTS 2019-2020**

S Webster presented the report and advised that the cover report focussed on the changes that had been made from the Draft Accounts to the Final Accounts. The following key points were **NOTED**:

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- Primary Care Prescribing Costs had been higher during March 2020, as a result of the Covid-19 pandemic;
- Accruals had been changed or reduced;
- CTM as an organisation in 2019/2020 was much larger than the former Cwm Taf, with the scale of change being 55%.

S Webster made Members aware of an error that had been highlighted since the report had been discussed at Audit & Risk Committee earlier that day. Members **NOTED** that the error was contained on page three of the annual accounts, and **NOTED** that the figure of 4024 should be -4024 (minus 4024).

Members **NOTED** that the Annual Accounts for Welsh Health Specialised Services and Emergency Ambulance Services Committee were discussed and **APPROVED** by Audit & Risk Committee earlier that day.

HB/20/110

### **AGENDA ITEMS 6.3 REPORT FROM THE CHAIR OF THE AUDIT & RISK COMMITTEE**

P Griffiths, as Chair of the Audit & Risk Committee, confirmed that the Audit & Risk Committee met earlier today to consider the reports and confirmed that the Audit & Risk Committee agreed to **ENDORSE** the reports for onward submission to the Board for **APPROVAL**.

HB/20/111

### **AGENDA ITEM 6.4 AUDIT OF THE FINANCIAL STATEMENTS (ISA 260) REPORT (INCLUDING THE LETTER OF REPRESENTATION AND AUDIT OPINION)**

P Griffiths confirmed that representatives from Audit Wales were in attendance at the Audit & Risk Committee who emphasised that they would be issuing a 'clean' audit opinion.

In this respect, The Board **RESOLVED** to:

- **APPROVE** item 6.1 - the Draft Accountability Report 2019-2020.
- **APPROVE** item 6.2 - the Annual Accounts for 2019/2020, together with the letter of representation to the Auditors
- **NOTE** the contents of the Audit of the Financial Statements (ISA 260) Report (Including the Letter of Representation and Audit Opinion)

HB/20/112

### **AGENDA ITEM 7.0 ANY OTHER BUSINESS**

The Chair referred back to his opening remarks regarding the COVID-19 pandemic and the impact the virus has had on communities and staff, with many people losing their lives. The Chair added that the Health

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Board was aware that there was a certain section of the community who had been affected most by the virus, and advised of the need to take seriously the particular risks to the Black and Asian Minority Ethnic (BAME) staff and members of the community.

H Daniel advised that a report on this matter had been issued by the First Minister, which had been shared with Board Members electronically, which identified that there was a disproportionate impact of COVID-19 on BAME staff and members of the community. The First Minister had now established a Task Group to focus on this issue. Members **NOTED** that in relation to staff, the predominant activity that had been undertaken was the development of a risk assessment for BAME workers, which included employees and agency workers. Members **NOTED** that there were between 800-900 staff that fall within the BAME group within the Health Board, which was a significant issue, particularly within clinical areas. Members **NOTED** that a BAME network had been established to enable direct conversations to be held with staff affected. H Daniel advised that work would continue to be undertaken with Welsh Government to adopt the risk assessment.

The Chair advised that the Health Board owed a huge debt of gratitude to all its staff and those impacted by the Covid-19 pandemic.

HB/20/113

**AGENDA ITEM 8.2 DATE OF NEXT MEETING**

The next scheduled meeting would take place on Thursday 30 July 2020.

**SIGNED:**.....  
**M Longley, Chair**

**DATE:**.....