

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)  
Quality & Safety Committee held on the 19<sup>th</sup> January 2021 as a Virtual  
Meeting via Microsoft Teams**

**Members Present:**

Jayne Sadgrove	Independent Member (Chair)
Maria Thomas	Vice Chair
Dilys Jouvenat	Independent Member
James Hehir	Independent Member
Nicola Milligan	Independent Member

**In Attendance:**

Greg Dix	Executive Nurse Director
Gareth Robinson	Chief Operating Officer (Interim)
Kelechi Nnoaham	Executive Director of Public Health (In Part)
Hywel Daniel	Executive Director of Workforce & OD (Interim)
Nick Lyons	Executive Medical Director (In Part)
Fiona Jenkins	Executive Director of Therapies & Health Sciences (Interim)
Georgina Galletly	Director of Corporate Governance (In Part)
Cally Hamblyn	Assistant Director of Governance & Risk (In Part)
Julie Denley	Director of Primary, Community & Mental Health Services
Gaynor Jones	Royal College of Nursing Convenor (In Part)
Louise Mann	Assistant Director of Quality & Safety
Rowena Myles	CTMUHB Community Health Council
Chris Beadle	Head of Health, Safety & Fire
Emma Samways	Internal Audit
Sara Utley	Audit Wales
Dom Hurford	Deputy Medical Director (Interim)
Sarah Spencer	Integrated Locality Group Director – Merthyr & Cynon
Lesley Lewis	Integrated Locality Group Nurse Director – Merthyr & Cynon
Stuart Hackwell	Integrated Locality Group Director – Rhondda Taf Ely
Carole Tookey	Integrated Locality Group Nurse Director – Rhondda Taf Ely
Anthony Gibson	Integrated Locality Group Director – Bridgend
Jane O’Kane	Neonatal Service Improvement Director
Brahms Robinson	Deputy Head of Mental Health Nursing (In Part for Agenda Item 1.4)
Caroline Humphreys	Senior Nurse, Mental Health (In Part for Agenda Item )
Sarah Fox	Deputy Head of Midwifery (In Part – For Agenda Item 6.1.2)
Kathryn Greaves	Deputy Head of Midwifery (In Part for Agenda Item 6.1.1)
Patsy Roseblade	Incoming Independent Member Finance (Observing)
David Jenkins	Independent Advisor to the Board (Observing)
Cheryl Hucker	Head of Quality & Safety – Bridgend Integrated Locality Group (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.

The Chair reiterated the importance of quality and safety scrutiny at this challenging time with the Health Board experiencing unprecedented pressures in response to the Covid-19 pandemic.

**1.2 Apologies for Absence**

There were no apologies for absence received.

**1.3 Declarations of Interest**

F Jenkins declared that she was also an Executive Director of Therapies & Health Sciences at Cardiff & Vale University Health Board (UHB).

**2 CONSENT AGENDA**

The Chair advised that questions in relation to the consent agenda had been submitted prior to the meeting and had all been responded to. Members noted that the Questions & Answers had been shared with Members by email and would also be included as an appendix to the minutes.

M.K Thomas requested further discussion on agenda item 2.2.10: Welsh Ambulance Services NHS Trust Patient Experience Highlight Report. In relation to the patient safety and quality aspect of ambulance handover delays, M K Thomas commented that whilst some information had been provided within the Integrated Locality Group (ILG) reports on handover delays, she felt that a more detailed report was required together with an improvement plan in light of the the current pressures and demand on the system. M K Thomas advised that she also felt that this risk should be escalated to the Organisational Risk Register.

Following discussion, Members agreed that it would be helpful to have a detailed update at the next meeting. C Hamblyn provided assurance that Ambulance Handover delays had been escalated to the Organisational Risk Register, which would be presented to the January Board meeting and then to the March Quality & Safety Committee.

Action: Detailed report on the patient safety and quality aspect of ambulance handovers to be brought back to the next meeting.

#### **2.1.1 Unconfirmed Minutes of the Meeting held on the 18<sup>th</sup> November 2020**

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

#### **2.1.2 Unconfirmed Minutes of the In Committee Meeting held on the 22<sup>nd</sup> December 2020**

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

#### **2.1.3 Revised Quality & Patient Safety Quality Governance Framework**

Resolution: The Framework was **NOTED**.

#### **2.1.4 Quality & Safety Committee Annual Cycle of Business**

Resolution: The Annual Cycle of Business was **APPROVED**.

#### **2.2.1 Committee Action Log**

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

#### **2.2.2 Policy Management Improvement Plan – Clinical and Non Clinical Policies**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

Resolution: The Policy Management Improvement Plan was **NOTED**.

#### **2.2.3 Quality & Safety Committee Forward Work Programme**

Resolution: The Forward Work Programme was **NOTED**.

#### **2.2.4 Medicines Management Committee Highlight Report**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

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

#### **2.2.5 Update from the Shared Listening & Learning Forum**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

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

## **2.2.6 Staff Incident Reporting Feedback**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

Resolution: The Policy Management Improvement Plan was **NOTED**.

## **2.2.7 Quality Impact Assessment of Services Being Stood Down**

Resolution: The report was **NOTED**.

## **2.2.8 Community Health Council Briefing – Living with Coronavirus: Health & Care Services During Winter**

Resolution: The Briefing was **NOTED**.

## **2.2.9 Community Health Council Briefing – Maternity Services in Wales: What CHCs have heard during the Coronavirus Pandemic**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

Resolution: The Briefing was **NOTED**.

## **2.2.10 Welsh Ambulance Services NHS Trust Patient Experience Highlight Report November 2020**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

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

## **2.2.11 Audit Wales Operating Theatre Department Review – Referral from Audit & Risk Committee**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

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

## **2.2.12 Internal Audit Follow Up Review – Head and Neck Position Statement – Referral from the Audit & Risk Committee**

Resolution: The Review 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 Shared Listening and Learning – Patient Experience Story**

A patient story was received which set out the experience of a patient suffering from dementia under the care of the Seren Ward in the Health Board.

Members welcomed the story which highlighted improvements that had been made on the Ward, the role of therapists in caring for patients and the empathetic and creative approach being taken by the team.

M K Thomas commented that she had visited the Seren Ward on a number of occasions and advised that the ward was very challenging and commended the resilience of staff caring for patients with complex needs. M K Thomas drew attention to the need for strengthening the role of therapists on the ward, particularly Occupational Therapy services. In response, F Jenkins agreed to explore whether further therapy support could be provided. J Denley added that the recent additional support of an Occupational Therapy Technician had benefited the ward greatly.

R Myles queried whether the younger age group of patients suffering dementia added to the complexities of their management. In response, B Robinson advised that age was not a clear definer and that dementia was not exclusively limited to the older age group.

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

Action: F Jenkins to explore Therapy support for the Seren Ward outside of the meeting.

##### **4.2 Assurance on Risks assigned to the Quality & Safety Committee**

C Hamblyn presented Members with the report which had been considered previously by the Health Board and Audit & Risk Committee.

N Milligan expressed concern in relation to risks which were over six years old and added that she would wish to see these risks updated for Board. In response, C Hamblyn advised that she is working with colleagues in the Health Board to focus on reviewing risks where ratings have remained stagnant, however, noted that the pace of review has been impacted by the clinical and operational challenges as a result of Covid-19.

M K Thomas sought assurance as to whether the new risks that had been added had been rated appropriately. In response, C Hamblyn provided assurance that risks had been rated appropriately in accordance with the Health Board's Risk Management Strategy.

J Sadgrove noted that the risks identified in the risk register were also risks that had been included in a number of reports on the agenda and further discussion could be held in detail as each report was presented.

Resolution: The recommendations in relation to New Risks and updated risks were **NOTED**.

## **5. WORK WITH COMMUNITIES AND PARTNERS TO REDUCE INEQUALITY, PROMOTE WELLBEING AND PREVENT ILL HEALTH**

### **5.1 Covid-19 Update**

K Nnoaham updated the Committee on the pandemic response highlighting the following key points:

- Daily Infection Rates, Positivity Rates and Cumulative Rates.
- The effectiveness of Lockdown arrangements
- Hospital admission rates and Critical Care admissions
- The uptake of testing in the Health Boards population.
- Progress of the Vaccination Programme.

In response to a question raised by M K Thomas as to whether there was confidence that the target for the four priority vaccination groups would be met by February, K Nnoaham advised that the team were quietly confident that this target would be achieved. M K Thomas extended her thanks to the vaccination team and to the volunteers that had come forward to assist in the vaccination programme and added that a great effort was being made by all staff.

R Myles sought clarity as to how the Health Board planned to address the messaging given to its residents that they will still have to adhere to social distancing and the wearing of face masks, despite the vaccinations being provided. K Nnoaham advised that this would be a challenge for the Health Board and added that further learning was required as to whether the vaccine could prevent transmission and added that 60% of the population would need to be vaccinated in order to create immunity. Members noted that it was likely that social distancing would still need to be in place for most of this year and that people who have been vaccinated could still become infected with the virus.

G Dix extended his thanks to all staff who were assisting with the vaccination programme and added that they were doing this in addition to the normal duties. G Dix added that the Health Board would need to be mindful of this and of the resilience of staff moving forwards.

J Sadgrove extended her thanks to K Nnoaham for presenting the update and to the staff for the fantastic work that was being undertaken.

Resolution: The Covid-19 update was **NOTED**.

## 5.2 Learning Disability Services Covid-19 Reflections

J Denley presented the report and advised that Learning Disability services were currently being provided by Swansea Bay UHB, who also provide services for Cardiff & Vale UHB. Members noted that the report had been prepared by Swansea Bay UHB colleagues.

F Jenkins extended her thanks to J Denley for presenting the report and added that she held the Executive portfolio for Learning Disability Services at Cardiff & Vale UHB. F Jenkins added that as this was a report written by Swansea Bay UHB, consideration may need to be given as to whether CTMUHB were ensuring that the best care was being provided for patients and added that she would welcome further updates to the Committee on this matter. J Denley advised that she would be happy to provide further updates to the Committee, together with updates to the Population Health & Partnerships Committee.

In response to a question raised by G Dix as to whether Swansea Bay UHB supported CTMUHB acute inpatient Learning Disability and Autism patients, J Denley advised that the Health Board now had Learning Disability Liaison Nurses at each of the acute hospital sites and added that National Mental Health funds had recently been used by the Health Board to appoint a lead to oversee this.

J Sadgrove added that the report identified the innovative work being undertaken with good ideas being brought forward. J Sadgrove requested that the Committee's thanks were passed onto the Team.

In concluding the matter, J Sadgrove asked for the Committee's condolences to be passed to the family of the member of staff of who had sadly passed away.

Resolution: The report was **NOTED**.

Action: J Denley to provide six monthly updates to the Committee and the Population Health & Partnerships Committee.

## 6. PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE

### 6.1.1 Maternity Improvement Programme Update – Improving Quality & Preventing Reoccurrence

K Greaves presented the report which identified that all outstanding Serious Untoward Incidents reported to Welsh Government since 1 October 2018, had been reviewed by an independent review team as part of the Independent Maternity Services Oversight Panel (IMSOP) process.

In response to a question raised by N Milligan on themes and trends identified and the action being taken to address the 10 which related to inappropriate care, K Greaves advised systems learning was being used to prevent reoccurrence, and where there was learning required the maternity improvement plan was being utilised to identify what systems could be used to prevent this from



reoccurring. Members noted that a mature training programme was in place for staff and policies, procedures and guidelines were also being updated. K Greaves added that staff were not afraid to report incidents and the debriefs being held with staff were proving to be beneficial.

M K Thomas advised that whilst she noted the improvements that had been made during this difficult time, at some point in time further assurance would need to be provided as to the likely completion date for the review of the backlog of Serious Incidents and asked the Team to advise if further support was required to enable the Team to address the backlog. G Dix advised that the next report being presented to the Maternity Improvement Board would articulate an end date for this process.

G Dix extended his thanks to K Greaves for presenting the report and advised that the Team had worked incredibly hard to try to address the backlog, which had been impacted by staff sickness. G Dix further noted that IMSOP have expressed concern in relation to the backlog and have been advised that at present the Health Board's priority would be the safe delivery of babies at birthing centres and at home.

In response to a question raised by G Jones, K Greaves advised that Maternity Services staff had been deployed from the Maternity Improvement Team into the Maternity Services, and had not been deployed to other areas.

Resolution: The update on the Maternity Improvement Programme was **NOTED**.

#### **6.1.2 Maternity Improvement Programme Update – Resilience in the Workforce in Maternity Services**

S Fox presented the report which provided an overview of the current staffing position to the end of 2020, and particularly focussed on Midwifery within Maternity Services and directly related to workforce resilience within the Bridgend Locality, Princess of Wales Hospital in particular.

In response to a question raised by D Jouvenat as to whether any appointments were made following the interviews held at the start of January, S Fox advised that 10 Midwives were appointed and were now progressing through the recruitment process. Members noted that four of the Midwives would cover vacancies on the Princess of Wales Unit, which would make the unit Birthrate + compliant, however, challenges would remain in relation to managing the high levels of acuity.

M K Thomas advised that the position at Princess of Wales remained concerning and added that she noted that this had been added as risk within the Bridged Integrated Locality Group on their risk register.

In response to a question raised by R Myles regarding the use of Community Midwives to supplement hospital services and whether this would be at the detriment of patient care, S Fox advised that the escalation plan recommended



that these staff were deployed into acute settings and added that if this was for a longer period of time this would impact on the care being provided in the community.

G Dix advised that in relation to Scrub Midwives, a suggestion had been made previously for the Theatre Team to undertake this role and added that this option would need to be explored again and advised he would discuss further with G Robinson. G Dix extended his thanks to S Fox and K Greaves for presenting the reports and added that it was important for the Committee to note that the Team undertake four hour acuity audits.

Members noted that the Business Case that had been developed for additional resource would need to be addressed via Management Board.

J Sadgrove extended her thanks to S Fox for presenting the report which was well presented and clearly articulated the current position the Team were facing.

Resolution: The update on the Maternity Improvement Programme was **NOTED**.

## **6.2 Integrated Locality Group (ILG) Quality & Safety Reports**

### **6.2.1 Bridgend ILG Quality & Safety Report**

A Gibson presented the item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Bridgend ILG Quality & Safety Report was **NOTED**.

### **6.2.2 Rhondda Taf Ely Quality & Safety Report**

C Tookey presented the item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Rhondda Taf Ely ILG Quality & Safety Report was **NOTED**.

### **6.2.3 Merthyr & Cynon Quality & Safety Report**

L Lewis presented the item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Merthyr & Cynon ILG Quality & Safety Report was **NOTED**.

M K Thomas advised that she recognised that there were similar themes and issues across all three ILG's and made particular reference to the assurance provided within the Bridgend ILG report on the work being undertaken by Clinical Service Groups. M K Thomas requested that this needed to be replicated within the other ILG reports for future meetings. Following discussion, it was noted that consideration would need to be given to services which were hosted and

the need for the hosting ILG to report on specific issues for the services they host, with a transparent sharing of information needing to be in place.

In response to a question raised by J Sadgrove in relation to Covid-19 swab turnaround times, A Gibson advised that hot lab capacity was now in place across all three acute sites and added that Public Health Wales had also managed to increase their hours of opening.

In response to a question raised by J Sadgrove in relation to staff sickness absence, C Tookey and L Lewis confirmed that an increase was being seen in stress and anxiety related sickness absence, some of which was Covid-19 related and some of which was Long Covid-19 related. H Daniel confirmed that sickness absence rates were in the region of 10% in the ILG's with approximately 50% of sickness absence related to Covid-19 and 50% related to other sickness issues, for example stress related sickness absence.

M K Thomas sought clarity as to what steps were being taken to address the delayed transfers of care issues. In response, Members noted that delayed transfers of care were to be expected during the pandemic and that steps were being taken to transfer patients back into their home environment. Members acknowledged that there were pressures across the system which were affecting all Local Authority areas.

Members also noted that a review had been undertaken of complexity of care packages, which identified that more hours of care were needed within the Community, with less people available to provide this care, alongside care homes having little capacity to accept patients.

Action: Hosted Services within the ILG's to be reflected within the reports.

#### **6.2.4 Primary Care Quality & Safety Report**

J Denley presented the item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Primary Care Quality & Safety Report was **NOTED**.

#### **6.3 Patient Safety Quality Dashboard**

L Mann presented the report drawing the Committees attention to the pertinent points identified within the report.

M K Thomas welcomed the support being provided to the ILG's by the Corporate Team and welcomed the revised version of the Dashboard. M K Thomas added that the backlog of Serious Incidents would need to be addressed and the inconsistencies in reporting would also need to be resolved moving forwards.

D Hurford advised that steps were being taken to refine the Quality Dashboard with consideration being given to creating a live central dashboard which the

Committee could review on the day of the meeting so that they were able to see the most up to date information.

J Sadgrove welcomed this development which she found encouraging and looked forward to seeing the outcomes at future meetings.

Resolution: The Patient Safety Quality Dashboard was **NOTED**.

#### **6.4 Neonatal Services – An Update of Perinatal Mortality Review**

J O Kane presented the report which specifically focussed on Neonates and provided an update on the number of PMRT reviews carried out in 2018-2020 and those that remained in progress, and also provided an update on key themes, issues, concerns and actions undertaken to date to address the issues.

M K Thomas sought assurance that the improvement of Neonatal services would be incorporated into the Maternity Services Improvement Programme. J O Kane confirmed that this would be incorporated into the programme and added that the improvement journey mirrored the process that had been followed within Maternity Services.

Members noted that the Medical Leadership model had been enhanced in this area and a Lead Nurse had also been appointed which would help in addressing the lessons learnt.

J Sadgrove requested that a Neonatal response to the MBRRACE report presented to the September 2020 meeting be received at a future meeting.

Resolution: The update of Perinatal Mortality Review was **NOTED**.

Action: Neonatal response to the MBRACE report added to the forward work programme to be received at a future meeting.

#### **6.5.1 Delivery Unit Action Plan – Cancer Services**

N Lyons presented the report and advised that a report was being presented to Management Board in relation to strengthening the central Cancer Team.

Members noted that the Health Board was seeing an escalation of delays in relation to Cancer pathways as a result of the Covid pandemic. Members noted that it would be difficult to separate out the performance markers from the quality markers in this area. M K Thomas advised that the Committee would need to be presented with a further report on this matter at a future meeting so that further assurance could be provided.

F Jenkins advised that she welcomed the announcement made that the Health Board had received funding from Macmillan for Cancer posts.

Resolution: The Delivery Unit Action Plan was **NOTED**.

Action: Delays in Cancer Pathways added to the forward work programme to be received at a future meeting.

#### **6.5.2 Delivery Unity Update Report – Cardiac Waiting Times Follow Up**

G Robinson presented the report reminding Members that Welsh Government had asked all Health Boards to undertake a self-assessment of their services. As a result the Delivery Unit had been asked to undertake a follow up review, in which partial assurance had been provided. An action plan had been developed as a result, with three actions remaining outstanding, two of which had been placed on hold as a result of the Covid-19 pandemic.

Resolution: The Delivery Unit Update Report was **NOTED**.

#### **6.6 Resetting Operating Framework – Quality Implications of the Quarter 3/Quarter 4 Plan**

D Hurford presented the report and advised that due to the nature of the report this was a difficult position to present to the Committee. Members noted that whilst plans were in place to reset services and address the backlog, the second wave of the Covid-19 pandemic had now created a greater backlog of elective cases. Members noted that the Health Board continued to provide Cancer Care and urgent elective care.

D Hurford advised that whilst staff were finding the situation extremely challenging and upsetting, they continued to provide excellent care to patients. D Jouvenat paid testament to staff for everything that they were doing.

Resolution: The Quality Implications of the Quarter 3/Quarter 4 Plan was **NOTED**.

#### **6.7 Royal College of Anaesthetists and Royal College of Surgeons invited Service Review on the Intensive Care Service for General Surgery Patients at Princess of Wales**

N Lyons presented the report and advised that significant progress had been made to address the issues. Members supported the proposal that this activity will now be managed through normal business by the ILG rather than being monitored at Health Board level.

Resolution: The progress on the update review report was **NOTED**.

#### **6.8 Update on Follow Up Outpatients Not Booked – Ophthalmology**

S Hackwell presented the item drawing the Committees attention to the pertinent points identified within the report.

F Jenkins declared that she was Chair of the National Eye Care Group in Wales and was also the Senior Responsible Officer for the Digital Eye Care Group in Wales. She advised that this is an area of challenge in every Health Board and

was not unique to CTMUHB and added that she had sought support from the National Digital Team to assist the Health Board with the Glaucoma roll out. F Jenkins further advised that she recognised the absence of a Clinical Lead within the service which would need to be addressed and added that moving forwards Serious Incidents would need to be reported into the Eye Care Group.

A discussion was held in relation to the Royal College of Ophthalmology Review where it was noted that a positive meeting had been held with the Royal College to discuss the Terms of Reference for the review and Members noted that steps were being taken to ensure Clinical Leadership was in place.

Resolution: The report and the Royal College of Ophthalmology Service Review Terms of Reference was **NOTED**.

## **6.9 Update on Follow Up Outpatients Not Booked**

G Robinson advised that he was not in a position to provide a verbal update at this point and sought support from the Committee to present a formal update to the next meeting.

Resolution: The Committee **AGREED** to defer the item to the next meeting.

Action: This item to be added to the March 2021 Agenda.

## **6.10 Infection, Prevention & Control Committee Highlight Reports**

G Dix presented the reports and advised that there were two areas of risk which he wished to escalate to the Committee.

The first area of risk related to Microbiologist cover at Princess of Wales Hospital, with a different model being in place to the model in place within the former Cwm Taf UHB. Members noted that concerns had been raised by Infection, Prevention & Control in relation to continuity. A Gibson advised that he had discussed this concern with the Team and Members noted that a further discussion would need to be held at Management Board regarding a proposed way forward.

The second area of risk related to Decontamination, with no specific role in place for Decontamination. F Jenkins advised that she has recommended that a discussion was held with Shared Services as to whether they could undertake a whole scale review of the Decontamination programme.

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

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

### **7.1 Update on Covid-19 Nursing Workforce Plan to Support Increased Capacity**

G Dix presented the report drawing attention to the pertinent points and advised that with the exception of Intensive Care Units, there was no specific guidance in place in relation to the staffing of field/temporary hospitals or CPAP areas.

R Myles recognised the extreme stress that staff were under and advised that she felt concerned that staff would be subject to more complaints which would make them concerned regarding their nursing registration and the care they were able to provide to patients. G Dix advised that correspondence had been sent to all staff outlining the NMC approach as to what would happen if something went wrong.

Following discussion, Members advised that they would support the recommendations made within the report in the absence of any alternative solutions and stressed that this arrangement would need to be in place for the shortest time possible. Members noted that a support group had been set up for staff.

N Milligan recognised that whilst this proposal caused anxiety to staff this also caused anxiety to the staff having to make these decisions. N Milligan added that she believed the Royal College of Nursing would be requesting that the NMC were being more robust in relation to the support that would be in place for staff.

Resolution: The report was **NOTED**.  
The outlined surge ratios (noting the caveats detailed within the report) were **APPROVED**.

## **8. ANY OTHER BUSINESS**

No items were identified.

## **9. DATE AND TIME OF THE NEXT MEETING**

The next meeting would take place at 9.00am 16<sup>th</sup> March 2021.