

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)  
Quality & Safety Committee held on the 9 August 2021 as a Virtual  
Meeting via Microsoft Teams**

**Members Present:**

Jayne Sadgrove	Independent Member (Chair)
Dilys Jouvenat	Independent Member
James Hehir	Independent Member
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member

**In Attendance:**

Greg Dix	Executive Director of Nursing
Gareth Robinson	Chief Operating Officer (Interim) (In part)
Hywel Daniel	Executive Director for People
Georgina Galletly	Director of Corporate Governance
Dom Hurford	Executive Medical Director (Interim) (In part)
Julie Denley	Director of Primary, Community & Mental Health Services
Rhys Jones	Healthcare Inspectorate Wales
Emma Samways	Internal Audit
Shane Mills	Clinical Director for Collaborative Commissioning, National Collaborative Commissioning Unit (In part)
Amie Symes	Head of Quality & Patient Safety
Zoe Ashman	Head of Quality & Safety, Merthyr Cynon ILG (In part)
Ana Llewellyn	Nurse Director, Bridgend ILG
Sallie Davies	Deputy Medical Director
Esther Flavell	Associate Medical Director of Clinical & Effectiveness & Strategy
Sarah Spencer	ILG Director, Merthyr & Cynon ILG
Lesley Lewis	Nurse Director, Merthyr Cynon ILG
Steve Sewell	Maternity & Neonates Programme Director (In part)
Kathryn Greaves	Head of Midwifery, Gynaecology & Integrated Sexual Health
Angela Jones	Deputy Director of Public Health
Carole Tookey	Integrated Locality Group Nurse Director – Rhondda Taf Ely
Frances Blackburn	The Newcastle Upon Tyne Hospitals NHS Foundation Trust (In part)
Mick Giannasi	Independent Maternity Services Oversight Panel
Emma Walters	Corporate Governance Manager (Committee Secretariat)

## Agenda Item

### 1 **PRELIMINARY MATTERS**

#### 1.1 **Welcome & Introductions**

In opening the meeting, the Chair provided a bilingual **welcome** to all those present, 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 advised that an In Committee meeting would be held after the public part of the meeting to discuss sensitive items in which individuals could be potentially identified.

#### 1.2 **Apologies for Absence**

Apologies for absence were received from:

- Fiona Jenkins, Interim Executive Director of Therapies & Health Sciences;
- Kelechi Nnoaham, Executive Director of Public Health;
- Louise Mann, Assistant Director of Quality & Safety;
- Chris Beadle, Head of Health, Safety & Fire;
- Gaynor Jones, Staff Side Representative;
- Rowena Myles, Cwm Taf Morgannwg Community Health Council;
- Anthony Gibson, Director, Bridgend Integrated Locality Group;
- Stuart Hackwell, Director, Rhondda Taff Ely Integrated Locality Group.

#### 1.3 **Declarations of Interest**

No declarations of Interest were received prior to the meeting.

### 2 **CONSENT AGENDA**

The Chair advised that questions had been sought in advance of the meeting on consent agenda items only. Members **noted** that a summary of questions and answers that had been provided had been circulated and would also be included as an appendix to the minutes. The Chair explained the Committee referral process to Members of the Committee.

In response to query raised by P Roseblade as to why there was no report from the Welsh Ambulance Services NHS Trust on the agenda, G Dix advised that a report had not been received for this Committee.

The Chair made particular reference to the Health & Care Standards Annual Report at agenda item 2.2.6 and advised that this report was important and provided the Committee with triangulation of a number of aspects in terms of Board performance.

In reference to the Welsh Health Specialised Services Committee (WHSSC) Quality & Patient Safety Reports at agenda item 2.2.12 and 2.2.13, J Sadgrove suggested that future reports from the Chief Operating Officer would need to provide updates against the two services that had been placed in escalation by WHSSC, which included Ty Llidiard and the FACTS Service.

Action: Future Chief Operating Officer reports to provide updates in relation to the services that had been placed in escalation by WHSSC.

## **2.1 For Approval**

### **2.1.1 Unconfirmed Minutes of the Meeting held on the 18 May 2021**

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

### **2.1.2 Unconfirmed Minutes of the In Committee Meeting held on the 18 May 2021**

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

### **2.1.3 Tracheostomy Care**

Resolution: The report was **APPROVED**.

### **2.1.4 Clinical Policy Review Update**

Resolution: The Clinical Policy Review Update was **APPROVED**.

### **2.1.5 NHS Wales National Incident Reporting Policy**

Resolution: The NHS Wales National Incident Reporting Policy was **APPROVED**.

### **2.1.6 Health, Safety & Fire Sub Committee Highlight Report**

Resolution: The report was **APPROVED**.

## **2.2 For Noting**

### **2.2.1 Committee Action Log**

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

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

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

### **2.2.3 Infection, Prevention & Control Committee Highlight Report**

Resolution: The report was **NOTED**.

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

Resolution: The Report was **NOTED**.

#### **2.2.5 Putting Things Right (Concerns) Annual Report**

Resolution: The Report was **NOTED**.

#### **2.2.6 Health & Care Standards Annual Report**

Resolution: The reports were **NOTED**.

#### **2.2.7 Individual Patient Funding Request (IPFR) Annual Report**

Resolution: The report was **NOTED**.

#### **2.2.8 Critical Care Update**

Resolution: The report was **NOTED**.

#### **2.2.9 Covid-19 Update**

Resolution: The report was **NOTED**.

#### **2.2.10 Delivery Unit Review – Serious Incidents and Concerns – Update on Self Assessment**

Resolution: The report was **NOTED**.

#### **2.2.11 Once for Wales RLDATIX Implementation**

Resolution: The report was **NOTED**.

#### **2.2.12 Infection, Prevention & Control Annual Report 2020-2021**

Resolution: The report was **NOTED**.

#### **2.2.13 WHSSC Quality & Patient Safety Committee Chairs Report 8 June 2021**

Resolution: The report was **NOTED**.

#### **2.2.14 WHSSC Quality & Patient Safety Committee Annual Report 2020-2021**

Resolution: The report was **NOTED**.

### **3. MAIN AGENDA**

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

There were no further matters arising identified.

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

##### **4.1 Shared Listening and Learning – Patient Experience Story**

Z Ashman presented the story, a letter from a patient's relative which related to the care of a patient during the Covid-19 Pandemic with reduced visiting and how the team went the extra mile to support the family seeing the patient.

The Chair extended her thanks to Z Ashman for presenting the story and advised that this had been an incredibly difficult time for families who had been separated from their loved ones during the pandemic and added that she was pleased to hear of the efforts the staff had made in helping families stay in touch. D Hurford added that the story confirmed the challenges being faced by staff and highlighted the reasons why staff do the job that they do.

P Roseblade commented that she had found it helpful in the way in which positive stories had been balanced with stories that reflected less positive experiences.

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

##### **4.2 Quality Assurance and Improvement Service Annual Position Statement/ Annual Report**

S Mills presented the report which provided the Committee with an overview of the three National Collaborative Frameworks which were overseen by the National Collaborative Commissioning Unit.

The Chair welcomed the comprehensive report which she had found interesting to read. The Chair added that the report identified the quality issues being experienced within CAMHS and added that she felt concerned at the number of red areas that had been identified and sought clarity as to whether focus was being placed on these in order to improve quality. S Mills confirmed that focus was being placed on these areas and added that contracts had been terminated with providers where there had been concern regarding the quality of care provided. Members noted that there had been an increase in the number of children with complex care needs in Wales. D Jouvenat confirmed that CAMHS issues and issues with outside providers was being regularly discussed at the WHSSC Quality & Patient Safety Committee.

In response to a question raised by P Roseblade as to whether the threshold for raising concerns had been set too low, with a significant number of concerns being disregarded, S Mills advised that every safeguarding concern that had been raised by a provider was noted by the NCCU, with concerns then being

considered by the local Safeguarding Teams who can opt to accept or decline the concern raised.

In response to a question raised by J Hehir as to the steps being taken to address staff competence and attitudes, S Mills advised that work was being undertaken with Diverse Cymru who undertake work to reduce the stigma in mental health and would be working alongside NCCU to address staff culture and attitudes.

In response to a question raised by J Hehir as to what steps were being taken to prevent providers who were being removed from the system from re-engaging with the Health sector, S Mills advised that reviews were regularly being undertaken of providers requesting to be added back onto the framework and added that all concerns were being raised with the Care Quality Commission and Health Education Improvement Wales. Members noted that there had been some success where providers had improved their services and had returned onto the framework.

J Denley welcomed the report and advised that the process had matured greatly over the last few years. Members noted that the report highlighted that there was variance in place across Wales in terms of usage of the framework. S Mills advised that there was variance in relation to how some care home placements were funded, with some being funded by Health Board's and others being funded jointly between Health Board's and Local Authorities. S Mills suggested that in relation to Cwm Taf Morgannwg in particular, focus needed to be placed on care homes and the thresholds in place for placements.

A Llewellyn welcomed the comprehensive review that had been undertaken and added that the lack of CAMHS provision across the UK had impacted on the Health Board in relation to providing care to patients who should be placed in other types of establishments.

The Chair extended her thanks to S Mills for presenting the report.

Resolution: The report was **NOTED**;

#### **4.3 Assurances on Risks Assigned to the Quality & Safety Committee**

G Galletly presented the report which presented Members with the high level organisational risks included on the Organisational Risk Register which had been assigned for assurance to the Committee and the management actions that had been undertaken to manage or mitigate the high level risks. Members noted that this report had been received by Board at its July meeting.

In response to questions raised by P Roseblade in relation to Risks 3826 and 4292, G Robinson advised that he would revisit the content of both risks and would provide a response to the questions raised outside the meeting.

In response to a question raised by P Roseblade regarding risk 4743, A Llewellyn confirmed that this was a Bridgend ILG risk and related to a multi-storey car

park based on the site. A Llewellyn advised that a capital bid had been submitted and advised that she would undertake a review of the detail outside of the meeting.

In response to a question raised by P Roseblade regarding risk 4149, A Llewellyn advised that this risk related to the sustainability of the CAMHS service and added that a view was taken that the reputation of the Health Board was likely to change in light of the changes made to the escalation status of the service. P Roseblade advised that from an Independent Member perspective, she felt that there were two different risks which required two different sets of action. A Llewellyn agreed to work with colleagues to review and revise the risk.

In response to a question raised by N Milligan in relation two of the risks which involved overseas nurse recruitment, H Daniel advised that overseas nurse recruitment had been paused at present although consideration may be given to introducing another round of overseas recruitment in the future.

The Chair welcomed the report and the scrutiny that had been undertaken.

Resolution: The report was **CONSIDERED** and **NOTED**;

Action: Response to be provided to P Roseblade outside the meeting regarding questions raised in relation to risks 3826 and 4292.

Action: Review to be undertaken outside the meeting in relation to risk 4743 and the detail behind this risk.

Action: Review to be undertaken of risk 4149 to determine whether this needed to be highlighted as two separate risks.

#### **4.4 Mortality Reviews Update**

D Hurford presented the report which provided an update of the progress and the development of the universal Mortality Review within the Health Board. The report also highlighted how the Health Board was learning from the mortality case reviews for all inpatient adult deaths within the Health Board.

The Chair welcomed the Multi-Disciplinary Team approach being taken and made reference to section three of the report which highlighted that there were four red areas of risk. D Hurford advised that steps were being taken to address each risk and added that there were resource issues which was having an impact on the ability to review all cases. Members noted that a proposal was in the process of being developed for Management Board to enable a discussion to be held as to how resources could be improved.

S Spencer advised that staff were keen to progress with the Medical Examiner roll out, especially within the Merthyr & Cynon ILG.



The Chair advised that the digital record for patients underpins this process which was something that the Digital & Data Committee were fully aware of.

Resolution: The report was **NOTED**.

#### **4.5 Update from the Shared Listening & Learning Forum - Verbal Update**

G Galletly provided Members with a verbal update. Members noted that since the last meeting held on 18 May 2021, a decision had been made to implement the seven minute briefing format. Members noted that a case study from each ILG had been received at the May meeting, where it was identified that cross ILG learning was in place. It was also agreed at the May meeting that updates would be required from the Executive Delivery Unit, and that a more robust framework needed to be put into place for generalised learning across the Health Board, which could then be used to support the focus of the Listening & Learning Forum. G Galletly advised that it would be important to ensure the right infrastructure was in place to support the forum given that meetings were being held quarterly.

The Chair welcomed the aspiration of the Health Board to become an organisation which focusses on learning and welcomed the identification of issues that could be considered under the seven minute learning framework within other reports that had been included on the agenda.

Resolution: The update was **NOTED**

#### **4.6 Development of a Concept for a New Approach to Concerns**

G Galletly gave a brief presentation to Members advising that the management of concerns had, from 1<sup>st</sup> August 2021, transferred from the Director of Nursing into the portfolio of the Director of Corporate Governance.

Members noted that work was being undertaken with Improvement CTM to explore opportunities to strengthen and improve concerns management processes as a result of poor performance being experienced in relation to responding to concerns, with an average of 60% compliance being achieved against the 30 day target.

Members noted that further work was required to address confusion between multi ILG ownership, with further clarity also required in relation to central ownership and categorisation of complaints. G Galletly advised that to address the issues, it had been agreed that a Concerns Improvement Programme needed to be established, with close links needing to be developed with key stakeholders, including Community Health Council colleagues. Members noted that this piece of work would also require clinical leadership, with discussions being held with D Hurford in relation to embedding this into the Junior Doctors induction process. Members noted that an Internal Audit Review into Concerns



is underway with the report due next month that would help inform the improvement programme.

The Chair extended her thanks to G Galletly for the helpful update and welcomed the reflection being undertaken on what could be done differently.

In response to a question raised by P Roseblade, G Dix confirmed that this work would align with the work being undertaken within Maternity & Neonates on reviewing incidents and concerns.

Resolution: The update was **NOTED**.

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

There were no items for discussion under this section.

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

**6.1 Quality Dashboard – To include a Hot Topic Discussion on Medication Errors**

A Symes presented the report and highlighted the key areas of focus to the Committee.

In response to a comment made by N Milligan in relation to the 'druggles' process particularly within the Rhondda Taf Ely ILG, which appeared to state that the Nurse was responsible for the medication error, C Tookey advised that the process was not meant to be punitive and added that the process was meant to be a learning opportunity around the whole patient pathway and prescription process in order to identify where improvements were required.

P Roseblade welcomed the report which she had found to be helpful and made reference to the statement made on page 9 of the report which stated that 'in September 2020, the Delivery Unit identified insufficiencies in our processes'. P Roseblade added that if processes had not been corrected then issues would continue. A Symes advised that the report identified the work that had been undertaken to address this.

In response to a question raised by P Roseblade regarding the issues identified within the report regarding the Safe Storage of Medicines and the lack of a date identified as to when these issues would be resolved, A Symes advised that she would be happy to discuss further with Medicines Management as to when it was likely that an electronic system would be in place. The Chair advised that the storage of medicines had been an issue for some time and following discussion it was agreed that a full and comprehensive discussion on Medicines Management would be required at a future meeting.

Resolution: The report was **NOTED**.

Action: Full discussion on Medicines Management to take place at a future meeting.

## **6.2 Report from the Chief Operating Officer Identifying Themes and Trends – To include an update on the overall Improvement Approach to Prince Charles Hospital**

G Robinson presented the report which provided an overarching update on a number of issues within the remit of the Chief Operating Officer.

In response to a question raised by P Roseblade as to when a report would be coming forward in relation to addressing Ophthalmology Waiting Times, G Robinson confirmed that a report would be presented to a future meeting.

Resolution: The Report was **NOTED**.

Action: Report to be presented to a future meeting in relation to the plans to address Ophthalmology Waiting Times.

## **6.3 Integrated Locality Group Reports**

### **6.3.1 Merthyr & Cynon ILG Quality & Safety Report**

L Lewis presented the report and brought Members specific attention to the work being undertaken to address concerns highlighted by the ILG Leadership Team and staff in relation to quality and safety within Theatres and the Emergency Department at Prince Charles Hospital. Members noted that improvement plans were in place for both services which were being shared through the ILG Clinical Governance processes.

Members noted that in relation to the Clinical Decision Unit, a 'whistleblower' letter had been received by the Health Minister which raised concerns in relation to staffing shortages within this area. L Lewis advised that whilst there had been staffing shortages, staffing levels had been reviewed and had now increased, with steps being taken to recruit additional staff. Members noted that a spot check had been undertaken in December 2020 which had not highlighted any significant issues and noted that an action plan was in place which would be submitted to the Minister and Healthcare Inspectorate Wales.

In response to a comment made by P Roseblade regarding the lack of reference made to Duty of Candour in paragraph 2.8 of the report which she found to be surprising, L Lewis provided assurance that this was inherent in everything that the Health Board did and added that being person centred was a given.

In response to a question raised by P Roseblade as to whether immediate make safe measures had been approved, L Lewis advised that there were areas within Prince Charles Hospital where corridor care had been provided as a result of the significant increase in demand seen at the front door.

In response to a question raised by P Roseblade as to whether the data issues referred to in paragraph 3.1 of the report had now been resolved, L Lewis advised that this related to having different data sets and data points in place across the organisation and added that there would be a difference to the data reported by the ILG compared to what the Health Board reported. In response to a question raised by P Roseblade regarding the vacancy factor, L Lewis confirmed that as a whole the ILG's vacancy factor had reduced.

The Chair extended her thanks to L Lewis for presenting the comprehensive report and recognised that improvement plans were in place to address matters of environmental and cultural issues. The Chair expressed the need to ensure staff confidence is gained in raising concerns internally.

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

### 6.3.2 Bridgend ILG

A Llewellyn presented the report and highlighted the key matters for the attention of the Committee.

In response to a question raised by the Chair in relation to WARRN training and whether the provider could be influenced in doing things differently in terms of training provision, A Llewellyn advised that leads had been trying to influence the provider, however, the provider will not offer Teams based training as they felt the training could not be conducted electronically. The Chair welcomed the progress being made at Angelton in relation to patient falls.

In response to a question raised by P Roseblade regarding reference made to a one hour handover time in paragraph 2.6 of the report, A Llewellyn confirmed that this should read 15 minute handover and added she would rectify for the next report.

In response to a question raised by P Roseblade as to what was being done to address the fall in red calls, A Llewellyn advised that she would provide a response on this matter outside the meeting.

In response to a question raised by P Roseblade regarding the Putting Things Right redress process within Ophthalmology, A Llewellyn confirmed that an In Committee discussion would be taking place on this later today.

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

Action: Response to be provided to P Roseblade outside the meeting in relation to the fall in red calls.

### 6.3.3 Rhondda Taf Ely ILG Report

C Tookey presented the report and highlighted the key matters for the attention of the Committee.

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

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

J Denley presented the report and highlighted the key matters for the attention of the Committee.

In response to a question raised by P Roseblade in relation to the graph contained on page 8 of the report which showed incidents by severity, and the statement made below the graph that no serious incidents had been reported to Welsh Government, J Denley agreed to review and provide a response outside the meeting to determine whether the statement made was relating to the graph contained above it.

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

Action: Review to be undertaken outside the meeting to determine whether the statement made on page 8 of the report regarding no serious incidents being reported to Welsh Government related to the graph above it.

#### **6.4 Maternity Services & Neonates Improvement Programme Update**

S Sewell presented the report and highlighted the key matters for the Committee's attention. Members noted that Sallie Davies, Deputy Medical Director had now been appointed as Senior Responsible Officer for the Neonatal element of the work. Members noted that a revised assurance process had now been put into place and that a road map had been introduced.

In response to a question raised by P Roseblade as to how the Committee would know when actions had been completed in each section, S Sewell confirmed that this would be included in the milestones within the Highlight Report. S Sewell also confirmed that this report would be discussed in detail by the Committee prior to being presented to future meetings of the Board.

G Dix made reference to the challenges that had been experienced in relation to the staffing of the Health Board's Obstetrics and Midwifery Units, with particular concerns in place regarding staffing at Prince Charles Hospital. Members noted that national interventions were in place to support staffing collectively and noted that within CTM, as Obstetrics services were being provided across two ILG sites, staffing could be flexed up or down, with activity being moved to sites where activity could be managed. Members noted that the Birth Rate Plus acuity tool was also being used to assess risks.

In response to a question raised by P Roseblade as to who carried out the thematic review of the incident referred to within the report and whether the reasonable assurance rating given was equivalent to an Internal Audit reasonable assurance rating, A Symes advised that this review was undertaken jointly between the Corporate Team and the Maternity & Neonates service, with

the Delivery Unit overseeing the review. In relation to the reasonable assurance rating term that had been used, G Galletly suggested that caution needed to be placed when applying this term and added that the use of reasonable assurance should be avoided when making reference to internal assurance reports.

G Dix advised that whilst a significant amount of improvement work was taking place, he was concerned about the pace in terms of delivery of timescales, especially as the Senior Neonatal Nurse had needed to return to practice given the immediate safety issues identified within the Women and Children Clinical Service Group.

The Chair welcomed the focus that had been placed on the Serious Incidents and added that she was very grateful to the Delivery Unit for the support they had been providing to staff in taking the investigations forward.

Members welcomed the benchmarking data that had been included at appendix 5 which they found to be very helpful. Members noted that the report identified that there were a number of mothers who had recorded themselves as having a mental health condition which was challenging. Members also noted that the report identified that CTM did not have the highest rate of c sections for the first time in five years. The Chair advised that this was a very informative report which would help the Health Board focus its attention as it moved forward with its improvement programme.

The Chair welcomed the detailed discussion that had been held and advised that the Committee looked forward to receiving further updates.

Resolution: The Report was **NOTED**.

## **6.5 Elective Care Recovery Portfolio**

G Robinson presented the report which provided the Committee with an update on progress being made against the Elective Care Recovery Portfolio.

In response to a question raised by P Roseblade in relation to the Governance Diagram on page two of the report, G Robinson confirmed that assurance would be submitted to the Board and Independent Members via Management Board.

Resolution: The Report was **NOTED**.

## **6.6 Quality Governance – Regulatory Review Recommendations and Progress Updates**

G Dix presented Members with the report. Members noted that a local review had been undertaken following concern raised directly to Healthcare Inspectorate Wales in relation to staffing and alleged inappropriate professional behaviour and noted that a process had been put into place to address this.

Resolution: The Report was **NOTED**.

## **6.7 Learning Disability Services Six Monthly Update**

J Denley presented the report and advised that a similar report had also been presented to the Population Health & Partnerships Committee in relation to the strategic direction.

The Chair welcomed the report which she had found to be interesting and informative and added that she was pleased to see the improvements that had been made in Clinical Psychology staffing, with the service now only having two vacancies.

Resolution: The Report was **NOTED**.

## **7. ANY OTHER BUSINESS**

Due to time constraints, Members noted that the In Committee meeting would be rescheduled to a later date, to be set as soon as possible, to allow sufficient time to consider the issues.

In response to a question raised by P Roseblade as to why there was no update report on Stroke on the agenda today, the Chair confirmed that in light of the absence of the Director of Therapies and Health Sciences, she had taken the decision to remove this verbal update from the agenda.

The Chair advised that in her new role as Health Board Vice Chair, she had started to undertake site visits across the Health Board, and had recently visited Ty Enfis, which was a new unit which provided high quality day centre care for patients with Dementia.

The Chair extended her thanks for all the contributions that had been made in the meeting today.

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

The next meeting would take place at 9.00am Wednesday 22 September 2021.