

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 27th May 2021 as a Virtual Meeting
Broadcast Live via Microsoft Teams**

Members Present:

Marcus Longley	Chair
Paul Mears	Chief Executive
Gareth Robinson	Interim Chief Operating Officer
Hywel Daniel	Executive Director for People (In part)
Dilys Jouvenat	Independent Member
Greg Dix	Executive Director of Nursing
Ian Wells	Independent Member
James Hehir	Independent Member
Jayne Sadgrove	Independent Member
Kelechi Nnoaham	Executive Director of Public Health
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member
Clare Williams	Executive Director of Planning & Performance (Interim)
Nick Lyons	Executive Medical Director
Fiona Jenkins	Executive Director of Therapies & Health Sciences (Interim)

In Attendance:

Georgina Galletly	Director of Corporate Governance
Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Sara Utley	Audit Wales
Rhys Jones	Healthcare Inspectorate Wales (In part)
Mark Thomas	Deputy Director of Finance (In part)
Ana Llewellyn	Bridgend Integrated Locality Group Nurse Director (In part)
David Miller	Deputy Medical Director (In part)
Julie Denley	Director of Primary, Community & Mental Health Services (In part)
Anna Lewis	Consultant Physician (Observing)
Lisa Curtis-Jones	Director of Social Services (Observing – In part)
Linda Prosser	Programme Director (Observing)
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.

Despite not being present at the meeting today due to annual leave, the Chair extended his thanks to Maria Thomas, Vice Chair for the invaluable support she had provided to the Board over the past few years, both during her time as Independent Member and Vice Chair. The Chair wished Maria all the very best in her retirement and added that he was pleased to welcome J Sadgrove into the Vice Chairs role from 1 June 2021.

The Chair extended his thanks to C Williams for the invaluable support she had provided to the Board during her time as Interim Director of Planning & Performance and also took the opportunity to welcome L Prosser to the meeting as an observer. Members **noted** that L Prosser would be commencing in the role of Director of Strategy and Transformation in June 2021.

The Chair extended his congratulations to K Nnoaham for being awarded with an Honorary Professorship in the Medical School at Cardiff University.

The Chair advised that there would need to be a slight change to the running order of the agenda to accommodate the Finance reports as a result of M Thomas having to leave the meeting early.

The Chair advised that the role of Chair of the Health Board was now out to advert following his decision made to not extend his term after September.

1.2 **Apologies for Absence**

Members **noted** apologies from Maria Thomas, Vice Chair, Keiron Montague Independent Member, Steve Webster, Director of Finance and Cathy Moss, Olive Francis and John Beecher, Cwm Taf Morgannwg Community Health Council.

1.3 **Declarations of Interest**

No declarations of interest were received.

1.4 **Shared Listening & Learning – Staff Experience Story**

A Llewellyn shared the staff experience story which related to Covid-19 challenges and opportunities. A Llewellyn advised that a number of themes had been identified through talking with staff which included collaboration, team work and technology.

The Chair advised that the video was a powerful reminder of the talented individuals working in the Health Board and added that the video captured the different component parts of the organisation.

The Chair extended his thanks to A Llewellyn for the video presentation.

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

2 CONSENT AGENDA

Members confirmed there were no reports they wished move from the Consent Agenda to the Main Agenda. There were some questions raised by Members on the consent agenda items prior to the meeting which had all been responded to.

CONSENT FOR APPROVAL

2.1.1 Unconfirmed Minutes of the Meeting held on the 25th March 2021

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

2.1.2 Unconfirmed In Committee Minutes of the Meeting held on 25th March 2021

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

2.1.3 Chairs Report and Affixing the Common Seal

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

2.1.4 Mental Health Act Monitoring Committee Annual Report

Resolution: The report was **APPROVED**.

2.1.5 Quality & Safety Committee Annual Report

Resolution: The report **APPROVED**.

2.1.6 Review of the Model Standing Orders and SFI's

Resolution: The review was **APPROVED**.

2.1.7 Budget Setting Arrangements for 2021/2022

It was clarified that the Board were being asked to **APPROVE** the Draft Budget and were not authorising expenditure above and beyond the Health Board's allocated funding.

Resolution: The Budget Setting Arrangements were **APPROVED**.

2.2 FOR NOTING

2.2.1 Committee Action Log

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

2.2.2 Chief Executives Report

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

2.2.3 Population Health & Partnerships Committee Highlight Report 7 April 2021

Resolution: The Highlight Report was **NOTED**.

2.2.4 Audit & Risk Committee Highlight Report 13 April 2021

Resolution: The Highlight Report **NOTED**.

2.2.5 People & Culture Committee Highlight Report 26 April 2021

Resolution: The Highlight Report was **NOTED**.

2.2.6 Planning, Performance & Finance Committee Highlight Report 27 April 2021

Resolution: The Highlight Report was **NOTED**.

2.2.7 Mental Health Act Monitoring Committee Highlight Report 5 May 2021

Resolution: The Highlight Report was **NOTED**.

2.2.8 Quality & Safety Highlight Report 18 May 2021

Resolution: The Highlight Report was **NOTED**.

2.2.9 Remuneration & Terms of Service Committee Highlight Reports

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

2.2.10 Joint Committee Reports

Resolution: The reports were **NOTED**.

2.2.11 Annual Report for the Research Innovation and Improvement Hub

Resolution: The report was **NOTED**.

2.2.12 Carers Annual Report

Resolution: The report was **NOTED**.

2.2.13 Strategy Development Update

Resolution: The update was **NOTED**.

2.2.14 All Wales Nurse Staffing Act (2016) Nurse Staffing Levels Three Yearly Assurance Report 2018-2021

Resolution: The report was **NOTED**.

2.2.15 All Wales Nurse Staffing Act (2016) Nurse Staffing Levels Annual Assurance Report 2020-2021

Resolution: The report was **NOTED**.

3. MAIN AGENDA

3.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

4. CO-CREATE WITH STAFF AND PARTNERS A LEARNING & GROWING CULTURE

4.1 Healthcare Inspectorate Wales/Audit Wales Joint Review of Quality Governance Summary of Progress Made – May 2021 Follow Up Report

G Galletly, S Utley and R Jones presented members with the report. G Galletly advised that the report had been welcomed by the Health Board and it was felt that the work that had been undertaken with Healthcare Inspectorate Wales and Audit Wales over the last 18 months had been well reflected in the report.

Members **noted** that the report included a summary of key findings following fieldwork undertaken between October and December 2020 and Healthcare Inspectorate Wales and Audit Wales colleagues extended their thanks to the Health Board for its co-operation in the review.

The Chair extended his thanks to colleagues for presenting the report and sought clarity as to how cautious the Board should be regarding its findings, given some of the difficulties experienced with undertaking visits to sites during the pandemic. R Jones advised that the pandemic had impacted on the way in which the follow up review had been undertaken and added that whilst the report was largely positive, this would need to be taken with a note of caution.

G Galletly advised that whilst this was a fair report, there was still further work to be undertaken. Members **noted** that reflection was being undertaken on the 14 original recommendations that had been made and the actions that had

been put into place to ensure pace and focus was being maintained. Members **noted** that an update report, including the management response would be presented to the July Board meeting.

The Chair extended his thanks to colleagues for presenting the report and advised that the Board would monitor with interest the progress being made.

Resolution: The report was **NOTED**.

4.2 Neonatal and Maternity Improvement Programme

G Dix and N Lyons presented Members with the report.

In response to a question raised by J Sadgrove in relation to the serious incident backlog and the requirement for further medical engagement, N Lyons advised that steps were being taken to ensure medical engagement and involvement was in place and added that the appointment of Neonatal Clinical Leaders would help to drive this forward. Members **noted** that two further days of Consultant time had also been released to commit to this process. G Dix provided assurance to the Board that there was a significant amount of medical leadership in place across other areas of work.

In response to a question raised by N Milligan in relation to the Leadership Development Programme and when this was likely to be implemented, H Daniel advised that this was discussed at a meeting recently held and **agreed** to seek an update for the Board as to the outcome of these discussions.

In response to a question raised by the Chair as to whether there were any recent areas of concern regarding the day to day experiences of women, G Dix advised that one of the main areas of concern that had been raised was the lack of availability of partner support as a result of visiting restrictions and there were some concerns being raised regarding staff attitudes which were being addressed instantly using the values and behaviours framework. Members **noted** that encouraging feedback was being received on BUMP Talk via Social Media Platforms.

The Chair extended his thanks to colleagues for the ongoing work being undertaken in this area and also extended his thanks to the staff who were continuing to work within this service.

Resolution: The report was **NOTED**.

Action: Update to be sought by H Daniel outside of the meeting in relation to the outcome of discussions held regarding the implementation of the Leadership Development Programme.

4.3 Continuous Improvement Self-Assessment Process in response to Targeted Intervention

R Morgan-Evans presented Members with the report.

In response to a question raised by the Chair in relation to the roadmap and whether the Board could be confident that the roadmap was sufficient and could be delivered, R Morgan-Evans advised that targets would need to be set and added that this piece of work would not be undertaken in isolation from other areas of work within the organisation. Members **noted** that focus would need to be placed on the definitions to ensure the Health Board were self-assessing itself in an appropriate way and **noted** that the road map would be presented to Board once it had been discussed at Management Board.

J Sadgrove advised that she found the process that the Health Board had gone through very assuring and added that the Health Board's willingness to triangulate and change its self-assessment showed a degree of maturity and showed that the Health Board were prepared to be transparent and honest.

Resolution: The report was **APPROVED**

Action: Road Map to be presented to a future meeting of the Board.

7. ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY

7.1 Finance Update Month 12

M Thomas presented the report. Members **noted** that the Audit of the 2020/2021 accounts was progressing well, with no issues identified at this stage.

Resolution: The report was **NOTED.**

7.2 Finance Update Month 1

M Thomas presented the report. Members **noted** that a meeting was being held with Welsh Government shortly to discuss the draft financial plan prior to final submission at the end of June 2021.

In response to a question raised by the Chair as to whether there was any concern regarding the return to financial discipline, M Thomas advised that the report identified that as a result of Covid-19 the Health Board had not been able to deliver the savings target and added that this had been funded by Welsh Government on a non-recurring basis which had impacted on the organisations recurring position. Members **noted** that the plans submitted by Integrated Locality Groups and Directorates in March were some way off target and the latest position would be assessed following receipt of the next iteration of plans. Members **noted** that a further analysis of the position would be presented to the Board at its next meeting.

Resolution: The report was **NOTED.**

5.

WORK WITH COMMUNITIES AND PARTNERS TO REDUCE INEQUALITY, PROMOTE WELLBEING AND PREVENT ILL HEALTH

5.1 Primary Care Update

D Miller and J Denley presented the Board with an update on Primary Care services. The Chair advised that he was delighted to see this report on the agenda and added he had found the report to be extremely helpful.

In response to a question raised by P Roseblade as to why the report did not include an update on Primary Care Dental services given the difficulties patients are experiencing in securing appointments at present, D Miller advised that dental services were extremely important to the team and added that he would be happy to provide the Board with more detail on this at a future meeting.

In response to a question raised by P Roseblade in relation to Diabetes and whether the problems referred to related to identification of, or treatment of patients with Diabetes, D Miller advised that there had been some concern across Wales about the timely diagnosis of Type 1 Diabetes during the pandemic and added that proactive steps had been taken to cascade messages to GP practices to be mindful of patients presenting with diabetes symptoms. D Miller added that the Primary Care Team were in the process of describing how it could support practices in reaching the monitoring levels they were undertaking pre Covid.

J Sadgrove welcomed the report which was timely given the Board discussions being held in relation to Population Health in which Primary Care has a major role. In response to a question raised by J Sadgrove in relation to funding issues highlighted within the report, D Miller advised that GP practices had not seen an increase in their core funding to match their ambition and added that whilst funding systems were quite complex, there were a significant amount of opportunities available. J Denley added that whilst Clusters have been in place for many years, details about what they entail have been fairly scant. Members **noted** that the Bridgend Integrated Locality Group (ILG) had expressed an interest in becoming an early adopter of some of the thinking that was being undertaken nationally regarding Clusters.

I Wells welcomed the report which had found to be interesting, particularly in how heavily digital technology and its adoption featured throughout the report. In response to a question raised by I Wells as to whether some of our deprived population areas would be disadvantaged by the increased use of digital technology, D Miller advised that he understood the concerns raised in relation to digital inclusivity and added that face to face consultations must not be lost moving forwards. Members **noted** that a significant amount of work had been undertaken to ensure that patients were digitally enabled as much as possible.

In response to a question raised by I Wells in relation to the need for a single patient record in Wales and the fact that no reference had been made within the report regarding the national data resource that was being developed, D

Miller advised that whilst Primary Care does have representation on the National Board, he would be unable to comment specifically on IT infrastructures and added that the Primary Care Team do not intend to take an independent step away from any national projects.

Members **noted** that discussions had been held in relation to the use of mobile vans who could visit communities who were less digitally enabled to provide them with a setting in which they could access services.

P Mears advised that acknowledgement needed to be made regarding the demand pressures being faced by Primary Care services and the effect that this would have on our hospital settings moving forwards. P Mears highlighted the need for close integration between primary and secondary care services and as the Health Board develops its strategy further this would need to be clearly articulated. P Mears added that population health was a key factor within primary care and within communities and added consideration would need to be given as to how the Health Board could financially demonstrate its shift to population health and advised that technology would be a significant opportunity to move this forward.

In response to a question raised by J Hehir in relation to the backlog of long term conditions management and the impact this had on patient wellbeing, timely access to services and reducing health inequalities, D Miller confirmed that delaying the receipt of care or regular review did have an impact on patient wellbeing and added that discussions would be held at the Planned Care Board regarding the proposals for resetting. D Miller advised that in relation to health inequalities, whilst population health had not been referenced within the report, this was a priority area of focus for the Primary Care team.

M Jehu thanked the team for the aspirational report which identified that there were significant challenges and constraints in place which needed to be addressed and sought clarity as to whether the Board needed to be made aware of any obstacles being faced by the Team. J Denley advised that this would need to be considered as part of the Health Board's ambition to become one Cwm Taf Morgannwg and added that a shared high level vision would need to be put into place.

In response to a question raised by M Jehu as to how progress would be monitored moving forwards, P Mears advised that Primary Care would be integral to the work being undertaken in relation to the Clinical Services Strategy and added that consideration would need to be given to developing an overarching plan which would identify the progress being made to Independent Members.

N Milligan made reference to workforce which was under significant strain at present and the need to futureproof and sought clarity as to what was being undertaken to develop our primary care workforce at present and the steps being taken to recruit additional staff into the service. D Miller advised that this was an area that the team have struggled with previously and added that support would be required moving forwards to streamline processes and to

consider how to make Primary Care an attractive place to work. Members **noted** the need to recognise the role community nurses had played within the communities over the last year.

The Chair extended his thanks to D Miller and J Denley for presenting the report.

Resolution: The Primary Care Update was **NOTED**.

5.2 Population Health Update

K Nnoaham presented the report. The Chair welcomed the report and the introduction of lead responsibilities within it.

In response to a question raised by P Roseblade as to how the Health Board could ensure it provides healthy food options for staff during out of hours periods, H Daniel advised that this was an area that was currently being explored following feedback received from staff. H Daniel **agreed** to review the current position outside of the meeting and would provide feedback.

In reference to table 6 within the report, P Roseblade advised that whilst she would be happy to contribute to this as an Independent Member, clarity would be required that the role of the Independent Member would be to scrutinise the position and to not put undue pressure as to where resources were being spent/utilised. P Mears **agreed** with the comments made by P Roseblade and added that further work would need to be undertaken regarding longer term strategic thinking and longer term investments and what this would mean financially for the Health Board.

In response to a comment made by D Jouvenat in relation to developing skills for staff in Health Promotion and the need to ensure managers receive the right training to handle this, H Daniel advised that careful consideration would need to be given to this and **agreed** to discuss further with K Nnoaham outside of the meeting.

In response to a question raised by I Wells as to whether the target set for reducing obesity levels by 2026 was achievable, K Nnoaham advised that this equated to a 5% reduction which was hugely ambitious and added that there were steps that could be taken in order to achieve this, for example the introduction of an integrated obesity service and ensuring catering services were more healthy.

J Sadgrove welcomed the report and advised that it would be helpful if the wellbeing and future generations commitments could be included in the conversations moving forwards. J Sadgrove made reference to the living wage and the suggestion made that the Health Board ensures in its procurement process asks for the living wage to be one of its criteria. J Sadgrove sought clarity as to why the Board had not made a commitment to becoming a living wage employer. P Mears advised that the Health Board needed to ensure it was leading by example in all areas and added that pay scales were nationally driven.

P Mears advised that one of the primary drivers for health and wellbeing was employment, and added that the Health Board was offering opportunities to young people to come and work within the organisation. P Mears advised that more consideration would need to be given to targeting hard to reach groups who may have been unemployed for some time and disadvantaged groups such as people with learning disabilities. H Daniel advised that whilst the Health Board may not be accredited, it was a living wage employer and **agreed** to look at how the Health Board could become accredited to fall in line with other Health Boards.

Members **noted** that this was a fundamental piece of work which identified key deliverables that would need to be taken forward by the whole of the Board. Members **noted** that an overarching plan would now need to be developed.

The Chair extended his thanks to K Nnoaham for presenting the report and added that there was a significant amount of support from the Board for this to be taken forward. K Nnoaham welcomed the discussion held which he had found to be very positive and enthusiastic and added that further discussions would now take place amongst the Executive Team as to how this could now be taken forward. Members **noted** that the monitoring of progress of this piece of work would be undertaken by the Population Health & Partnerships Committee.

Resolution: The Population Health Update was **NOTED**.

Action: Review to be undertaken outside of the meeting in relation to the current position regarding Healthy Food Options for staff.

Action: Discussion to be held outside of the meeting in relation to developing skills for staff in health promotion and the need to ensure managers have been provided with the appropriate training to address this.

Action: Review to be undertaken outside of the meeting to determine how the Health Board could become accredited as a living wage employer.

5.3 Covid 19 Vaccination Update

C Williams presented a verbal update highlighting the following key areas::

- Vaccine delivery – there was 80% coverage of our eligible population for first doses and 40% coverage for second doses;
- Vaccination invite letters were now being sent out to 18-29 years which meant that the Health Board was now approaching the end of the core element of the programme;
- Work would continue to be undertaken with communities to encourage uptake of the vaccines;
- In relation to the Did Not Attend (DNA) position, there had been 31,000 DNA's across the whole programme which equated to a DNA rate of 6.6%, which was amongst the lowest in Wales. Work would continue to be undertaken to address the position, with particular focus being placed on the most deprived areas of our population. Public Health and Local

Authority colleagues were working closely with the Health Boards Communications Team in relation to the Health Board's Inequalities Plan;

- In relation to the Indian Variant, Welsh Government had given permission to Health Boards to make local decisions as to whether second doses were brought forward for individuals. Members **noted** that a local decision had now been made to offer any vacant slots over the coming weeks as a result of the DNA's, for second doses of the vaccine

The Chair extended his thanks to C Williams for presenting the report and for the excellent progress that had been made.

Resolution: The Covid 19 Vaccination Update was **NOTED**.

5.4 E-Cigarettes Update – Smoke Free Hospital Premises

K Nnoaham presented the report which proposed the exclusion of the use of e-cigarettes on hospital grounds. In response to a question raised by the Chair regarding consistency across the NHS, K Nnoaham confirmed that this proposal would bring the Health Board largely in line with the approach taken in other Health Boards.

In response to a question raised by P Roseblade as to whether the charging of e-cigarettes presented a greater fire risk than the charging of mobile phones, K Nnoaham advised that whilst he did not have the data available, when you consider the disadvantages the arguments against the use of e-cigarettes were sufficient enough without having to take this into consideration.

In response to a question raised by M Jehu as to whose responsibility it would be to enforce this policy, Members **noted** that overall it would be the responsibility of the Local Authority to police this, and within the organisation responsibility would primarily fall under the remit of Estates and Facilities staff. P Mears added that this was a contentious issues and advised that when staff do challenge they could be faced with abuse from the person being challenged, which must not be tolerated. M Jehu requested clarity on the effectiveness of enforcement of this issue at a future meeting.

Resolution: The report was **APPROVED**.

Action: Further clarity to be provided in relation to the effectiveness of enforcement of this policy at a future meeting.

5.5 Vascular Engagement Outcome

C Williams presented the report and advised that whilst the numbers of people who had engaged had been low, it was felt that an adequate engagement exercise had been undertaken, with Community Health Council colleagues advising that no further consultation was required.

Resolution: The report was **APPROVED**.

6. PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE

6.1. Integrated Performance Dashboard

C Williams presented the report and reminded Members that the report was in the process of being iterated to ensure a balanced scorecard approach was being taken and added that quality data was now being included in the report also.

In relation to Stroke Services performance, Members **noted** that a detailed report had been received by the Quality & Safety Committee on the challenges currently being faced by the service.

In response to a question raised by the Chair regarding thrombolysis performance which had been rated as green, C Williams **agreed** to undertake a review of the position outside of the meeting.

J Sadgrove welcomed the balanced scorecard approach that was being taken and suggested that following discussions held earlier in the meeting in relation to population health and primary care, consideration would need to be given as to how primary care was being measured. Members **noted** that national targets were being measured at present and **noted** that the Primary Care Team were in the process of identifying local primary care measures.

Resolution: The report was **NOTED**.

Action: Review to be undertaken of current thrombolysis performance outside of the meeting to determine the correct performance rating.

6.2 Integrated Medium Term Plan Update and Feedback

C Williams presented a verbal update and reminded Members that the Health Board submitted its draft Annual Plan to Welsh Government at the end of March 2021 and added that the final plan would be presented to Welsh Government at the end of June 2021.

Members **noted** that Welsh Government recognised the ambition within the plan, the work that had been undertaken on Targeted Intervention and Special Measures and the work being undertaken on Partnership Working. C Williams advised that Welsh Government had indicated that they would like to see greater triangulation between workforce and financial planning aspects and greater emphasis on some of the detail regarding improving capacity and what the Health Board intended to utilise the improved capacity for.

Members **noted** that the final plan would be presented to the June meeting of the Planning, Performance and Finance Committee for approval and that all Board Members had been invited to attend this meeting in order to approve the plan. The final plan would also be presented to the Board at its July meeting.

Resolution: The update was **NOTED**.

6.3 Post Covid Service Recovery Position - Presentation

G Robinson presented Members with an update on the following key areas:

- Unscheduled Care and the launch of the improvement programme;
- Planned Care and the programme structure that had been put into place which would be monitored weekly;
- Cancer and the month on month improvement in performance and the improvement plans that had been put into place for the most challenging areas which would be tracked weekly through the Integrated Locality Group's;
- Mental Health and the plans that had been put into place to bring services back into operation following the redeployment of staff during Covid-19;
- Primary Care services and the transformation required moving forward, with primary care playing an integral role in the Planned Care Recovery Programme.

The Chair extended his thanks to G Robinson for presenting the update against this important area of work.

Resolution: The update was **NOTED**.

6.4 Organisational Risk Register

G Galletly presented the report and advised that following comments received from Board Members, the reporting of risks was in the process of being realigned and added that improved reporting timelines would be in place from June onwards. Members **noted** that risk awareness training continued to be undertaken and **noted** that approximately 200 members of staff had undertaken the training to date, with positive feedback being received from the sessions.

In response to a question raised by P Roseblade regarding risks 4253, 3826 and 4606, G Robinson **agreed** to review the current position against each risk and provide a response to P Roseblade outside of the meeting.

P Roseblade also sought clarity in relation to risks 4356 which H Daniel **agreed** to respond to outside of the meeting.

The Chair **noted** the continuing evolution of the report and the improved timelines that would be in place from June onwards.

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

Action: Review to be undertaken of risk 4253, 3826, 4606 and 4356 and response to be provided to P Roseblade regarding current position outside of the meeting.

8 ANY OTHER BUSINESS

No items were identified.

9 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 12:30pm on Wednesday 9 June 2021.

10 CLOSE OF MEETING

Unconfirmed