

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

**HELD ON WEDNESDAY 30 SEPTEMBER 2020
AS A VIRTUAL MEETING BROADCAST LIVE VIA MICROSOFT TEAMS**

MEMBERS PRESENT:

Marcus Longley	– Chair
Paul Mears	– Chief Executive
Maria Thomas	– Vice Chair
Alan Lawrie	– Executive Director of Operations
Hywel Daniel	– Executive Director of Workforce & Organisational Development (Interim)
Dilys Jouvenat	– Independent Member
Giovanni Isingrini	– Associate Member (Observed the meeting as a Member of the Public via the Live Link)
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 (In part)
Mel Jehu	– Independent Member
Nicola Milligan	– Independent Member
Paul Griffiths	– Independent Member
Phillip White	– Independent Member
Georgina Galletly	– Director of Corporate Governance/Board Secretary
Clare Williams	– Executive Director of Planning & Performance (Interim)
Steve Webster	– Executive Director of Finance
Liz Wilkinson	– Executive Director of Therapies & Health Sciences

IN ATTENDANCE:

Cally Hamblyn	– Assistant Director of Governance & Risk
Ruth Alcolado	– Deputy Medical Director (In part)
Mark Dickinson	– Programme Director (In part)
David Jenkins	– Independent Advisor to the Board (Observed the meeting as a Member of the Public via the Live Link)
Paul Dalton	– Head of Internal Audit
Lee Leyshon	– Assistant Director of Engagement & Communications
Emma Walters	– Corporate Governance Officer (Secretariat)

A) PRELIMINARY MATTERS

HB/20/145

AGENDA ITEM 1.1 WELCOME & INTRODUCTIONS

The Chair **welcomed** everyone to the meeting which was being broadcast 'Live' via Microsoft Teams as a result of the ongoing Covid-19 pandemic. The Chair also extended a welcome to all who may be observing the meeting today.

The Chair advised that questions had been sought from Independent Members in advance of the meeting which had been addressed by the relevant officer lead. The Chair advised that he did not intend to read these questions out during the meeting as they had all been shared prior to the meeting and had been included for ease of reference within the Admincontrol system. Members **NOTED** that the questions and answers would be recorded formally within the minutes.

The Chair **welcomed** Paul Mears, Chief Executive to his first meeting of the Board and also welcomed Ruth Alcolado to the meeting who was in attendance on behalf of Nick Lyons. The Chair also extended a welcome to Mark Dickinson, Programme Director, who would be presenting the report on Safe, Sustainable and Accessible Emergency Medicine and Minor Injury and Illness Services for the People of Rhondda Taf Ely.

The Chair **extended his thanks** to Liz Wilkinson, Director of Therapies and Health Sciences, who was due to retire from the NHS in October after working in Cwm Taf Morgannwg for the last 12 months. The Chair advised that Liz had been a valuable member of the Executive Team and wished her all the very best for the future.

HB/20/146

AGENDA ITEM 1.2 APOLOGIES FOR ABSENCE

Members **NOTED** that apologies had been received from:

- Nick Lyons, Executive Medical Director
- Cathy Moss, Cwm Taf Morgannwg Community Health Council
- Olive Francis, Cwm Taf Morgannwg Community Health Council
- John Beecher, Cwm Taf Morgannwg Community Health Council
- Sharon Richards, Associate Member

HB/20/147

AGENDA ITEM 1.3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

CONSENT AGENDA – FOR APPROVAL

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/20/148

AGENDA ITEM 2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 30 JULY 2020

Members **RESOLVED** to **APPROVE** the unconfirmed minutes of the meeting held on 30 July 2020.

HB/20/149

AGENDA ITEM 2.1.2 UNCONFIRMED IN COMMITTEE MINUTES OF THE MEETING HELD ON 30 JULY 2020

Members **RESOLVED** to **APPROVE** the unconfirmed In Committee minutes of the meeting held on 30 July 2020.

HB/20/150

AGENDA ITEM 2.1.3 PLANNING, PERFORMANCE & FINANCE COMMITTEE ANNUAL REPORT 2019/2020

Members **RESOLVED** to: **APPROVE** the Planning, Performance & Finance Committee Annual Report 2019/2020.

HB/20/151

AGENDA ITEM 2.1.4 QUALITY GOVERNANCE FRAMEWORK

Members **RESOLVED** to: **APPROVE** the Quality Governance Framework

HB/20/152

AGENDA ITEM 2.1.5 MENTAL HEALTH ACT MONITORING COMMITTEE ANNUAL REPORT 2019/2020

A question was raised by an Independent Member prior to the meeting, as outlined below together with the response provided:

Question: Is there a plan to review the membership of the Mental Health Act Monitoring Committee with some attendances as low as 0/4 and 1/4?

Answer: The membership of this Committee only extends to Independent Members (IM's) and there are no issues with their level of attendance. Whilst there were low levels of attendance from certain partner organisations representatives, particularly local authorities during the year, these individuals receive the meeting papers in advance of the meeting and can relay any issues they wish to raise to the Committee Chair for consideration. Going forward the Committee is monitoring attendance with a view to asking these partners if they wish to collaborate, nominating a single representative to attend on their behalf.

Agenda Item Number 2.1.1

Members **RESOLVED** to: **APPROVE** the Mental Health Act Monitoring Committee Annual Report 2019/2020.

HB/20/153

AGENDA ITEM 2.1.6 AMENDMENT TO THE STANDING ORDERS – TERMS OF REFERENCE FOR THE MENTAL HEALTH ACT MONITORING COMMITTEE

Members **RESOLVED** to: **APPROVE** the Amendment to the Standing Orders – Terms of Reference for the Mental Health Act Monitoring Committee.

HB/20/154

AGENDA ITEM 2.1.7 ANNUAL QUALITY STATEMENT 2019/2020

Members **RESOLVED** to: **APPROVE** the Annual Quality Statement 2019/2020.

CONSENT AGENDA – FOR NOTING

Members **NOTED** that the Chief Executive's report would be discussed under the main agenda.

HB/20/155

AGENDA ITEM 2.2.1 ACTION LOG

The Board **RESOLVED** to: **NOTE** the Action Log.

HB/20/156

AGENDA ITEM 2.2.2 CHAIRS REPORT AND AFFIXING OF THE COMMON SEAL

A question was raised by an Independent Member prior to the meeting, as outlined below together with the response provided:

Question: Common Seal, Bullet Points 2, 3, 4 and 6 – are they all the same. They all seem to relate to the same scheme?.

Answer: The four contracts for the CT scanner at Princess of Wales are for the same scheme.

The Board **RESOLVED** to:

- **NOTE** the report.
- **RATIFY** Chairs Action in respect of the Annual Report 2019/2020
- **ENDORSE** the Affixing of the Common Seal to the listed documents within the report.

INTEGRATED GOVERNANCE

HB/20/157 AGENDA ITEM 2.2.5 AUDIT & RISK COMMITTEE HIGHLIGHT REPORT 10 AUGUST 2020

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

HB/20/158 AGENDA ITEM 2.2.6 REMUNERATION & TERMS OF SERVICES COMMITTEE HIGHLIGHT REPORT 30 JULY 2020 AND 27 AUGUST 2020

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

HB/20/159 AGENDA ITEM 2.2.7 PEOPLE & CULTURE COMMITTEE HIGHLIGHT REPORT 27 JULY 2020

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

HB/20/160 AGENDA ITEM 2.2.8 MENTAL HEALTH ACT MONITORING COMMITTEE HIGHLIGHT REPORT 17 AUGUST 2020

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

HB/20/161 AGENDA ITEM 2.2.9 PROGRAMME FOR CONTINUOUS IMPROVEMENT IN RESPONSE TO TARGETED INTERVENTION PROGRESS REPORT

A question had been raised by an Independent Member prior to the meeting, as outlined below together with the response:

Question: Whilst recognising that the arrangements are at a relatively early stage are we intending to provide any timetable/timescale for improving the scores to help prevent any 'drift' in progress?

Answer: We are currently in the process of developing a Targeted Intervention (TI) Improvement Roadmap, which will provide proposed timescales for our improvement journey, incorporating key milestones and achievements in order to progress across the maturity matrix. This approach has been discussed with Welsh Government colleagues and will be tested with partners and regulators, and shared with Board members as soon as it is developed for discussion. This roadmap will allow Board members to monitor if there is any 'drift' in progress and understand the reasons for this.

The Board **RESOLVED** to:

- **APPROVE** the Maturity Matrix self-assessment scores for September 2020, noting there has been no change in self-assessment score levels since the scores were scrutinised by the full Board on 30 July 2020;
- **NOTE** that the ILG TI Self-Assessment is now informing the overarching Health Board self-assessment scores;
- **NOTE** the self-assessment dashboard scores for September 2020, as set out in Appendix F.

HB/20/162

AGENDA ITEM 2.2.10 HEALTH BOARD ANNUAL REPORT 2019/2020

A question was raised by an Independent Member prior to the meeting, as outlined below together with the response provided:

Question: 2.2.20b Page 5: Since we host the National Imaging Academy why don't we receive reports from them as we do with the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC)?

Answer: As a result of discussions at Audit & Risk Committee meetings the Director of Corporate Governance is clarifying the assurance requirements of its hosted organisations (EASC, WHSSC and the National Imaging Academy) to the CTMUHB through the development of an assurance framework.

The framework will be designed to support robust governance and provide CTMUHB, primarily via the Audit & Risk Committee, with assurance and clarity relating to the relationship between the Health Board and the statutory members of Joint Committees and Welsh Government as appropriate in relation to the hosted bodies.

The framework will be developed with engagement and involvement from the hosted organisations.

The framework will capture the following areas:

- Current Hosting Arrangements
- Accountabilities
- Role of CTMUHB's Audit & Risk Committee
- Reporting Requirements

The Board **RECEIVED** the report and **RESOLVED** to: **NOTE** the Annual Report for 2019-2020 that will be formally presented at the Annual General Meeting that follows.

QUALITY & SAFETY

HB/20/163

AGENDA ITEM 2.2.12 QUALITY & SAFETY COMMITTEE HIGHLIGHT REPORT 8 SEPTEMBER 2020

The Board **RESOLVED** to: **NOTE** the Quality & Safety Committee Highlight Report 8 September 2020.

HB/20/164

AGENDA ITEM 2.2.13 QUALITY & SAFETY IN COMMITTEE HIGHLIGHT REPORT 8 SEPTEMBER 2020

The Board **RESOLVED** to: **NOTE** the Quality & Safety In Committee Highlight Report 8 September 2020.

PLANNING, PERFORMANCE AND FINANCE

HB/20/165

AGENDA ITEM 2.2.15 MONTHS 4 & 5 MONITORING RETURNS TO WELSH GOVERNMENT

A question was raised by an Independent Member prior to the meeting, as outlined below, together with the response provided:

Question: Annex A, Page 7, Student Spend - How many student nurses opted in to work at CTMUHB and support our staff during the first two quarters?.

Answer: The headcount of students who we have paid is as follows:

- Medical Student – 119
- Student Nurse Band 3 – 278
- Student Nurse Band 4 – 161
- **Grand Total – 558**

The WTE varies each period:

Row Labels	PO2	PO3	PO4	PO5	PO6
Medical Student	99.38	23.5	14.81	8.11	10.12
Student Nurse Band 3	57.18	206.47	198.27	9.14	7.98
Student Nurse Band 4	29.57	160.68	156.93	142.31	155.3
Grand Total	186.13	390.65	370.01	159.56	173.4

NOTE: This data is based upon financial reporting in the ledger based upon staff coded to the COVID – Human Resource cost centre and student subjectives.

The Board **RECEIVED** the report and **RESOLVED** to: **NOTE** the report for assurance.

MAIN AGENDA

INTEGRATED GOVERNANCE

HB/20/166

MATTERS ARISING NOT CONSIDERED WITHIN THE ACTION LOG

There were no further matters arising identified.

HB/20/167

AGENDA ITEM 2.2.3 CHIEF EXECUTIVES UPDATE

P Mears extended his thanks to the Chair for the welcome and advised that the report contained within the papers for the meeting covered three days of his tenure. P Mears advised that there was nothing within the report that he wanted to draw Members attention to but advised that the Health Board were dealing with the management of Covid-19 within the Hospitals at present, with all three boroughs seeing significant infection rates. Members **NOTED** that infection rates were being monitored closely by colleagues within Public Health Wales.

P Mears advised that as of yesterday, there had been 82 confirmed positive cases of Covid-19 at Royal Glamorgan Hospital, with the situation posing as a challenge in terms of managing the spread of infection. Members **NOTED** that the Infection, Prevention & Control Team were working hard to contain the spread and the movement of staff and patients was being limited.

Members **NOTED** that work was being undertaken with Public Health Wales colleagues to identify how the spread had begun and **NOTED** that discussions were being held in relation to increasing testing capacity and ensuring test results were being processed quickly.

P Mears advised that a decision had been made yesterday to step up the Gold Command Structure and after a number of discussions held with colleagues, a decision had been made to close Royal Glamorgan Hospital (RGH) to all Emergency admissions from 2.00pm today (30th September 2020). Members **NOTED** that the Accident & Emergency Department would remain open for 'walk-in' patients and steps were being taken to maximise the use of the Ambulatory Care area.

Members **NOTED** that ambulance transfers would be diverted to either the Princess of Wales Hospital, Prince Charles Hospital or to the University Hospital of Wales. Any patient who presented themselves at RGH who required admission would also be transferred. Members **NOTED** that all elective procedures had been cancelled, with the exception of emergency procedures.

P Mears advised that staff had been briefed internally of the latest position, with discussions also held with key stakeholders. Members **NOTED** that the position would be closely monitored on a daily basis and activity will be reinstated only when it was considered safe to do so.

M Longley extended his thanks to P Mears for the update and advised that everyone's thoughts were with the people most directly affected by this and to all those staff who had sadly lost their lives within the NHS.

The Board **RESOLVED** to: **NOTE** the report.

HB/20/168

COVID-19 UPDATE INCLUDING MASS VACCINATION AND SEASONAL FLU PLANNING

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Given the increasing likelihood that the flu vaccination programme may be largely completed by the time the Covid-19 mass vaccination programme is ready to start, do you think the draft mass vaccination plan should be refreshed and updated before it is formally signed off by the Board?

Answer: The Covid-19 mass vaccination plan continues to be improved and refined over time. It is not necessary for the Board to agree each iteration as the Executive Director will be sighted on this and bring any major amendments to the Board. It will however be important for the Board to be updated on the plans and actions undertaken at regular intervals, this will be undertaken by the Executive Director of Public Health who receives weekly updates on the programme through 'highlight reports'.

Question: 3.2.1e Appendix 4 – Seasonal Influenza Action Plan:

- Page 18 - are blank tables (they are completed from page 19 onwards)
- Pages 20/21 no timescales included for the last 7 entries
- Page 30 - no timescales or narrative for the last 2 actions

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- Pages 36/37 no progress included - general immunisation plan has no content
- Page 45 - Staff Flu plan - no content
- Page 63 - SRVI 53 / SRVI 54 - target November 2019 - no progress report?
- Page 82 - Midwifery representative - is this being addressed?
- Page 84 - SRVI5 - target date October 2019 - has this been started?

Answer: Page 18 and Page 45 - This is correct - not every service area will have actions that relate to the three areas of work. For example the Ysbyty Cwm Cynon (YCC) staff will be focussed on delivery to staff only.

Answer: Page 20/21, Page 30 and Pages 36 & 37 – We introduced this format for plans in 2019/20 and some contributors from across this distributed model of delivery are still getting used to this. We requested all contributors include a timeframe for delivery in their plans, and we provided training to the Operational Immunisation Group who generate the service level plans on the importance of the use of SMART objectives (Specific, Measurable, Realistic and Timed) in some instances this has not been completed. We request that the plans are updated regularly throughout the season and can address this with the service areas at this point, and we also review all actions that are Red, Amber, Green (RAG) rated red at the Strategic Immunisation Group on a quarterly basis in order to collectively problem solve. At this point we would seek clarification of any time frame from the senior manager and rectify this.

Answer: Page 63 - There has been limited progress on all members of Strategic Immunisation Group (SIG) and Operational Immunisation Group (OIG) to include wording on their designated role at the group in their job description and to have the time to discharge their functions on the group. This includes planning for the meetings, reading minutes, undertaking actions on behalf of the group and contributing to sub groups as required.

However, there have been no reported issues with staff undertaking the work, but we feel it is important for work undertaken in this distributed model to be recognised and allocated appropriate time. We will continue to work towards a resolution on this, but when the peak period of activity is over (i.e. after March 2021). This remains on the action plan so that it is not forgotten. This could be a topic for an audit in the future.

Answer: Page 82 - The Chair of the Strategic Immunisation Group and the Immunisation Co-ordinator met with various members of the midwifery team in 2019/20 to garner support for the immunisation programme and this resulted in a large improvement to the midwifery data in 2019/20, and boosted membership at both the Operational and Strategic Immunisation Groups. However, attendance at both the Operational and Strategic Groups has since waned and the Chair of the Strategic Immunisation Group has therefore taken further actions to rectify this. The Maternity Services were the only area not to submit their

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service plans. The Executive Director will remain sighted on this issue, and may intervene if necessary.

Answer: Page 84 - Work commenced on setting aspirational targets incrementally increasing to reach the required thresholds for herd immunity as internal goals over the next years, however this was not completed before the staff member left CTMUHB. Due to the huge staff turnover in the immunisation team (with only one member of staff remaining in post) the team are rebuilding and this has not been the primary focus of their work. In addition, all targets in 2020/21 have been increased by the Welsh Government and the team are focussed on delivering the programme against these new (increased) targets. This remains on the action plan so that it can be revisited when appropriate staff resources are available.

Question: Covid Vaccination Programme – How and where are we going to get the extra staff should a vaccine become available?.

Answer: We have commenced recruitment for the COVID-19 vaccination programme. We recognise that this will be a challenge as the other health boards in Wales (and the rest of the UK) will also be advertising for staff to undertake their programme.

Question: Are we confident that we will get the extra 200 staff to cover the flu vaccination programme?.

Answer: We have already recruited the 200 additional 'peer vaccinators' this season from our own staff to immunise CTMUHB staff, and we are currently training them.

Question: Some of the risks identified in the paper regarding the latest covid position with local lockdown, has this been reflected in the score rating on our organisational risk register?

Answer: This risk was reduced prior to the recent surge in the number of cases. A review of this risk will be undertaken in light of the recent increase in the number of infections and the risk register will be updated to reflect any changes following further assessment. This will be reported to the Management Board for consideration in October and the Board meeting thereafter.

Question: How confident are we regarding the availability and amount of flu vaccine required?

Answer: We are monitoring this on a weekly basis through the National Influenza Action Group meetings where all of the Health Boards, Public Health Wales and the Welsh Government are present. We have been promised access to additional influenza vaccine by the Welsh Government this year so that we can ensure additional groups are offered the vaccine. We have taken delivery of all staff vaccine ordered and there are no issues reported in Wales in relation to the influenza vaccine to date.

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Question: General: what percentage of our NHS staff are Antigen positive?

Answer: We don't have that specific data. We have to assume however that the general rates of antigen positivity – which today is about 7.7% for Cwm Taf Morgannwg University Health Board (CTMUHB as a whole - also applies to our NHS staff, most of whom live in our communities

Comment: Page 10: Excellent to see how well we are performing in contact tracing.

Answer: Comment above has been noted.

Question: Page 11 (2.3.2): "One of the unresolved issues is data flow, and how data will be transferred swiftly and efficiently to others, e.g. GP practices." Can this be explained in more detail? It's also mentioned on page 16 of 3.2.1d.

Answer: The Welsh Government has commissioned NHS Wales Informatics Service (the national organisation responsible for building and designing digital services for health and care in Wales) to create a new national IT solution to capture data on who has had their COVID-19 vaccination. We are feeding into this process and are keen to make sure that this new system is compatible with GP practice systems and can not only transfer data from the new system into the GP practice system, but can draw data from the GP practice system into the new national system to ensure that all who are vaccinated in CTMUHB are captured accurately for the purposes of national reporting.

K Nnoaham presented the report and advised that he was seeking Board approval for the latest Covid-19 mass vaccination plan and seasonal influenza plan.

Members were provided with an update in relation to the Test, Trace, Protect Programme and **NOTED** that as various elements of the programme were being tested, the Health Board were responding appropriately to the lessons that needed to be learnt. Members **NOTED** that the report highlighted the different thresholds for escalation, which had been exceeded, and **NOTED** that a resurgence of Covid-19 was now being seen within the communities of Cwm Taf Morgannwg.

In relation to the mass vaccination plan for Covid, Health Board's had been asked by Welsh Government to ensure they were prepared to commence vaccinating members of the public towards the end of October 2020. K Nnoaham advised that there was no guarantee that a vaccine would be ready, however, the Health Board needed to be prepared in case a vaccine was made available.

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In relation to the Seasonal Influenza plan, significant changes had been made to the plan for this year, with extended groups set out within the report. The report also identified that innovative approaches would be used, which included the use of peer vaccinators. Members **NOTED** that there were now 400 peer vaccinators within the Health Board and assurance was provided to the Board that the Health Board would be able to cope with the challenge.

M Longley extended his thanks to K Nnoaham and his colleagues within Public Health Wales for all of the work that had been undertaken to date. The Chair also extended his thanks to Local Authority colleagues for their support.

The Chair advised that a number of questions had been raised prior to the meeting in relation to this report, and added that there were two questions that remained unanswered and invited K Nnoaham to provide a response.

Question One: The report provides some examples of the likely reasons for the emergence of clusters throughout the Health Board area. These include people returning from overseas holidays and the working arrangements in a local factory. Given the recent, significant outbreak in Royal Glamorgan Hospital (RGH), do we have a full understanding of the reasons for this outbreak and are we confident that any measures being taken in response will be sufficient to prevent any similar outbreaks in RGH (and in other health settings in the Community)?.

Response: K Nnoaham advised that at present it would be difficult to provide members with assurance that there was a perfect understanding in place as to how this outbreak had happened, although it was felt that this was as a result of a super spreading event. K Nnoaham added that there was confidence that by putting interventions in place, this would help to improve the position in time.

Question Two: Item 3.2.1B Main Plan, Page 17, Objective 1 – How close are we to achieving this? (Test turnaround in 24 hours)?

Response: K Nnoaham advised that the latest data indicated that there had been an improvement during the last week in relation to test turnaround times. Members **NOTED** that a number of tests undertaken within the Community were sent to the Lighthouse Lab for processing, and as the number of tests increased, the capacity to analyse the tests decreased. Members **NOTED** that a possible solution to this would be to have more tests being processed through the Public Health Wales laboratory system, which should hopefully improve test turnaround times further. K Nnoaham advised that more analytical platform capacity was being put into place at Royal Glamorgan and Princess of Wales Hospitals.

I Wells made reference to the vaccine trials being discussed by the media, a number of which were now entering stage three and asked whether there was awareness as to what their efficacy was and whether the vaccines would be made available soon. K Nnoaham advised that this was a difficult question to answer as there were currently four different vaccine platforms, with some confidence that vaccines would become available by the end of the year.

M K Thomas extended her thanks to K Nnoaham and the Team for the significant amount of work that had been undertaken over the last six months. M K Thomas sought clarity as to whether there was a sufficient amount of flu vaccine available to meet the extra demand. K Nnoaham confirmed that he was confident that there would be enough vaccine available to meet the demand and added that vaccines would need to be prioritised and phased in order to target priority groups.

M K Thomas highlighted the importance of utilising Primary Care to help manage the extra demand if a Covid vaccine became available. K Nnoaham fully supported this and extended his thanks to Primary Care colleagues for the support they had provided to date. In relation to the flu vaccine, Members **NOTED** that there had been a couple of practices that had experienced issues with the supply chain, which had now been resolved. Moving forwards, additional supply would be held centrally by the Medicines Management Team. A Lawrie extended his gratitude to the Local Medical Committee who had been encouraging all practices to participate in the Covid Vaccination programme.

J Sadgrove advised that she had been impressed by the work that had been undertaken and added that the availability and flow of good data would help the Health Board make use of its resources and questioned the timelines for the introduction of the new national system which had been commissioned. K Nnoaham advised that the guidance date given by Welsh Government to commence planning for a Covid Vaccine was the 19 October 2020, and added that he would expect the national system to be in place by that date.

In response to a question raised by P White in relation to antibody testing and whether the results of the tests taken could change over time, K Nnoaham advised that based on the current information available, if an individual tested positive for antibodies the data indicated that the individual would be stable for at least four months. K Nnoaham advised that there was no evidence currently available to suggest that this would guarantee immunity.

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M Longley extended his thanks to K Nnoaham for presenting the report and for the significant amount of work being undertaken to try to understand the disease.

The Board **RESOLVED** to: **NOTE** the report and **APPROVE** the latest Covid-19 mass vaccination plan and seasonal influenza plans.

HB/20/169

AGENDA ITEM 3.2.2 ANNUAL ASSURANCE REPORT ON COMPLIANCE WITH NURSE STAFFING LEVELS (WALES) ACT

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Appendix A - Assurance report Nurse Staffing Levels - page 9 - last sentence says document in place since November 2020 should this say 2019?

Answer: Yes it should, apologies

Question: Appendix A Page 10/12 - Patient harm incidents have shown no improvement with three of the four recorded as increased and one with no change. The evidence provided has shown there is no link to staffing levels. Have the increases been attributed to anything in particular and what actions are being taken to reduce them?

Answer: There has been no ability to capture accurate reporting of rostered versus deployed nursing staffing levels on the All Wales Health & Care Monitoring System (HCMS) and if the Ward Manager and senior nurses deemed if a failure to deploy the planned roster has had a detrimental effect on patient care and incidents. However this module has now been added to the HCMS system and the first pilot of the module has been undertaken in November 2019. Draft results have been provided to the Health Board, however early indications show that further education if required regarding the use of this module across Wales.

The E-datix incident reporting system is being amended to include a mandatory field for all clinical incidents relating to the Nurse Staffing Act to ensure that when a patient harm incident occurs a mandatory field should request for the incident investigating officer to state if they deemed the incident to be as a result of reduced nursing establishments against the planned roster.

Question: Appendix A Page 12/12 - Great news the 86 overseas nurses that landed before March 2020 have all passed their Objective Structures Clinical Examination (OSCE) exams. How many of them have been signed off by their mentors and are working autonomously.

Answer: 56 are working autonomously as Registered Nurses. 30 who passed their OSCE in early September are now consolidating their two

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week post OSCE supernumerary period and will then be working autonomously.

Comment: Appendix E, Page 2 - 6th bullet point down mentions the "chief operating officer". Should this be amended?

Answer: Yes apologies, needs to be updated to reflect the revised CTMUHB Operating model.

G Dix presented the Annual report which sets out the statutory duties of the Act. Members **NOTED** that a triangulated approach was being used when assessing required staffing levels and the Act included all Medical and Surgical wards. G Dix advised that the case mix for the 30 wards presented to Board in January 2020 looked very different to what was being presented today and added that staffing levels remained unchanged.

Members **NOTED** that through the current incident reporting system, there was no evidence to suggest that staffing levels have had a detrimental effect on patient care.

G Dix advised that as previously reported, the Health Board does not currently have electronic mechanisms in place to capture the consistency of rota levels, however, regular meetings were being held to ensure staff were being redeployed to areas of greater risk. Members **NOTED** that a bi-annual audit of all section 25B wards had been undertaken in July 2020, with early indicators showing that no adjustments were required. A formal update would be reported to Board in November.

N Milligan advised that she appreciated the difficult times being experienced by staff at present and sought clarity in relation to the pilot that had been undertaken in relation to the Healthcare Monitoring System. G Dix advised that the pilot had been undertaken pre-Covid and had not achieved the desired results. Members **NOTED** that the pilot had now been re-instigated.

M Longley extended his thanks to G Dix for presenting the report and reiterated the importance of maintaining quality of care for patients.

The Board **RESOLVED** to:

- **NOTE** the position of the Health Board against its responsibilities within the Nurse Staffing Levels (Wales) Act (NSLWA) with regard to the annual assurance report.
- **NOTE** the conclusions and recommendations have been reported on pages 11-12 of the annual assurance report (Appendix A).

AGENDA ITEM 3.2.3 ORGANISATIONAL RISK REGISTER

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Risk 4159 - What do we mean by 'Closed 22.06.2020 - Advised to be closed awaiting rationale'. Do we have the evidence/justification to sign off the risk's closure?

Answer: Yes - The Health Board received the official Human Tissue Authority (HTA) Corrective & Preventive Actions (CAPA) closure letter advising that the HTA were satisfied all actions had been met. The RGH HTA Inspection report is available in the public domain where reference is also made to all actions being met. The actions that therefore led to this risk have been completed and the risk can be closed.

Question: Risk 4105 - Given the recent surge in the number of infections locally and the cluster of infections that has emerged in RGH, is the reduced risk rating (reduced from 20 to 15 in June) still appropriate?

Answer: This risk was reduced prior to the recent surge in the number of cases. A review of this risk will be undertaken in light of the recent increase in the number of infections and the risk register will be updated to reflect any changes following further assessment. This will be reported to the Management Board for consideration in October and the Board meeting thereafter.

Question: Appendix 1 - Resuscitation compliance is documented as a risk. What is the compliance with fire safety training for staff especially those new to the organisation. Is there a need for this to be included within the risk register as it does not appear to be covered under 4097?

Answer: This question has been passed to the Head of Health & Safety and Fire on the 28 September and compliance figures are awaited in relation to fire safety. Once received a review of the risk will be undertaken as appropriate and any changes reported for consideration by the Management Board in October and the Board meeting thereafter.

C Hamblyn presented the report which was being received for the first time in its new format. Members **NOTED** that a significant amount of work had been undertaken over the last few months to reformat the report and improve the articulation of risks and **NOTED** that there was still further work to do in respect of the risk management improvement plan.

Members **NOTED** that there were a number of risks included which related to Covid-19 which would be reconsidered and reassessed in

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preparation for Management Board in October with a more detailed report presented to the November Board.

M Longley extended his thanks to C Hamblyn for presenting the report.

The Board **RESOLVED** to:

- **APPROVE** the recommendations in relation to New Risks, de-escalated risks, Updated Risks and closed risks.
- **NOTE** – the progress made against the risk journey milestones at Appendix 2.

M Longley advised Members that a short comfort break would now be taken.

HB/20/171

AGENDA ITEM 3.2.4 ASSURANCE PROPOSALS

A question was raised by an Independent Member prior to the meeting, as outlined below together with the response provided:

Question: A comment on 2.2 first bullet point. I have received comments from a few senior members of staff around the lack of visibility of Executive Directors.

Answer: Noted, and this is something Executives are mindful of, in relation to achieving the right balance between visibility and limiting on-site visits during the response to the COVID pandemic and, more recently, local restrictions. In light of this, alternative methods of engagement have been developed, including live staff briefings via Microsoft Teams and weekly video messages on our staff social media channels and intranet site. This will continue to be kept under review, with all suggestions on how engagement can be strengthened welcomed and encouraged.

G Galletly presented the report which reflected on the proposal presented to the Board in January 2020, and proposed the re-establishment of bi-monthly meetings of the Planning, Performance & Finance Committee and the People & Culture Committee, which would need to be kept under review. G Galletly added that she had discussed the proposals with the Independent Member Chairs and Executive Director leads who were all supportive of the proposal.

The Board **RESOLVED** to:

- **NOTE** the progress made to date;
- **APPROVE** the introduction of bi-monthly Committee meetings for Planning, Performance & Finance and People & Culture Committees.

HB/20/172

AGENDA ITEM 3.2.5 COVID 19 GOLD COMMAND SCHEME OF DELEGATION

G Galletly presented the report and advised that it had been confirmed within the Chief Executive Report that the Gold Command structure had been stepped up in September 2020. Members were reminded that a decision making framework had been put into place previously, with the same approach proposed this time.

In response to a question raised by M K Thomas as to whether the decision making log would be made available to Independent Members as done previously, G Galletly advised that she would ensure that this was made available to Members together with the Gold Risk Log and would be updated weekly on Admin Control.

Members **NOTED** that all decisions that the Board would be asked to delegate to Gold Command would be supported by Quality Impact Assessments and Risk Assessments.

The Board **RESOLVED** to:

- **APPROVE** the summary Scheme of Delegation to support decision making in relation to the re-establishment of Gold Command structure to manage the resurgence of COVID19

QUALITY & SAFETY

HB/20/173

AGENDA ITEM 3.3.1 MATERNITY UPDATE

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Page 5 - Final bullet point. Is there any indication on a timescale for completion of the analysis and what are the plans for feeding back to staff?

Answer: The pilot questionnaire was well received by midwives and we received 125 responses. The feedback was overwhelmingly positive (80 - 90% midwives content with processes) with only small numbers of negative comments which were largely accompanied with constructive ideas for improvement. An action plan is in development - to be completed this week. An initial paper was submitted for the Maternity Improvement Board (MIB) in September and the final paper with smart action plan will be presented in October. The questionnaire will now be rolled out to all staff groups

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Question: Appendix 2 Page 6 - Pleasing to see the work on emotional intelligence will be re visited. What measures will be taken to support staff in an attempt to improve the attendance this time around?.

Answer: The emotional intelligence study sessions did not get a good response from staff. A meeting was held last week to review the Quality Leadership and management work stream, and further work will be undertaken to review plans to ensure alignment to Health Board Organisational Development plans, and identify any gaps or areas for further development. A follow up meeting is planned for two weeks.

G Dix presented the report and advised that 57 out of the 79 Royal College of Obstetricians & Gynaecologists (RCOG) recommendations had now been completed and verified. Members **NOTED** that the fourth Independent Maternity Services Oversight Panel (IMSOP) report would be published this week which was positive and identified that the work of the Maternity Improvement Programme was continuously progressing.

In response to a question raised by N Milligan as to when the analysis outcome of the questionnaire submitted to Maternity Staff regarding culture would be available, G Dix advised that 125 responses had been received, most of which were from Midwives, with the first analysis identifying that 85% of feedback received had been positive.

J Sadgrove advised Members that the report had been scrutinised in detail at the Quality & Safety Committee and advised that it was clear that leadership and culture of Maternity Units was one of the most fundamental factors of how the service performs and delivers. J Sadgrove sought clarity as to how it would be ensured that Multi-Disciplinary Team training and leadership was in place as the report identified differential take up of training between professional groups. G Dix provided assurance that the recommencement of the programme was being developed in a much more Multi-Disciplinary way and would be much more focussed on Multi-Disciplinary Team (MDT) training which would be held virtually due to current restrictions.

P Mears advised that as part of his induction he had meet with a number of Midwifery staff at Princes Charles and Princess of Wales Hospitals and he was very aware that the Team were involved in a lot of work being undertaken across Wales, for example, PROMPT training.

M Longley extended his thanks to G Dix for presenting the report and added that he had recently met with the Senior Leadership Team and had been really impressed in the way in which the Team professionally challenged each other to make improvements. The Chair also added that he had also recently met with a new father who had been very impressed with the care that had been provided to his family.

The Board **RESOLVED** to: **NOTE** the report.

HB/20/174

AGENDA ITEM 3.3.2 SAFE, SUSTAINABLE AND ACCESSIBLE EMERGENCY MEDICINE AND MINOR INJURY AND ILLNESS SERVICES FOR THE PEOPLE OF RHONDDA TAFF ELY

A question had been raised by an Independent Member prior to the meeting, as outlined below together with the response:

Question: What are the plans to address the two Whole Time Equivalent (WTE) long term locums in RGH Accident & Emergency?

Answer: We will be planning further consultant recruitment in the next year and we are supporting the current Locum Consultants with plans for possible substantive posts in the future.

M Dickinson presented the report which reminded the Board of the previous decisions made to reframe the programme of work and to maintain Emergency Department Services across all three sites. Members **NOTED** that the report identified the work that had been undertaken by the Project Team since the last meeting and **NOTED** that work has been progressing within each workstream.

Members **NOTED** that the work in relation to directing patients to the most appropriate service now linked with the national work being undertaken regarding Phone Ahead Arrangements, with a separate project established to take this forward.

Members **NOTED** that progress continued to be made against recruitment and the filling of posts, with some posts generating a significant amount of interest.

Members **NOTED** that a formal proposal in relation to Paediatrics Services would be presented to the November Board, and in relation to the establishment of a Partnership Forum, expressions of interest had now been sought for panel membership.

Members **NOTED** that the commitment of the Board remained absolute and this piece of work would continue to be driven forward, despite the events that had occurred in relation to the increase in cases of Covid-19 at Royal Glamorgan Hospital and the decision made to temporarily cease emergency admissions to the site.

P Mears confirmed that this was a temporary measure that had been put into place as a result of the Covid situation. P Mears advised that he appreciated that the report related to the models of care at Royal

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Glamorgan Hospital and questioned how this piece of work linked to other Emergency Department sites within the Health Board, and also questioned whether consideration had been given to what technology opportunities were available, for example, video links into RGH for Consultant's. M Dickinson advised that technology opportunities had not been formally considered and added that there was a commitment in place to share learning across sites.

M K Thomas sought clarity as to whether there had been much interest expressed in relation to the Partnership Panel. M Dickinson confirmed that a number of expressions of interest had been received which may result in there being a Core Panel with a wider group of people that engagement could be undertaken with.

M Longley extended his thanks to M Dickinson for presenting the report and advised that moving forward it would be helpful if the Board could be provided with the Programme of work so that they could ensure timescales had been identified and that milestones were being met.

The Board **RESOLVED** to: **NOTE** the report.

HB/20/175

AGENDA ITEM 3.4.1 INTEGRATED PERFORMANCE DASHBOARD

A number of questions had been raised by Independent Members prior to the meeting, as outlined below together with the responses:

Question: Page 9/14 - What are the plans to address the drop in compliance for the target within the Neurodevelopment (ND) team?

Answer: Plans are being drafted to address ND shortfall and Child and Adolescent Mental Health Services (CAMHS) access. Full demand and capacity being reviewed against job plans and staff timetables.

Question: Page 7 Performance Dashboard: Why does Princess of Wales (POW) have 370 12 hour waits recorded which is far bigger than other hospitals? What are we doing about it? I thought that we had started to get on top of this problem?

Answer: Princess of Wales (POW) Hospital has a higher number of 12 hour waits for a range of reasons. The performance information indicated that POW Emergency Department(ED) attendances are closer to levels experienced last year than the other two ED units and we all understand hospitals cannot work in the same way as they did when there was no circulating pandemic virus; many actions and the care / examination of patients takes more time.

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Additional factors that contribute to the current performance position are delays in speciality reviews and poor flow out of the ED department into the rest of the hospital and discharge delays for patients to leave hospital. We have been seeing increasing delays of complex discharge patients with waits to transfer safely into nursing homes or to receive packages of care (particularly patients returning to local authority areas other than Bridgend)

It is important to note that when we adjusted our operational arrangements to manage the first wave we did not create a "possible Covid 19 ward" where patients who need to be admitted but need to be tested for Covid 19 await for their result so that they can be correctly allocated to a suitable ward. These patients are cared for in an ED observation unit that has been designed with fixed partitions to reduce the risk of cross contamination. Testing delays are a very real issue and the cautious approach (sometimes this has felt like "over" testing) taken in POW has been needed to keep patients and staff safe.

Within the Princess of Wales we are working on several quality and service improvement projects. We are working with Public Health Wales to improve real time information to help us improve our management of flow and a "lean" review of Acute Medical Unit (AMU) activity including an increase in speciality reviews at the front door. All of this work is being undertaken using Quality Improvement (QI) methodology. We are also working with community and Local Authority (LA) colleagues on "right sizing" the community options.

Question: Page 8 Performance Dashboard: Over one hour handovers are largely concentrated in POW. Same as above what are we doing about it?

Answer: The ED department has increased in size as part of the response to the Covid 19 pandemic and this increased capacity has helped. Again, however, without flow from the department delays can occur. The work being undertaken to address this is set out above. The ambulance delays have been running between 10 and 60 in 2019/20, a vast improvement on the 250+ figures in 2018/19, up to February 2020, where there was a step change improvement.

C Williams presented the report and advised that steps were being taken to develop the report further to ensure measurements were being aligned to the Health Board's strategic objectives to ensure that the report evolves into a truly integrated performance report. Members **NOTED** that positive discussions had been held with the Assistant Medical Director for Quality and it was **NOTED** that future reports would include Quality data moving forward.

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M Longley advised that there were two questions which had not received responses prior to the meeting and invited colleagues to respond accordingly.

Question: Delayed Transfers of Care (DTOC) position. 30 patients waiting packages of care. What is the problem and with winter ahead and the Covid position, availability of bed capacity will be critical. What are the plans?

A Lawrie provided Members with a response and advised that Health Board colleagues were working closely with Local Authority colleagues to make use of the available capacity. Members **NOTED** that discussions were currently being held as to which patients could be discharged over the next few days. Members **NOTED** that the winter plan would be presented to Board at the end of October 2020.

Question: Page 8 Cover Report (2.23). What are we doing about the capacity issues related to Urology?

A Lawrie provided Members with a response and advised that he was disappointed that there had been breaches of cancer targets and advised that 'green islands' had been instigated across all three sites. Members **NOTED** that Urology and Upper GI cancers would be prioritised based on clinical need moving forward.

P Griffiths sought clarity as to what extent the impact of the upsurge of Covid-19 would have on the plans being put into place to improve elective treatment planned capacity. C Williams advised that as plans were being developed, an amount of Covid activity was being built into the plans, using guidance from Welsh Government, which allows the Health Board to understand the impact on elective capacity. Members **NOTED** that consideration was being given to the utilisation of the Vale Hospital as an additional resource in addition to consideration being given to utilising mobile units for Diagnostics. Members **NOTED** that there may be a need for the Health Board to move from Operational Planning to Emergency Response if the Covid Pandemic worsens.

A Lawrie advised that there were clear profiles in place as to exact numbers of patients within Stages 2, 3 and 4 requiring treatment and their treatment would need to be re-prioritised at other Hospital sites. Members **NOTED** that staffing may become an issue if there were increasing numbers of patients being treated within Intensive Care.

R Alcolado added that the Health Board's approach to the second peak would be different as there was more awareness as to how to manage the

virus and advised that each patient was being prioritised to ensure they receive their treatment in a timely fashion.

The Board **RESOLVED** to: **NOTE** the report.

HB/20/176

AGENDA ITEM 3.4.2 RESETTING CWM TAF MORGANNWG OPERATING FRAMEWORK 2020/2021 QUARTER 3 & QUARTER 4

C Williams provided Members with a verbal update and advised that she had been unable to provide a written report as guidance had only recently been received from Welsh Government.

Members **NOTED** that the Health Board had received the Welsh Government Winter Protection Plan which had been published by the Minister at the start of September. The Health Board had also been issued with the Operating Framework which responded to the Winter Plan. C Williams advised that the date for submission of the Health Board's draft plan was the 19 October 2020, which the organisation was on target to achieve. Members **NOTED** that the Framework would then be submitted to the October Board for scrutiny. Members **NOTED** the importance of aligning the work with the work being undertaken by the Regional Partnerships Board.

C Williams advised that as we move forward, the planning horizons would likely move from a three month picture to a six month picture, and Members **NOTED** that a decision had been made to move away from the Resetting Programme approach towards an approach which embeds this work into core business within ILG and System Groups, which would result in progress being monitored by the Management Board.

H Daniel reminded Members of the challenging position in relation to nursing workforce numbers and advised that 100 nurses had been brought into the organisation, with plans in place to bring in a further 100 nurses pending international travel restrictions. Members **NOTED** that this would mean that existing staff would need to be utilised more creatively and **NOTED** that the Health Board continued to explore the option of bringing some unregistered nursing workforce into the organisation. H Daniel advised that the position was challenging, with sickness levels likely to increase. Members **NOTED** that this would continue to be discussed and addressed with ILG colleagues.

S Webster provided an update in relation to the financial element of the plan and advised that within the guidance received from Welsh Government, clarity had been provided in relation to the financial allocation that would be received at the end of the financial year. Members **NOTED** that there would be a general allocation of £6.2m plus

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an additional allocation for the Test, Trace, Protect programme etc. Members **NOTED** that this meant that there would be sufficient financial resource available to assist the Health Board in addressing the challenging position.

P White advised that he welcomed the proposed move away from the Resetting Programme approach into a core operational approach and advised that he felt encouraged by this, and questioned how staff were feeling within the organisation at present. C Williams advised that staff were feeling under pressure in relation to the timescales that needed to be met with positive and negative feedback received from staff who had completed the staff survey, pulse surveys etc.

P Mears advised that he had been involved in various discussions over the past few days and advised of the importance for the Resetting agenda to become part of core business, with a proactive plan needing to be in place for all patients. Members **NOTED** that discussions had been held with Clinicians regarding innovative approaches to Day Surgery; Diagnostic procedures etc, and Members **NOTED** that each ILG would not be able to resolve the issues in isolation.

M Longley extended his thanks to colleagues for the update and advised that he would welcome sight of a report at the next meeting which could be considered by the Board.

The Board **RESOLVED** to: **NOTE** the report.

HB/20/177

AGENDA ITEM 3.4.3 FINANCE REPORT

S Webster presented the report and advised that the key message for August 2020 was that the Health Board's deficit was £3.6m against a projection of £4.5m. Members **NOTED** that this mainly related to slippage against preparing for the Test, Trace, Protect Programme and a levelling off of pay costs.

Members **NOTED** that the report had been prepared prior to the guidance being received from Welsh Government in relation to financial allocations and Members **NOTED** that as a result of the expected allocations that the Health Board was likely to receive, it was expected that future months would project a break even position.

Members **NOTED** that the financial Covid risks would now need to be resourced and **NOTED** that the funding being received from Welsh Government would be for the current year only, despite the effects of Covid continuing into next year, which would result in a recurrent financial pressure.

The Board **RESOLVED** to: **NOTE** the report.

PEOPLE & CULTURE

HB/20/178

AGENDA ITEM 3.5.1 MANAGING THE RISK TO OUR BLACK AND ASIAN MINORITY ETHNIC (BAME) STAFF IN RELATION TO COVID 19

A comment was received by an Independent Member prior to the meeting, as outlined below together with the response:

Comment: Page 2 (2.4): Excellent to see risk assessment tool and the establishment of a BAME network?

Answer: Above comment has been noted.

H Daniel presented the report and advised the Board that there were approximately 900 staff within the Health Board who were statistically at higher risk to Covid-19.

Members **NOTED** that Risk Assessments had been introduced for BAME staff with compliance rates for completion now at 90% plus which provided some assurance that the risk assessment process had been undertaken. Members **NOTED** that there were still a number of staff who were shielding, with some staff being brought back into the organisation to undertake alternative roles. H Daniel advised that the Health Board had now been asked to undertake Risk Assessments for all 12,000 of its staff, with around 6,000 staff having now completed a broader risk assessment.

Members **NOTED** that a BAME network had now been established, with a fantastic response received from colleagues across the organisation, with 100 people now engaged within the network. Members **NOTED** of the need to ensure that this linked into Board inclusion and the Equality agenda.

Members of the Board extended their thanks to H Daniel for presenting the report and for the work that had been undertaken to date.

The Board **RESOLVED** to: **NOTE** the report.

AGENDA ITEM 3.5.2 VALUES AND BEHAVIOURS UPDATE

H Daniel presented the report which provided an update on the progress being made in relation to the work being undertaken on Values and Behaviours. Members **NOTED** that communication has been shared in relation to the launch of the Values & Behaviours and **NOTED** that feedback had been received regarding the launch and whether this was the most appropriate time to undertake this launch in light of the pandemic resurgence.

Members **NOTED** that work has continued in relation to embedding the Values & Behaviours across the organisation, in conjunction with with an Agency who were assisting the Health Board with the development of some materials, which would be shared with Board Members once available.

Members **NOTED** that there would be some key challenges for Senior Leaders within the organisation to ensure that Values & Behaviours were being brought to life and were being embedded within their respective Teams.

In relation to a question raised by J Sadgrove, H Daniel confirmed that the full implementation plan would be presented to the next People & Culture Committee and confirmed that the implementation plan would include the actual impact this was expected to have.

N Milligan advised that a Project Group meeting was being held today where a discussion would be held in relation to compiling some questions to gauge whether staff were seeing a difference being made as a result of the Values & Behaviours being put into place.

P Mears reiterated that all staff were feeling under pressure at the moment and he had suggested that H Daniel tests out the best way to cascade these messages and how staff would prefer to receive the information. P Mears added that this was a really positive programme of work which linked well with the Leadership Development Programmes currently in place.

The Board **RESOLVED** to:

- **NOTE** the work carried out to date in order to co-create the values and behaviours;
- **NOTE** the process outlined to launch the values and behaviours in October and to begin embedding across the organisation;
- **NOTE** the challenges for leadership within the organisation.

HB/20/180

AGENDA ITEM 4.0.0 ITEMS FOR INFORMATION

The Board **RECEIVED** the following items for information:

- Shared Services Partnerships Committee Assurance Report 23 July 2020;
- Emergency Ambulance Services Committee Assurance Report 8 September 2020;
- Emergency Ambulance Services Committee Minutes of the meeting held on 14 July 2020;
- Welsh Health Specialised Services Committee Highlight Report 8 September 2020.

HB/20/181

AGENDA ITEM 5.1.0 ANY OTHER URGENT BUSINESS

The Chair advised that he was aware that there was one item to discuss and invited G Galletly to provide an update.

G Galletly advised that notification had been received two days prior to the Board meeting so was unable to include on the agenda of the meeting, that Healthcare Inspectorate Wales and Audit Wales had written to the UHB informing us of their intention to undertake a follow up review on Quality Governance during October and November 2020 which would include meetings with Board Members and Integrated Locality Group colleagues also. Members **NOTED** that a repeat of the staff survey would be undertaken with a focus once again on Surgical Services.

M Longley extended his thanks to all Members for attending the meeting and advised that the Health Board would be holding its Annual General Meeting at 2.00pm.

HB/20/182

AGENDA ITEM 6.0.0 DATE OF NEXT PUBLIC BOARD MEETING

The next scheduled meeting would take place on Thursday 29 October 2020.

SIGNED:.....
M Longley, Chair

DATE:.....